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## Preventive Services Coverage Grid (revision date 3/1/18)

<p><b>About this Grid:</b> President Obama signed the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010. Under the health care reform legislation, certain preventive services will be covered in full for all Excellus BlueCross BlueShield commercial members.</p> <p>This grid outlines the mandated preventive services and indicates codes for which modifier 33 is required.* Any copayments, coinsurances or deductibles called for under the member’s benefit plan are not applicable for these services. However, if the preventive care is provided during an office visit, please be aware that a copayment for the visit may apply if: -The preventive care is not the primary purpose of the office visit; -The preventive service is billed with other services that require copayment.</p> <p>It is important to verify benefits and eligibility when delivering any of the preventive services included in the mandate. Please visit our website, <a href="http://ExcellusBCBS.com/Provider">ExcellusBCBS.com/Provider</a>, or contact Customer Care at 1-800-920-8889 to verify benefits and eligibility prior to rendering services.</p>	<p><b>Women’s Health Preventive Services:</b> The Women’s Health Preventive Services were mandated as of an employer group’s first renewal on or after August 1, 2012. They have been highlighted in “blue” for ease of reference.</p>	<p><b>Important:</b> The Preventive Services Grid does not apply to Medicaid, Child Health Plus, Family Health Plus, Medicare Advantage, Medicare Supplemental and Medicare Part D</p> <p>Use "Ctrl F" to search for a procedure category or code.</p>
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Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Abdominal Aortic Aneurysm Screening: Men</b>	G0389		Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	Male 65-75 years old
	76706		Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	Male 65-75 years old

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<b>Alcohol Misuse Screening and Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	

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<b>Alcohol Misuse Screening and Counseling</b>	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	99408		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	99409		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Alcohol Misuse Screening and Counseling</b>	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
	G0442		Annual alcohol misuse screening, 15 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	

	G0443		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	
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<b>Anemia Screening: Pregnant Women</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	
	85013	X	Blood count; spun microhematocrit	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	
	85014	X	Blood count; hematocrit (Hct)	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	
	85018	X	Blood count; hemoglobin (Hgb)	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	

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<b>Anemia Screening: Pregnant Women</b>	85025	X	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	
	85027	X	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	
<b>Aspirin to Prevent Cardiovascular Disease in Men and Women</b>			Prescription required and must process under Pharmacy benefit	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of CVC and CRC in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	50-59 years old

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<b>Bacteriuria Screening in Pregnant Women</b>	87081	X	Culture, presumptive, pathogenic organisms, screening only;	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	
	87084	X	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	
	87086	X	Culture, bacterial; quantitative colony count, urine	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	
	87088	X	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	



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<b>Blood Pressure Screening in Adults</b>	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; 18-39 years	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	
	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; 40-64 years	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	
	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; 65 years and older	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	

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<b>Blood Pressure Screening in Adults</b>	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; 18-39 years	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	
	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; 40-64 years	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	
	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; 65 years and older	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81162		<p>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary)</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing</p>	
	81211		<p>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81212		<p>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	81213		<p>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81214		<p>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	81215		<p>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81215		<p>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	81216		<p>BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81216		<p>BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	81217		<p>BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	81433		<p>Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	96040	X	<p>Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	



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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	99401		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	99402		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p align="center"><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	

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<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	99411		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	
	99412		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<p align="center"><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	
	96161	X	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	

<p><b>BRCA Risk Assessment and Genetic Counseling/Testing</b></p>	<p>S0265</p>	<p>X</p>	<p>Genetic counseling, under physician supervision, each 15 minutes</p>	<p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	

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<b>Breast Cancer Preventive Medications</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female

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<b>Breast Cancer Preventive Medications</b>	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female Soltamox (the solution form of Tamoxifen) requires Pre-Authorization
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female

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<b>Breast Cancer Preventive Medications</b>	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female



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<b>Breast Cancer Preventive Medications</b>	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female
	96161	X	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	

<p><b>Breast Cancer Preventive Medications</b></p>	<p>Tamoxifen GPI Code</p>		<p>Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.</p>	<p>Female Soltamox (the solution form of Tamoxifen) requires Preauthorization</p>
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<b>Breast Cancer Preventive Medications</b>	Raloxifene GPI Codes		Prescription required & must process under Pharmacy benefit	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female
	Soltamox GPI Codes		Prescription required & must process under Pharmacy benefit	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	Female Soltamox (the solution form of Tamoxifen) Requires Preauthorization

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<p><b>Breast Cancer Screening</b></p>	77065	X	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	40 years & older
	77066	X	Diagnostic mammography, including computer-aided detection (CAD) when performed bilateral	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	40 years & older
	77067		Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	40 years & older

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<p><b>Breast Cancer Screening</b></p>	<p>Rev 0403</p>		<p>Other Imaging Services-Screening Mammography</p>	<p>The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.</p>	<p>40 years &amp; older</p>
<p><b>Breast Feeding Support, Supplies and Counseling</b></p>	<p>E0603</p>		<p>Breast pump, electric (AC and/or DC), any type</p>	<p>The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Breast Feeding Support, Supplies and Counseling</b>	A4281		Tubing for breast pump, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	A4282		Adapter for breast pump, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	A4283		Cap for breast pump bottle, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	A4284		Breast shield and splash protector for use with breast pump, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	A4285		Polycarbonate bottle for use with breast pump, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Breast Feeding Support, Supplies and Counseling</b>	A4286		Locking ring for breast pump, replacement	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	98960	X	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	98961	X	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	
	98962	X	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	88141	X	<p>Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	88142	X	<p>Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	88143	X	<p>Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	88147	X	<p>Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Cervical Cancer Screening	88148	X	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	
	88150	X	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Cervical Cancer Screening	88152	X	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	
	88153	X	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Cervical Cancer Screening	88154	X	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	
	88164	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Cervical Cancer Screening	88165	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	
	88166	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	88167	X	<p>Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	88174	X	<p>Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Cervical Cancer Screening	88175	X	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	
	G0101		Cervical or vaginal cancer screening; pelvic and clinical breast examination	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>G0123</p>		<p>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	<p>G0124</p>		<p>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>G0141</p>		<p>Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	<p>G0143</p>		<p>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>G0144</p>		<p>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	<p>G0145</p>		<p>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>G0147</p>		<p>Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	<p>G0148</p>		<p>Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>P3000</p>		<p>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
	<p>P3001</p>		<p>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Cervical Cancer Screening</b></p>	<p>Q0091</p>		<p>Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</p>	<p>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>	
<p><b>Chlamydial Infection Screening Pregnant and Non Pregnant Women</b></p>	<p>86631</p>	<p>X</p>	<p>Antibody; Chlamydia</p>	<p>The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.</p>	<p>Female Frequency limit 2 times per year</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Chlamydial Infection Screening Pregnant and Non Pregnant Women</b>	86632	X	Antibody; Chlamydia, IgM	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87110	X	Culture, chlamydia, any source	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87270	X	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Chlamydial Infection Screening Pregnant and Non Pregnant Women</b>	87320	X	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87490	X	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87491	X	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Chlamydial Infection Screening Pregnant and Non Pregnant Women</b>	87800	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87801	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year
	87810	X	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female Frequency limit 2 times per year



Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Cholesterol Abnormalities Screening</b>	80061		Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.	

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Cholesterol Abnormalities Screening</b>	82465		Cholesterol, serum or whole blood, total	<p>The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.</p>	

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<b>Cholesterol Abnormalities Screening</b>	83718		Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	<p>The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.</p>	

Procedure Category	Procedure Code	<b>Modifier 33 Required</b>  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Cholesterol Abnormalities Screening</b>	84478		Triglycerides	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	00812	Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Anesthesia for lower intestinal endoscopic pesendoscope introduced distal to duodenum; screening colonoscopy	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44386	33 or PT	Colonoscopy, flexible with transendoscopic balloon dilation	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44388	33 or PT	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)	44389	33 or PT	Colonoscopy through stoma; with biopsy, single or multiple	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44390	33 or PT	Colonoscopy through stoma; with removal of foreign body(s)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	44391	33 or PT	Colonoscopy through stoma; with control of bleeding, any method	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44392	33 or PT	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44401	33 or PT	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)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	44402	33 or PT	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44403	33 or PT	Colonoscopy through stoma; with endoscopic mucosal resection	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old



Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	44404	33 or PT	Colonoscopy through stoma; with directed submucosal injection(s), any substance	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44405	33 or PT	Colonoscopy through stoma; with transendoscopic balloon dilation	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	44406	33 or PT	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	44407	33 or PT	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	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	44408	33 or PT	Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45330		Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45331	33 or PT	Sigmoidoscopy, flexible; with biopsy, single or multiple	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45332	33 or PT	Sigmoidoscopy, flexible; with removal of foreign body	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45333	33 or PT	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45334	33 or PT	Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45335	33 or PT	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	50-75 years old
	45338	33 or PT	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45378	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45379	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45380	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45381	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old



Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45382	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45384	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45385	33 or PT	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45388	33 or PT	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	45389	33 or PT  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	45390	33 or PT	Colonoscopy, flexible; with endoscopic mucosal resection	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer Screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	74261	33 or PT	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	74262	33 or PT	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	74263	33 or PT	Computed tomographic (CT) colonography, screening, including image postprocessing	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	81528	Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	82270		Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	82274	33 or PT	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	88305	33 or PT	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tubes and ovaries, for prolapse, Vagina, biopsy, Vulva/labia, biopsy	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old



Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	G0104		Colorectal cancer screening; flexible sigmoidoscopy	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	G0105		Colorectal cancer screening; colonoscopy on individual at high risk	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	G0106		Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	G0120		Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	G0121		Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old
	G0328		Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required  Modifier 33 or PT applicable to Colorectal Cancer screening Codes	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b>	S0285		Colonoscopy consultation performed prior to a screening colonoscopy procedure	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	50-75 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Colyte	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilyte-N/Flavor Packs	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilyte-C	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilyte-H	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilyte-H and bisacodyl kit	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilyte-G	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		GoLyteLy	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Lo-So Prep Combination Kit	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process		MoviPrep	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process		NuLytely	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process		OsmoPrep	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process		PEG-3350	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process		Prepopik	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process		Suclear	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process		Suprep	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process		TriLyte	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Bisacodyl EC 5mg tablet, Alophen pills, Bisalax EC 5mg, CVS bisacodyl EC 5mg, CVS Women's Gental Lax EC 5m, EQ Gental Laxative DR 5mg, EQL laxative EC 5mg, Fleet bisacodyl EC 5m, Gentle Laxative 5mg, Gentle Laxative EC 5mg, GNP Bisalax EC 5mg, GNP Laxative EC 5mg, HM Laxative EC 5mg, Laxative 5mg, Laxative EC 5mg, Laxative Feminine 5mg, Pub laxative EC 5mg, PV Laxative 5mg, PV Laxative EC 5mg, PV Women's Laxative 5mg, QC Gentle Laxative EC 5mg, RA bisacodyl EC 5mg, RA Women's Laxative, SB Bisacodyl EC 5mg, SM Gentle Laxative EC 5mg, SM Laxative tablet, SM Women's Laxative 5mg, Woman's Laxative EC 5mg	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Bisacodyl - 10mg suppository	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		CVS Phosphate Oral Saline Lax, Oral Saline Laxative Liquid, phosphate laxative, PV Oral Saline Laxative Kit, PV Phosphate Laxative Solution, Wal-Phosphate Laxative Solution, Wal-Phosphate Saline Solution	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Dulcolax - 5mg tablet	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Dulcolax - 10my suppository	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Fleet Enema	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Fleet Pedialax Tablet Chew	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Glycolax	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Magnesium Citrate Solution, Citroma, CVS Magnesium Citrate Solutio, EQ Magnesium Citrate Solution, GNP Citrate of Magnesia, HM Magnesium Citrate Solution, PV Magnesium Citrate Solution, QC Magnesium Citrate, RA Citrate of Magnesia, SM Magnesium Citrate Solution	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Milk of Magnesia Susp, Concentrated MOM Susp CVS MO, EQL MOM, GNP Milk of Magnesia Susp, HM MOM suspension, Phillips' MOM, Pub MOM Susp, PV MOM Suspension, QC MOM Susp, RA MOM Susp, SM MOM Susp,	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Miralax Powder Packet	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Miralax Powder	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		PEG-3350, Clearlax, CVS Purelax Powder, EQ Clearlax Powder, Gavilax Powder, Gentlax Powder, Glycolax Powder, GNP Clearlax Powder, HM Clearlax Powder, Kro Gentlax, LaxaClear Powder, Powderlax, RA Laxative PEG 3350 powder, SB Polyethylene glycol 3350, SM Clearlax Powder, Smoothlax Powder, SW Clearlax Powder	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Gavilax Packet, Healthylax Powder Packet, RA Laxative PEG 3350 Packet, Smoothlax Packet, Clearlax, CVS Purelax Powder Packet	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senna	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senna	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Senna	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senna	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senna	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senna/Docusate	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Colorectal Cancer Screening (Bowel Prep)</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Senokot	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senokot	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days
	GPI Codes Prescription required & must process under Pharmacy benefit		Senokot-S	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary	Prescription is Required 50-75 years old Limit twice per 365 days

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	A4261		Cervical cap for contraceptive use	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	A4264		Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	A4266 NDC Codes Prescription required & must process under Pharmacy benefit		Diaphragm for contraceptive use	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	A4268 NDC Codes Prescription required & must process under Pharmacy benefit		Contraceptive supply, condom, female, each	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	Prescription is required for dispensing at a pharmacy
	A4269 NDC Codes Prescription required & must process under Pharmacy benefit		Contraceptive supply, spermicide (e.g., foam, gel), each	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	Prescription is required when purchased at a pharmacy.
	J1050	X	Injection, medroxyprogesterone acetate, 1 mg	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	J7296		Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	J7297		Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	J7298		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

	J7300		Intrauterine copper contraceptive	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
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Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	J7301		Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	J7303		Contraceptive supply, hormone containing vaginal ring, each	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	J7304		Contraceptive supply, hormone containing patch, each	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	J7306		Levonorgestrel (contraceptive) implant system, including implants and supplies	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	J7307		Etonogestrel (contraceptive) implant system, including implant and supplies	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	S4993 GPI Codes Prescription required & must process under Pharmacy benefit		Contraceptive pills for birth control	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	Mandate coverage allows generic birth control pills with no cost share if purchased at a pharmacy with a prescription.
	S4981		Insertion of levonorgestrel-releasing intrauterine system	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	S4989		Contraceptive Intrauterine Device (e.g., Progestacert IUD), including implants and supplies	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Contraceptive Methods and Counseling	11976		Removal, implantable contraceptive capsules	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	11980	X	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	11981	X	Insertion, non-biodegradable drug delivery implant	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	11982	X	Removal, non-biodegradable drug delivery implant	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	11983	X	Removal with reinsertion, non-biodegradable drug delivery implant	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	57170		Fitting and insertion of pessary or other intravaginal support device	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	58300		Insertion of intrauterine device (IUD)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	58301		Removal of intrauterine device (IUD)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	58565		Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	58600		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	58605		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	58611		Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	58615		Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	58670		Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	58671		Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	59430		Post Partum Care Only (Separate procedure)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
	96372	X	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Contraceptive Methods and Counseling</b>	00851		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	
<b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b>	99188		Application of topical fluoride varnish by a physician or other qualified health care professional	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	Up to age 6 years

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b></p>	<p>99381</p>		<p>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)</p>	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient</p>	<p>Up to age 6 years</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b>	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient	Up to age 6 years
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient	Up to age 6 years

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b>	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient	Up to age 6 years
	D1206		Topical application fluoride varnish	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient	Up to age 6 years

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b>	D1208		Topical application of flouride	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient</p>	Up to age 6 years
	<p>Over the counter Flouride Treatments – Oral - GPI Codes</p> <p>Prescription required &amp; must process under Pharmacy benefit</p>		Prescription required & must process under Pharmacy benefit	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient</p>	<p>Prescription is Required - Generics only and brand if not generic equivalent</p> <p>Up to age 6 years</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b></p>	<p>Over the counter Flouride Treatments – Topical - GPI Codes  Prescription required &amp; must process under Pharmacy benefit</p>		<p>Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient</p>	<p>Prescription is Required - Generics only and brand if not generic equivalent Up to age 6 years</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>96127</p>	<p>X</p>	<p>Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99385</p>		<p>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; 18-39 years</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99386</p>		<p>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; 40-64 years</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99387</p>		<p>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; 65 years and older</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99395</p>		<p>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; 18-39 years</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99396</p>		<p>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; 40-64 years</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>99397</p>		<p>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; 65 years and older</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>96160</p>	<p>X</p>	<p>Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>96161</p>	<p>X</p>	<p>Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy</p>	

				<p>(cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	
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Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Depression Screening: Adolescents and Adults</b></p>	<p>G0444</p>		<p>Annual Depression Screening 15 minutes</p>	<p>The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	
<p><b>Diabetes Screening</b></p>	<p>82947</p>	<p>X</p>	<p>Glucose; quantitative, blood (except reagent strip)</p>	<p>The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Diabetes Screening</b>	82950	X	Glucose; post glucose dose (includes glucose)	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	
	82951	X	Glucose: tolerance test (GTT), 3 specimens (includes glucose)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	
	83036	X	Hemoglobin; glycosylated (A1C)	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Falls Prevention in older adults: exercise or physical therapy</b>	97110	X	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
	97112	X	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Falls Prevention in older adults: exercise or physical therapy</b>	97113	X	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
	97116	X	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
	97124	X	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Falls Prevention in older adults: exercise or physical therapy</b>	97139	X	Unlisted therapeutic procedure (specify)	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
	97161	X	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; A CLINICAL PRESENTATION WITH STABLE AND/OR UNCOMPLICATED CHARACTERISTICS; AND CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Falls Prevention in older adults: exercise or physical therapy</b></p>	<p>97162</p>	<p>X</p>	<p>PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS; AND CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>	<p>The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls</p>	<p>65 years &amp; older</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Falls Prevention in older adults: exercise or physical therapy</b></p>	<p>97163</p>	<p>X</p>	<p>PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; A CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS; AND CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.</p>	<p>The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls</p>	<p>65 years &amp; older</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Falls Prevention in older adults: exercise or physical therapy</b>	97164	X	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
	97530	X	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older
Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Falls Prevention in Older Adults: Vitamin D</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Prescription required & must process under Pharmacy benefit	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls	65 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Folic Acid Supplementation to Women capable of becoming pregnant</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Prescription required & must process under Pharmacy benefit	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	14-50 years old Female
<b>Gestational Diabetes Mellitus Screening (Pregnant Women)</b>	82947	X	Glucose; quantitative, blood (except reagent strip)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	
	82950	X	Glucose; post glucose dose (includes glucose)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Gestational Diabetes Mellitus Screening (Pregnant Women)</b>	82951	X	Glucose: tolerance test (GTT), 3 specimens (includes glucose)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	
	83036	X	Hemoglobin; glycosylated (AIC_)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	
	83036	X	Hemoglobin; glycosylated (AIC_)	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation	
<b>Gonorrhea Prophylactic Medication: Newborns</b>			Would be included in hospital bill or well-baby codes	The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Gonorrhea Screening: Women</b></p>	87590	X	<p>Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</p>	<p>The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).</p>	Female
	87591	X	<p>Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</p>	<p>The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).</p>	Female

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Gonorrhea Screening: Women</b></p>	87800	X	<p>Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique</p>	<p>The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).</p>	Female
	87801	X	<p>Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique</p>	<p>The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).</p>	Female

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Gonorrhea Screening: Women</b></p>	<p>87850</p>	<p>X</p>	<p>Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p>	<p>The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).</p>	<p>Female</p>
<p><b>Healthy Diet Counseling</b></p>	<p>97802</p>	<p>X</p>	<p>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p>	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	<p>97803</p>	<p>X</p>	<p>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p>	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	97804	X	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	<p>99402</p>		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</p>	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	
	<p>99403</p>		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</p>	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	<p>99404</p>		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</p>	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	G0108	X	Diabetes outpatient self-management training services, individual, per 30 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	
	G0109	X	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	G0270	X	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Healthy Diet Counseling	G0271	X	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	
	G0447		Face-to-face behavioral counseling for obesity, 15 minutes	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	S9140	X	Diabetic management program, follow-up visit to non-MD provider	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	S9141	X	Diabetic management program, follow-up visit to MD provider	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	
	S9452	X	Nutrition classes, nonphysician provider, per session	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	S9455	X	Diabetic management program, group session	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Healthy Diet Counseling</b>	S9460	X	Diabetic management program, nurse visit	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Healthy Diet Counseling</b></p>	S9465	X	Diabetic management program, dietitian visit	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	
	S9470	X	Nutritional counseling, dietitian visit	<p>The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians</p>	

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<b>Hearing Loss: Screening for Newborns</b>	92586	X	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	The USPSTF recommends screening for hearing loss in all newborn infants	age less than 1 year old
	92587	X	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	The USPSTF recommends screening for hearing loss in all newborn infants	age less than 1 year old
<b>Hemoglobinopathies Screening: Newborns (Sickle Cell)</b>	83020	X	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)	The USPSTF recommends screening for sickle cell disease in newborns	age less than 1 year old
	83021	X	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)	The USPSTF recommends screening for sickle cell disease in newborns	age less than 1 year old
	S3620	X	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	The USPSTF recommends screening for sickle cell disease in newborns	age less than 1 year old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Hepatitis B Virus Infection Screening for Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	80055	X	<p>Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)</p>	<p>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p>	
	87340	X	<p>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)</p>	<p>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p>	
	99385		<p>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; 18-39 years</p>	<p>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Hepatitis B Virus Infection Screening for Pregnant Women and Non Pregnant Adolescents and Adults</b>	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; 40-64 years	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	
	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; 65 years and older	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	
	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; 18-39 years	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	
	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; 40-64 years	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	
	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; 65 years and older	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	
	G0499		Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit and in persons at high risk for infection.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Hepatitis C Virus Infection Screening: Adults</b></p>	86803	X	Hepatitis C antibody	<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</p>	
	86804	X	Hepatitis C antibody; confirmatory test (e.g., immunoblot)	<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</p>	
	87520	X	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	<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</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Hepatitis C Virus Infection Screening: Adults</b>	87521	X	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	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	
	87522	X	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	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	
	G0472	X	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	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	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	<p>80081</p>	<p>X</p>	<p>Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg,VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) (When syphilis screening is performed using a treponemal antibody approach [86780], do not use 80081. Use the individual codes for the tests performed in the</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p> <p>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b>	86689	X	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	
	86701	X	Antibody; HIV-1	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	<p>86702</p>	<p>X</p>	<p>Antibody; HIV-2</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	<p>86703</p>	<p>X</p>	<p>Antibody; HIV-1 and HIV-2, single assay</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	<p>87389</p>	<p>X</p>	<p>Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	<p>87390</p>	<p>X</p>	<p>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	87391	X	<p>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown</p>	
	87534	X	<p>Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b>	87535	X	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	
	87806	X	Infectious agent antigen detection by immunoassay with direct optical observation; hiv-1 antigen(s), with hiv-1 and hiv-2 antibodies	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b></p>	G0432		<p>Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown</p>	
	G0433		<p>Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b>	G0435		Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown	
	G0475		HIV antigen/antibody, combination assay, screening	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Human Papillomavirus Testing</b></p>	87623		<p>Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)</p>	<p>High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.</p>	<p>Female 30 years &amp; older</p>
	87624		<p>Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)</p>	<p>High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.</p>	<p>Female 30 years &amp; older</p>
	87625		<p>Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed</p>	<p>High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30</p>	<p>Female 30 years &amp; older</p>
	G0476		<p>Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types</p>	<p>High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30</p>	<p>Female 30 years &amp; older</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Hypothyroidism Screening: Newborns</b>	84436	X	Thyroxine; total	The USPSTF recommends screening for congenital hypothyroidism in newborns	
	84437	X	Thyroxine; requiring elution (e.g., neonatal)	The USPSTF recommends screening for congenital hypothyroidism in newborns	
	84439	X	Thyroxine; free	The USPSTF recommends screening for congenital hypothyroidism in newborns	
	84443	X	Thyroid stimulating hormone (TSH)	The USPSTF recommends screening for congenital hypothyroidism in newborns	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider as of Sept. 23, 2010.	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90621		Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider as of Sept. 23, 2010.	
	90630		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider as of Sept. 23, 2010.	
	90632		Hepatitis A vaccine, adult dosage, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	Ages 18-26

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	Ages 18-26
	90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider as of Sept. 23, 2010.	
	90653		Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended	Age 65 and older
	90654		Influenza Virus Vaccine, split virus, preservative free, for intradermal use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90656		Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90658		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90661		Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90662		Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90670		Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90673		Influenza virus vaccine, trivalent, preservative and antibiotic free, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90674		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ML dosage, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90682		Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90686		Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90688		Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90716		Varicella virus vaccine, live, for subcutaneous use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90732		Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90733		Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90734		Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetavalent), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90736		Zoster (shingles) vaccine, live, for subcutaneous injection	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	60 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90739		Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90740		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Adult</b>	90746		Hepatitis B vaccine, adult dosage, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90747		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	90748		Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90750		Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use	Adults 19 years and older enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	50 years & older

<b>Immunizations Adult</b>	90756		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, antibiotic free, 0.5ml dosage, for intramuscular use	Adults 19 years and older enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by ACIP prior to September 2009 with no cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	G0008		Administration of influenza virus vaccine	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	G0009		Administration of pneumococcal vaccine	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	G0010		Administration of hepatitis B vaccine	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	Q2034		Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	18 years & older
	Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
Immunizations Adult	Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	Q2039		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90460		Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	Age less than 19 years old
	90461		Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	Age less than 19 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90473		<p>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90474		<p>Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90621		Hepatitis A vaccine, pediatric/adolescent dosage- 2 dose schedule, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90630		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider as of Sept. 23, 2010.	
	90632		Hepatitis A vaccine, adult dosage, for intramuscular use	Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider as of September 23, 2010.	
	90633		Hepatitis A vaccine, 90630/adolescent dosage-2 dose schedule, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90634		Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90644		<p>Meningococcal conjugate vaccine, serogroups C &amp; Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	<p>2 months -15 months old</p>
	90647		<p>Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90648		<p>Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90649		<p>Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	Beginning Sept. 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to Sept. 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90654		Influenza virus vaccine, split virus, preservative-free, for intradermal use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90655		Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	6 months - 35 months old
	90656		Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90657		Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	6 months - 35 months old
	90658		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90661		Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90670		Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90674		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ML dosage, for intermuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	Age 4 and older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90680		<p>Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90681		<p>Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90682		<p>Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90685		Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	6-35 months old
	90686		Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90687		Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	6-35 months old
	90688		Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90696		<p>Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	4 years - 6 years old
	90698		<p>Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90700		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	Age less than 7 years old
	90702		Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	Age less than 7 years old
	90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	7 years & older
	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	7 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90716		<p>Varicella virus vaccine, live, for subcutaneous use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90723		<p>Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90732		Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	2 years & older
	90733		Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	90734		<p>Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	
	90740		<p>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90743		Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90744		Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	90747		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90748		Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	90756		Influenza virus vaccine, quadrivalent (CCIV4), derived from cell cultures, subunit, antibiotic free, 0.5ml dosage, for intramuscular use	Beginning September 23, 2010, children 0 through 18 years enrolled in new	

				group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 with no cost-sharing requirements when provided by an in-network provider.	
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Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	G0008		Administration of influenza virus vaccine	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	G0009		Administration of pneumococcal vaccine	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	G0010		Administration of hepatitis B vaccine	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	
	Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	<p>Q2036</p>		<p>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	<p>3 years &amp; older</p>
	<p>Q2037</p>		<p>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	<p>3 years &amp; older</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Immunizations Pediatric</b>	Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older
	Q2039		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.	3 years & older

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Immunizations Pediatric</b></p>	<p>S0195</p>		<p>Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from 5 years to 9 years of age who have not previously received the vaccine</p>	<p>Beginning September 23, 2010, children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP prior to September 2009 without any cost-sharing requirements when provided by an in-network provider.</p>	<p>5-9 years old</p>
<p><b>Intimate Partner Violence Screening: Women of Childbearing Age</b></p>	<p>99401</p>		<p>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</p>	<p>The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.</p>	<p>Female</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Intimate Partner Violence Screening: Women of Childbearing Age</b>	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Intimate Partner Violence Screening: Women of Childbearing Age</b>	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Intimate Partner Violence Screening: Women of Childbearing Age</b>	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female
	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Female
<b>Intimate Partner Violence Screening: Women of Childbearing Age</b>	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	USPSTF recommends clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer	

				women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Iron Supplementation in Children</b></p>			<p>Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends routine iron supplementation for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia</p>	<p>Less than 12 months of age</p>
<p><b>Lung Cancer Screening</b></p>	<p>71250</p>	<p>X</p>	<p>Computed tomography, thorax; without contrast material</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery</p>	<p>55-80 years old</p>

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Lung Cancer Screening</b></p>	G0296		<p>Counseling visit to discuss need for lung cancer screening (ldct) using low dose CT scan (service is for eligibility determination and shared decision making)</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	55-80 years old
	G0297		<p>Low dose CT scan (LDCT) for lung cancer screening</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	55-80 years old

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Adults</b>	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; 18-39 years	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	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; 40-64 years	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	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; 65 years and older	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Adults</b>	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; 18-39 years	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	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; 40-64 years	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	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; 65 years and older	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Adults</b>	G0447		Face-to-face behavioral counseling for obesity, 15 minutes	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Children</b>	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
	99383		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
	99384		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Children</b>	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
	99394		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Obesity Screening and Counseling: Children</b>	G0447		Face-to-face behavioral counseling for obesity, 15 minutes	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions	
	G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
<b>Osteoporosis Screening: Women (Bone Density)</b>	76977	X	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female
	77078	X	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Osteoporosis Screening: Women (Bone Density)</b>	77080	X	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female
	77081	X	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female
	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female
<b>Osteoporosis Screening: Women (Bone Density)</b>	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Osteoporosis Screening: Women (Bone Density)</b>	G0130	X	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors	Female
<b>Phenylketonuria Screening: Newborns</b>	84030	X	Phenylalanine (PKU), blood	The USPSTF recommends screening for phenylketonuria in newborns	age less than 1 year old
<b>Pre-Natal Visits (Pregnant Women)</b>	59425		Antepartum care only, 4-6 visits	Covered under Well Woman Visits	
	59426		Antepartum care only, 7 or more visits	Covered under Well Woman Visits	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Preventive Exam: Adult</b></p>	99385		<p>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; 18-39 years</p>	Preventive physical exams	
	99386		<p>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; 40-64 years</p>	Preventive physical exams	
	99387		<p>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; 65 years and older</p>	Preventive physical exams	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Preventive Exam: Adult</b>	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; 18-39 years	Preventive physical exams	
	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; 40-64 years	Preventive physical exams	
	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; 65 years and older	Preventive physical exams	
	G0438		Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	Preventive physical exams	
	G0439		Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	Preventive physical exams	
	G0513		Prolonged preventive service(s) (beyond typical service time of primary procedure), in-office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for		

<b>Preventive Exam: Adult</b>			additional 30 minutes of preventive service)		
	G0514		Prolonged preventive service(s) (beyond typical service time of primary procedure), in-office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)		
	S0610		Annual gynecological examination, new patient	Preventive physical exams	Female
	S0612		Annual gynecological examination, established patient	Preventive physical exams	Female



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Preventive Exam: Pediatric (Bright Futures)</b>	99381		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	Preventive physical exams	
	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	Preventive physical exams	
	99383		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	Preventive physical exams	
	99384		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	Preventive physical exams	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Preventive Exam: Pediatric (Bright Futures)</b>	99391		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	Preventive physical exams	
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	Preventive physical exams	
	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	Preventive physical exams	
	99394		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	Preventive physical exams	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Preventive Exam: Pediatric (Bright Futures)</b>	83655		Lead testing		1-2 years of age
	96110		Developmental screening, with interpretation and report, per standardized instrument form		1-2 years of age
	G0513		Prolonged preventive service(s) (beyond typical service time of primary procedure), in-office or other outpatient setting requiring direct patient contact beyond usual service; first 30 minutes (list separately in addition to code for preventive service)		
	G0514		Prolonged preventive service(s) (beyond typical service time of primary procedure), in the office or other outpatient setting requiring direct patient contact beyond usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)		
<b>Prostate Cancer Screening: Men</b>	G0102		Prostate cancer screening: digital rectal examinations	We cover digital rectal exam for prostate cancer screening	
<b>RH Incompatibility Screening in Pregnant Women</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	

			typing, Rh (D) (86901)		
	86901	X	Blood typing; Rh (D)	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Sexually Transmitted Infections Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Sexually Transmitted Infections Counseling</b>	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	

<b>Sexually Transmitted Infections Counseling</b>	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
	G0445		High Intensity Behavioral Counseling To Prevent Sexually Transmitted Infection; Face-To-Face, Individual, Includes: Education, Skills Training And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	
<b>Skin Cancer Behavioral Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Skin Cancer Behavioral Counseling</b>	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	



Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Skin Cancer Behavioral Counseling</b>	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	
	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	
	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<p><b>Statin Preventive Medication</b></p>	<p>Atorvastatin 10-20 mg GPI 394000</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults</p>	<p>Age 40-75</p>

				ages 40 to 75 years.	
<b>Statin Preventive Medication</b>	Fluvastatin Sodium ER 20-80 mg GPI 39400		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	Age 40-75

<p><b>Statin Preventive Medication</b></p>	<p>Lovastatin 10-40 mg GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	<p>Age 40-75</p>
<p><b>Statin Preventive Medication</b></p>	<p>Pravastatin 10-80mg GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular</p>	<p>Age 40-75</p>

				disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	
<b>Statin Preventive Medication</b>	Simvastatin 5-40 mg GPI 39400		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a	Age 40-75

				<p>low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	
<p><b>Statin Preventive Medication</b></p>	<p>Rosuvastatin 5-10 mg GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of</p>	<p>Age 40-75</p>

				<p>the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	
<p><b>Statin Preventive Medication</b></p>	<p>Livalo 1-4 mg GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more</p>	<p>Age 40-75</p>

				<p>CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	
<p><b>Statin Preventive Medication</b></p>	<p>Altoprev 10-40 mg GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they</p>	<p>Age 40-75</p>



				<p>have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	
<p><b>Statin Preventive Medication</b></p>	<p>Flolipid 20mg &amp; 40mg/5cc GPI 39400</p>		<p>Partner with Pharmacy Prescription required &amp; must process under Pharmacy benefit</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.</p>	<p>Age 40-75</p>

				Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	
<b>Procedure Category</b>	<b>Procedure Code</b>	<b>Modifier 33 Required</b>	<b>Procedure Code Description</b>	<b>Description of Recommendation</b>	<b>Age/Gender Restrictions</b>
<b>Tobacco Use Counseling: Children, Adolescents, Adults and Pregnant Women</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	

99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Tobacco Use Counseling: Children, Adolescents, Adults and Pregnant Women</b>	99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Tobacco Use Counseling: Children, Adolescents, Adults and Pregnant Women</b>	96160	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
	96161	X	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke	
<b>Tobacco Use Interventions: Children, Adolescents and Adults</b>	GPI Codes Prescription required & must process under Pharmacy benefit		Prescription required & must process under Pharmacy benefit Includes the patch, gum, inhaler, nasal spray and lozenge, Zyban and Chantix	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Prescription is required Chantix covered: has no generic Zyban is covered for generic only

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Tuberculosis Screening</b>	86580	X	Skin test; tuberculosis, intradermal (PPD Skin Test)	Tuberculosis screening	
<b>Syphilis Screening Pregnant Women and Non Pregnant Persons</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	The USPSTF strongly recommends that clinicians screen all pregnant women and persons at increased risk for syphilis infection.	
	86592	X	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	The USPSTF strongly recommends that clinicians screen all pregnant women and persons at increased risk for syphilis infection.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Syphilis Screening Pregnant Women and Non Pregnant Persons</b>	87660	X	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	The USPSTF strongly recommends that clinicians screen all pregnant women and persons at increased risk for syphilis infection.	
	87661	X	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	The USPSTF strongly recommends that clinicians screen all pregnant women and persons at increased risk for syphilis infection.	
	86780	X	Antibody; Treponema pallidum	The USPSTF strongly recommends that clinicians screen all pregnant women and persons at increased risk for syphilis infection.	

Procedure Category	Procedure Code	Modifier 33 Required	Procedure Code Description	Description of Recommendation	Age/Gender Restrictions
<b>Visual Acuity Screening in Children</b>	99173		Screening test of visual acuity, quantitative, bilateral	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	Between the ages of 3 and 5 years old