

PPACA/ACA Only

Benefit	ACA Federal Guidelines/Descriptions	CPT code(s)	DX code(s)	Guidelines/suggestions	Benefit code/PEHP Guidelines
Abdominal aortic aneurysm screening: Men	One time screening for abdominal aortic aneurysm by ultrasonography in men aged 65-75 who have ever smoked	76770, 76775, G0389	V15.82		07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Alcohol misuse counseling	Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings	99408, 99409, G0396, G0397		Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed. Codes in RED effective 7.1.12 going forward	08WC/NO AGE LIMIT, NO BENEFIT LIMIT
Anemia Screening: pregnant women	Routine screening for iron deficiency anemia in asymptomatic pregnant women	85014, 85018, 80055	V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99, 651.00-651.93	Payable with diagnosis of pregnancy	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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Aspirin to prevent CAD: Men	Aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.			RX Must have a prescription from provider and obtain thru pharmacy	
Aspirin to prevent stroke: Women	Aspirin for women age 55 to 79 years when the potential benefit outweighs the potential harm due to an increase in gastrointestinal hemorrhage.			RX Must have a prescription from provider and obtain thru pharmacy	
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.	81007, 87086	V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99 651.00-651.93	Payable with diagnosis of pregnancy	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Blood pressure screening	Screening for high blood pressure in adults aged 18 and older			Included in the payment for a preventive care visit	
BRCA counseling about screening	Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.	96040, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S0265	V10.3, V10.43, V16.3, V16.41	Counseling codes payable as preventive with listed dx codes in the primary position for women only	08WC/NO AGE LIMIT, NO BENEFIT LIMIT

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BRCA Testing	Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for BRCA testing.	81211, 81212, , 81214, 81215, 81216, 81217	Requires Pre-Authorization; Clinical Services determines if diagnosis meets criteria	Effective 2.21.13 for all groups going forward, and upon appeal either in writing or by telephone for services rendered prior	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT, REQUIRES PRE-AUTHORIZATION
Breast cancer preventive counseling	Clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	V16.3, V16.41, V70.0, V72.31, V76.2, V72.62	Payable as preventive when billed with listed codes as the primary diagnosis code for women only	08WC/NO AGE LIMIT, NO BENEFIT LIMIT
Breast cancer screening	Screening mammography for women, with or without clinical breast exam, every 1-2 years for women aged 40 and older	77052, 77057, G0202		Payable for all adult women regardless of diagnosis.	06M/06RTN/ AGE 40 AND OLDER, ONE PER PLAN YEAR
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding			Included in the office visit or OB/GYN focused visits	

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<p>Breast-feeding supplies Effective 8.1.12 and upon each groups renewal</p>		<p>E0602 Manual Breast Pump, E0603 Electric Breast Pump, E0604 Hospital Grade Breast Pump</p>		<p>E0602/E0603 allowable as purchase only. E0604 allowable as rental only and must be pre-authed and must meet criteria to be eligible Member is eligible to rent E0604 in addition to purchasing an E0602 or E0603 per pregnancy</p>	<p>14RTN/ONE BREAST PUMP PURCHASE IN ADDITION TO RENTAL ELIGIBLE PER BIRTH AS LONG AS WITHIN 12 MOS AFTER DELIVERY, PAID UNDER MOTHER, BABY DOES NOT NEED TO BE ON PLAN</p>
<p>Cervical cancer screening</p>	<p>Screening for cervical cancer in women who have been sexually active and have a cervix</p>	<p>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0143, G0144, G0145, G0147, G0148, Q0091, G0141, P3000, P3001</p>	<p>V72.31, V72.32, V76.2, V70.0, V72.62, V76.2</p>	<p>Payable for all women with at least one V code as listed Codes in RED effective 7.1.12 going forward</p>	<p>PAP/NO AGE LIMIT ONE PER PLAN YEAR</p>
<p>Chlamydial infection screening: for pregnant and non-pregnant women</p>	<p>Screening for chlamydial infection for all sexually active non-pregnant women aged 24 and younger and for older non-pregnant women who are at increased risk</p>	<p>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810, G0450</p>	<p>V70.0, V72.31, V72.62, V76.2, V73.88, V73.98, V74.5 V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99</p>	<p>Codes in RED effective 7.1.12 going forward</p>	<p>07RTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>

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<p>Cholesterol abnormalities screening</p>	<p>Screening for lipid disorders</p>	<p>80061, 82465, 83718, 83719, 83721, 84478</p>	<p>V70.0 V72.31 V72.62 V76.2 V17.3 V17.49 V15.82 V77.91 278.00 278.01 401.0 401.1 401.9 405.01 405.09 405.11 405.19 405.91 405.99 642.01 642.03 642.04 642.11 642.13 642.14 642.21 642.23 642.24 642.30 642.31 642.33 642.34 642.91 642.93 642.94 249.00 249.01 249.10 249.11 249.20 249.21 249.30 249.31 249.40 249.41 249.50 249.51 249.60 249.61 249.70 249.71 249.80 249.81 249.90 249.91 250.00 250.01 250.02 250.03 250.10 250.11 250.12 250.13 250.20 250.21 250.22 250.23 250.30 250.31 250.32 250.33 250.40 250.41 250.42 250.43 250.50 250.51 250.52</p>	<p>If 272.0 272.2 272.4 or 272.8 is present in any position DO NOT PAY as preventive Codes in RED effective 7.1.12 going forward</p>	<p>07RTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>
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<p>Colorectal cancer screening</p>	<p>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.</p>	<p>44388, 44389, 44392, 44393, 44394, 45330, 45331, 45333, 45338, 45339, 45378, 45380, 45383, 45384, 45385, 82270, 82274, 88304, 88305, G0104, G0105, G0106, G0120, G0121, G0122, G0328</p> <p>88305 - Regardless of DX when billed in conjunction w/ routine colonoscopy (Effective 1.1.13 effective, all disputed claims will be reprocessed upon request)</p>	<p>V16.0 V18.51 V18.59 V76.51 V76.50 V76.41 V70.0 V72.31 V72.62</p>	<p>G HCPCS are paid as preventive regardless of the diagnosis. CPT codes starting 44388 thru 88305 are paid as preventive if either 1) combined with specific V dx codes or 2) have a combination of CPT codes with a G HCPCS code regardless of the dx Codes in RED effective 7.1.12 going forward</p>	<p>04SRTN/04ARTN/05RTN/ 07RTN/AGE 50 TO 75, 1 PPY</p>
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<p>Contraception: Effective 8.1.12 and upon each groups renewal Injection, Implants, IUD, Tubal, Tubal Plug</p>	<p>One IUD every two years (including removal), One Implant every 3 years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.</p>	<p>J1050, J7300, J7302, 58300, J7307, 00851, 58605, 58611, A4264, 58565, 11981, 11976, 58301, 58600, 58615 58670, 58671, Q0090</p> <p>Pregnancy test 81055 & 84703 within 24 hours of contraceptive placement</p>	<p>V25.40 V25.41 V25.43 V25.49 V25.9 V25.5 V25.11 V25.13 V25.12 V25.42 V25.2 V25.09 V26.51</p> <p>Effective 3.6.14 going forward : V25.01, V25.02, V25.03</p>	<p>Implant/IUD removal will be covered effective 2/21/13 for all groups with renewal dates after 8/1/12, upon appeal either in writing or by telephone for those groups only for services rendered from 8/1/12 to current, and upon renewal for all other groups</p>	<p>08IRTN, 05RTN, 13RTN, 14RTN/07RTN NO AGE LIMIT, NO BENEFIT LIMIT</p>
<p>Contraceptive supplies Effective 8.1.12 and upon each groups renewal</p>	<p>PEHP will cover generic birth control pills, the NuvaRing and Ortho Evra, Diaphragms and Emergency Contraceptives at 100%</p>	<p>A4261, A4266, A4264</p>		<p>Covered through the pharmacy only. Canyons and JSD may have different benefits, refer member to their RX carrier</p>	
<p>Dental caries chemoprevention : preschool children</p>	<p>PCP's prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.</p>				<p>Included in the payment for a preventive care visit</p>

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<p>Depression screening: adolescents and adults</p>	<p>Screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.</p>	<p>99420, G0444 - Annual depression screening, 15 minutes</p>	<p>V79.0</p>	<p>Payable when billed separately or with preventive visit. Payable when billed with an E&M code and modifier 25 Codes in RED effective 7.1.12 going forward</p>	<p>08WC/NO AGE LIMIT, NO BENEFIT LIMIT</p>
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<p>Diabetes screening: Including <i>Gestational diabetes screening</i></p>	<p>Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes</p>	<p>82947 82948 82950 82951 82952 83036</p>	<p>V70.0 V72.31 V72.62 V76.2 V77.1 401.1 401.9 402.00 402.01 402.10 402.11 402.90 402.91 403.00 403.01 403.10 403.11 403.90 403.91 404.00 404.01 404.02 404.03 404.10 404.11 404.12 404.13 404.90 404.91 404.92 404.93 405.01 405.09 405.11 405.19 405.91 405.99 642.01 642.03 642.04 642.11 642.13 642.14 642.21 642.23 642.24 642.30 642.31 642.33 642.34 642.91 642.93 642.94 V22.0- V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00- V91.03, V91.09, V91.10- V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99, 648.88, 648.93</p>	<p>If 249.00 thru 249.91 or 250.00 thru 250.93 icd9 code is present in any position DO NOT PAY as preventive Codes in RED effective 7.1.12 going forward</p>	<p>07RTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>
<p>Folic acid supplementation</p>	<p>All women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid</p>			<p>RX Must have a prescription from provider and obtain thru pharmacy</p>	
<p>Gonorrhea prophylactic medication: newborns</p>	<p>Prophylactic ocular topical medications for all newborns against gonococcal ophthalmia neonatorum.</p>				

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<p>Gonorrhea screening: women</p>	<p>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>87590, 87591 87592, 87850. G0450</p>	<p>V70.0 V72.31 V72.62 V76.2 V74.5, V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99</p>	<p>Codes in RED effective 7.1.12 going forward</p>	<p>07RTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>
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<p>Healthy diet counseling</p>	<p>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>97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, S9465</p>	<p>V17.3 V17.49 V15.82 V77.91 278.00 278.01 401.0 401.1 401.9 405.01 405.09 405.11 405.19 405.91 405.99 642.01 642.03 642.04 642.11 642.13 642.14 642.21 642.23 642.24 642.30 642.31 642.33 642.34 642.91 642.93 642.94 249.00 249.01 246.10 249.11 249.20 249.21 249.30 249.31 249.40 249.41 249.50 249.51 249.60 249.61 249.70 249.71 249.80 249.81 249.90 249.91 250.00 250.01 250.02 250.03 250.10 250.11 250.12 250.13 250.20 250.21 250.22 250.23 250.30 250.31 250.32 250.33 250.40 250.41 250.42 250.43 250.50 250.51 250.52 250.53 250.60 250.61 250.62</p>	<p>Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed.</p>	<p>08DE/08WC/NO AGE LIMIT, NO BENEFIT LIMIT</p>
<p>Hearing loss screening: newborns</p>	<p>Screening for hearing loss in all newborn infants</p>	<p>92551, 92558, 92585, 92586, 92587, 92588, V5008</p>	<p></p>	<p>Regardless of DX</p>	<p>07RTN/0-90 DAYS LIMIT, NO BENEFIT LIMIT</p>

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Hematocrit or Hemoglobin	Screening for Children at 12 months old	85013, 85014	V20.2, V70.0	Payable when billed separately or with preventive visit. Payable when billed with an E&M code and modifier 25	07RTN/AGE 12 MONTHS
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns	83020, 83021, 83030, 83033, 83051, S3850		Regardless of DX	07RTN/0-90 DAYS LIMIT, NO BENEFIT LIMIT
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit	87340	V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99		07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
HIV screening	Screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.	86701, 86702, 86703, 87534, 87535, 87536, 87537, 87538, 87539, G0432, G0433, G0435	V70.0 V72.31 V72.62 V76.2 V02.9, V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99	Codes in RED effective 7.1.12 going forward	7RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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<p>HPV DNA testing Effective 8.1.12 and upon each groups renewal</p>		<p>87621, 87620</p>	<p>V70.0, V72.31, V76.2, V72.62</p>		<p>07RTN/WOMEN ONLY AGE 30 and OLDER, 1 X 3 YEARS</p>
<p>Hypothyroidism screening</p>		<p>84437, 84443</p>	<p>V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2 V77.0</p>	<p>Regardless of DX for newborns Codes in RED effective 7.1.12 going forward for adults</p>	<p>07RTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>

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<p>Immunizations</p>	<p>Children Diphtheria, Tetanus, Pertussis (Dtap) Haemophilus influenza type b (Hib), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) {Males age 9- 21 Gardasil} {Females age 9-26 Gardasil or Cervarix Inactivated Poliovirus Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal (Meningitis), Pneumococcal (Pneumonia), Rotavirus, Varicella (Chickenpox) Adults Hepatitis A, Hepatitis B, Herpes Zoster (Shingles), Human Papillomavirus (HPV) {males age 9-21 Gardasil} {females age 9-26 Gardasil or Cervarix}, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal (Meningitis), Pneumococcal (Pneumonia), Tetanus, Diphtheria, Pertussis (Td or Tdap), Varicella (Chickenpox)</p>	<p>90460, 90461, 90470, 90471, 90472, 90473, 90474, 90632, 90633, 90634, 90636, 90644, 90645, 90464, 90647, 90648, 90649, 90650, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90664, 90666, 90667, 90668, 90669, 90670, 90672 90680, 90681, 90685, 90686, 90696, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90713, 90714, 90715, 90716, 90718, 90719, 90720, 90721, 90723, 90732, 90733, 90734, 90736, 90740, 90743, 90744, 90746, 90747, 90748, 90865 G0008, G0009, G0010, G9141, S0195, Q2034, Q2035, Q2036, Q2037, Q2038 Q2039 and REV CODE 0771</p>		<p>Regardless of DX ; HPV 90649 and 90650 eligible for males 7.1.12</p>	<p>08IRTN/NO AGE LIMIT, NO BENEFIT LIMIT</p>
<p>Iron supplementation in children</p>	<p>Routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia</p>			<p>RX Must have a prescription from provider and obtain thru pharmacy</p>	

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Laboratory Tests: Basic/Comprehensive metabolic panel		80047, 80048, 80050, 80053	V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2	Codes in RED effective 7.1.12 going forward	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Laboratory Tests: Blood count; complete (CBC)		85025, 85027	V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2 V22.0- V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00- V91.03, V91.09, V91.10- V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99, 651.00-651.93	Codes in RED effective 7.1.12 going forward Codes in BLUE effective 1.7.14 going forward	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Laboratory Tests: Complete CBC		G0306, G0307	V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2	Codes in RED effective 7.1.12 going forward	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Laboratory Tests: Urinalysis		81000, 81001, 81002, 81003, 81005	V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2	Codes in RED effective 7.1.12 going forward	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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Obesity screening and counseling: adults	Clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	99401, 99402, 99403, 99404, 97802, 97803, 97804, G0447, G0449, G0270, G0271	V85.41-V85.45 278.0 278.01 278.02	Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed. Codes in RED effective 7.1.12 going forward	DE/NO AGE LIMIT, NO BENEFIT LIMIT, EXCEPT G0449 LIMITED TO ONE PER PLAN YEAR
Obesity screening and counseling: children	Clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	99401, 99402, 99403, 99404, 97802, 97803, 97804, G0447, G0449, G0270, G0271	V85.41-V85.45 278.0 278.01 278.02	Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed.	08WC/NO AGE LIMIT, NO BENEFIT LIMIT, EXCEPT G0449 LIMITED TO ONE PER PLAN YEAR
Osteoporosis screening: women	Women aged 65 and older be screened routinely for osteoporosis. Routine screening begins at age 60 for women at increased risk for osteoporotic fractures.	76977, 77078, 77079, 77080, 77081, G0130	V17.81 V82.81 V49.81		06RTN/AGE 60 AND OVER, NO BENEFIT LIMIT
PKU screening: newborns	Screening for phenylketonuria (PKU) in newborns.	84030, S3620		Regardless of DX	07RTN/0-90 DAYS LIMIT, NO BENEFIT LIMIT

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Rh incompatibility screening: 24-28 weeks gestation	Repeated Rh (D) antibody testing for all unsynthesized Rh (D) negative women at 24-28 weeks gestation, unless the biological father is known to be Rh (D) negative	86901, 86900	V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99	Payable with diagnosis of pregnancy	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	86901, 80055	V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99	Payable with diagnosis of pregnancy	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT
Routine vision screening		92002,92004, 92012, 92014	V72.0		08EC/BETWEEN 3 AND 5, ONE TIME ONLY
Rubella Screening	All women of child bearing age at their first clinical encounter	86762	V73.3	Sex Female	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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STI's counseling	High intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs	99401, 99402, 99403, 99404	V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2 V65.40	Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed. Codes in RED effective 7.1.12 going forward	08WC/NO AGE LIMIT, NO BENEFIT LIMIT
Syphilis screening: pregnant and non-pregnant women	Screen persons at increased risk for syphilis infection	86592, 86593, G0450, 86593, 80055	V74.9, V74.5, V22.0-V22.2, V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81-V23.86, V23.89, V23.9, V91.00-V91.03, V91.09, V91.10-V91.12, V91.19-V91.22, V91.29, V91.90-V91.92, V91.99 V70.0 V72.31 V72.61 V72.62 V20.2 V76.41 V76.51 V76.2	Payable with diagnosis of pregnancy or screening for sexually transmitted infection Codes in RED effective 7.1.12 going forward	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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Tobacco use counseling and interventions: pregnant and non-pregnant adults	Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	99407, G0436, G0437		Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed on preventive care code.	08WC/NO AGE LIMIT, 1 PER PLAN YEAR
Tuberculin (TB) Testing	Up to age 21, no frequency limit	86580	V20.2, V74.1, V70.0		07RTN/UP TO AGE 21, NO BENEFIT LIMIT
Visual acuity screening in children	Screening to detect amblyopia, strabismus, and defects in visual acuity	99173		Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed on preventive care code.	07RTN/NO AGE LIMIT, NO BENEFIT LIMIT

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Wellness exams (baby, child, adult)		99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, G0402, G0438, G0439		Always preventive regardless of diagnosis Codes in RED effective 7.1.12 going forward G0438 Allowed once per lifetime G0439 Allowed once per plan year in lieu of CPT code	08WC/AGE 0-17, NO BENEFIT LIMIT 08RTN/AGE 18 AND OVER, ONE PER PLAN YEAR
				Last Updated	5.21.14