

Subject: Preventive Services Policy

Effective Date: 08/2017

Revision Date: 05/2018

DESCRIPTION

The Affordable Care Act (ACA) requires nongrandfathered health plans to cover evidence-based preventive care and screenings supported by the Health Resources and Services Administration (HRSA) department of Health and Human Services (HHS), when the services are rendered by an in-network provider and/or facility. The OSU Health Plan’s preventive service policy is based on these guidelines as well as recommendations by the U.S. Preventive Services Task Force.

Because the same procedure may be done for either a preventive screening, or as a diagnostic procedure, OSU Health Plan must rely on provider billing to accurately identify the service as preventive or diagnostic. This policy provides a coded guideline for claims administration and is not an all-inclusive list. Procedure and/or diagnosis codes can be updated as recommendations change or additional codes become available. Please refer to the Preventive Health Care Guidelines available online at https://osuhealthplan.com/sites/all/themes/osuhealthplan/pdf/preventive-health-guidelines/OSU-HealthPlan_HealthGuideFINAL053017.pdf for additional information.

Blood draws (CPT 36415) performed for a preventive service listed in this document will also be covered as preventive.

Screening for Pregnant Women			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Anemia Screening	Pregnancy Diagnosis*	80055, 85013, 85014, 85018	
Breast Pump			Refer to MMPP 21.0 Breast Pumps
Chlamydia Screening	Pregnancy Diagnosis*, Z11.3, Z11.59, Z11.8, Z11.9, Z20.2, and/or Z72.5	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810	
Folic Acid			Refer to Pharmacy Benefit Manager (PBM)
Gestational Diabetes Screening	Pregnancy Diagnosis* and/or Z13.1	82947, 82948, 82950, 82951, 82952, 83036	
Gonorrhea Screening	Pregnancy Diagnosis*, Z11.2, Z11.3, Z11.9, and/or Z20.2	87590, 87591, 87592, 87801, 87850	
Hepatitis B Screening	Pregnancy Diagnosis*	87340, 87341, G0499	
HIV Screening	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87390, 87391, G0432, G0433, G0435, G0475, S3645	

Lactation Counseling			Refer to MMPP 20.0 Lactation Counseling
Preeclampsia Prevention			Refer to Pharmacy Benefit Manager (PBM)
Prenatal Care	Pregnancy Diagnosis*	59425, 59426, H1000, H1001, H1002, H1003, H1004, H1005	
Rh (antibody) Incompatibility Testing	Pregnancy Diagnosis*	86901	
Syphilis Testing	Pregnancy Diagnosis*, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, and/or Z20.2	86592, 86593, 86780, 87164, 87166, 87285, G0450	
Tetanus, Diphtheria, Pertussis (TDaP) Vaccine	Pregnancy Diagnosis*	90471, 90472, 90715	Allow 1 dose during pregnancy, regardless of when last dosed
Urine Culture	Pregnancy Diagnosis*	87081, 87086, 87088	Limited to one test per pregnancy

*See Appendix for list of Pregnancy Diagnoses

Women's Preventive Services			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Breast Cancer Screening (Mammography)	Z12.31, Z12.39, Z80.3, Z85.3	77067, G0202, 77063	Allow annually for women with no age restrictions if billed with a preventive diagnosis as primary. OSUHP will audit claims every six months for women under the age of 40 to determine if preventive guidelines are met [i.e., family history of breast cancer diagnosis (Z80.3)]. If preventive guidelines are not met, the claim will be adjusted and denied.
Breast Cancer Preventive Medications			Refer to Pharmacy Benefit Manager (PBM)
Cervical Cancer Screening (PAP Smear)	Z01.411, Z01.419, Z12.4	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Allow 1 per benefit year.

Contraceptive Methods			Refer to Birth Control Claim Processing guideline
Folic Acid			Refer to Pharmacy Benefit Manager (PBM)
Human Papilloma Virus (HPV) DNA Testing	Z00.00, Z01.411, Z01.419, Z11.51, Z12.4	87623, 87624, 87625	Allow 1 per benefit year.
Osteoporosis Screening (Bone Density)	Z13.820, Z82.62	76977, 77078, 77080, 77081, G0130	
Well Woman Visit		99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0402, G0438, G0439, G0445, S0610, S0612, S0613	Allow 1 per benefit year.

Adult Preventive Services (Age 18 and older)			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Abdominal Aortic Aneurysm	F17.20-, F17.21-, F17.22-, F17.29-, Z13.6, Z87.891	76706	Once per lifetime for men ages 65 – 75 with a history of smoking.
Alcohol Misuse Screening and Counseling	F10.1-, F10.2-, F10.9-, Z13.89	99401, 99402, 99403, 99404, 99408, 99409, G0442, G0443, H0001, H0049, H0050	
Aspirin for the Prevention of Cardiovascular Disease			Refer to Pharmacy Benefit Manager (PBM)
Blood Pressure Screening	Z13.6	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Included in the preventive wellness examination.
BRCA Genetic Testing	Z80.0, Z80.3, Z80.41, Z80.42	81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162	
Cardiovascular Disease (CVD) Counseling	I10, I11.0, I11.9, I15.-, I16.-, I20.- I21.-, I22.-, I23.-, I24.-, I25.-, I46.2, I69.-, Z13.6, Z79.82, Z82.4-, Z86.7-, Z95.-, Z98.61	99401, 99402, 99403, 99404	Included in E&M codes for preventive or problem-related visits. Cover at 100% when not billed in conjunction with an E&M code.
Chlamydia Screening	Z11.3, Z11.59, Z11.8, Z11.9, Z20.2, and/or Z72.5	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810	
Cholesterol Screening	Z00.00, Z00.01, Z13.220, Z13.6	80061, 82465, 83718, 83719, 83721, 84478	

Colorectal Cancer Screening			Refer to MMPP 39.0 Colorectal Cancer Screening
Depression Screening	Z13.89	99401, 99402, 99403, 99404, G0444	Included in E&M codes for preventive or problem-related visits. Cover at 100% when not billed in conjunction with an E&M code.
Diabetes (Type 2) Screening	Z00.00, Z00.01, Z13.1	82947, 82948, 82950, 82951, 82952, 82962, 83036, 83037	
Domestic Violence Screening	T74.-, T76.-, Z04.41, Z04.42, Z04.71, Z04.72, Z62.-, Z63.-, Z65.-, Z69.-, Z91.4-	96150, 98960, 99401, 99402, 99403, 99404	Included in E&M codes for preventive or problem-related visits. Cover at 100% when not billed in conjunction with an E&M code.
Falls Prevention	Z91.81	97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97530, 97535	Must be primary diagnosis. Allow ages 65 and older. All other codes/diagnoses apply to standard PT/OT guidelines.
Genetic Counseling for BRCA-related Cancer	Z80.0, Z80.3, Z80.41, Z80.42	99401, 99402, 99403, 99404, 96040, S0265	
Gonorrhea Infection Screening	Z11.2, Z11.3, Z11.9, and/or Z20.2	87590, 87591, 87592, 87801, 87850	
Healthy diet and physical activity counseling	Z71.3, Z71.89	97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402, 99403, 99404, G0270, G0271, G0446, G0447, G0473	Refer also to MMPP 4.0 Nutritional Services for diagnoses and CPT codes covered at 100% for the initial 3 visits in a benefit year.
Hepatitis B Infection Screening	Z00.00, Z00.01, Z11.59, Z57.8	87340, 87341, G0499	
Hepatitis C Infection Screening	Any diagnosis except Hepatitis C (B17.10, B17.11, B18.2, B19.20, B19.21)	86803, 86804, 87520, 87521, 87522, G0472	
HIV Infection Screening (Human Immunodeficiency Virus)	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87390, 87391, G0432, G0433, G0435, G0475, S3645	
Lung Cancer Screening	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	G0296, G0297	Allow 1 per benefit year.
Obesity Screening and Counseling	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, Z13.89	97802, 97803, 97804, 98960, 99401, 99402,	Included in the preventive wellness examination.

		99403, 99404, 99411, 99412	
Routine Physical Exam	Z00.00, Z00.01	99385, 99386, 99387, 99395, 99396, 99397	Allow 1 exam per benefit year.
Sexually Transmitted Infection (STI) Counseling	Z11.3, Z11.4, Z11.51, Z20.2, Z20.6, Z22.4, Z70.1, Z70.3, Z70.8, Z72.51, Z72.52, Z72.53, Z71.7, Z71.89	99401, 99402, 99403, 99404, G0445	Included in the preventive wellness examination.
Skin Cancer Counseling			Included in E&M codes for preventive or problem-related visits.
Syphilis Infection Screening	Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, and/or Z20.2	86592, 86593, 86780, 87164, 87166, 87285, G0450	
Tobacco Use Screening and Interventions	F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, Z87.891	99406, 99407, G9016, S9453	
Tuberculosis Infection Screening	Z11.1, Z20.1	86480, 86481, 86580	

** Includes pathology exam, anesthesia services performed in connection with the colonoscopy and biopsy/pathology related to incidental polyp removal regardless if billed as screening or not.

Adult Preventive Immunizations (Age 18 and older)			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Administration		90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010 Revenue Code 0771	Covered as preventive when billed with any of the vaccines listed in this chart.
Haemophilus Influenza Type B (HIB)		90647, 90648, 90748	
Hepatitis A		90632, 90636	
Hepatitis B		90636, 90739, 90740, 90746, 90747, 90748	
Herpes Zoster (Shingles)		90736, 90750	Age 50 and older
Human Papilloma Virus (HPV)		90649, 90650, 90651	Allow 3 doses up to age 26
Influenza (Flu)		90630, 90653, 90654, 90656, 90658, 90660, 90661, 90662, 90664,	

		90666, 90667, 90668, 90672, 90673, 90674, 90682, 90686, 90688, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	
Measles, Mumps, Rubella (MMR)		90707, 90710	
Meningococcal (Meningitis)		90620, 90621, 90733, 90734,	
Pneumococcal (Pneumonia)		90670, 90732	
Tetanus, Diphtheria, Pertussis (TDaP)		90715	
Varicella (Chickenpox)		90716	

Child and Adolescent Preventive Services (Birth – 18 years of age)			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Alcohol Misuse Screening and Counseling	F10.1-, F10.2-, F10.9-, Z13.89	99401, 99402, 99403, 99404, 99408, 99409, G0442, G0443, H0001, H0049, H0050	
Autism Screening	Z00.121, Z00.129, Z13.4	96110	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.
Behavioral Screening	Z13.4, Z13.89	96127	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.
Cervical Cancer Screening (PAP Smear)	Z01.411, Z01.419, Z12.4	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Female only. Allow 1 per benefit year.
Cholesterol Screening	Z00.00, Z00.01, Z00.121, Z00.129, Z13.220, Z13.6	80061, 82465, 83718, 83719, 83721, 84478	
Dental Caries Prevention		99188	Also refer to Pharmacy Benefit Manager (PBM) for oral fluoride supplementation.
Depression Screening	Z13.89	99401, 99402, 99403, 99404, G0444	Included in E&M codes for preventive or problem-related visits. Cover at 100% when

			not billed in conjunction with an E&M code.
Developmental Screening	Z00.121, Z00.129, Z13.4	96110, 96111	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.
Gonorrhea Prophylactic Medication			Included in delivery
Hearing Screening	Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, Z01.110, Z01.118	92551, 92552, 92558, 92585, 92586, 92587, 92588, V5008	Included in E&M codes for preventive visits. Cover at 100% when not billed in conjunction with a preventive E&M code.
Height, Weight and Body Mass Index (BMI)			Included in E&M codes for routine physical exams.
Hepatitis B Infection Screening	Z00.00, Z00.01, Z11.59, Z57.8	87340, 87341, G0499	
HIV Infection Screening (Human Immunodeficiency Virus)	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87390, 87391, G0432, G0433, G0435, G0475, S3645	
Human Papilloma Virus (HPV) DNA Testing	Z01.411, Z01.419, Z11.51, Z12.4	87623, 87624, 87625	Female only. Allow 1 per benefit year.
Hypothyroidism Screening (Newborn)	Z00.110, Z00.111	84437, 84443	
Iron Supplement			Refer to Pharmacy Benefit Manager (PBM)
Lead Screening	Z00.121, Z00.129, Z77.011	83655	
Obesity Screening and Counseling	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, Z13.89	97802, 97803, 97804, 98960, 99401, 99402, 99403, 99404, 99411, 99412	Included in the preventive wellness examination.
PKU (Phenylketonuria)	Z00.110, Z00.111, Z00.121, Z00.129, Z13.228	84030, S3620	
Routine Physical Exams for Age 0 – 36 months	Z00.110, Z00.111, Z00.121, Z00.129	99381, 99382, 99391	Allow 11 visits: <ul style="list-style-type: none"> • 1 visit 3-5 days after discharge • 1 visit at 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months
Routine Physical Exams for Age 4 – 18 years	Z00.121, Z00.129	99382, 99383, 99384, 99391, 99393, 99394	Allow 1 per benefit year
Sexually Transmitted Infection (STI) Counseling	Z11.3, Z11.4, Z11.51, Z20.2, Z20.6, Z22.4, Z70.1, Z70.3, Z70.8,	99401, 99402, 99403, 99404, G0445	Included in the preventive wellness examination.

	Z72.51, Z72.52, Z72.53, Z71.7, Z71.89		
Sickle Cell Anemia and Trait (Hemoglobinopathies)	Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	83020, 83021, 85660, S3850	
Skin Cancer Counseling			Included in E&M codes for preventive or problem-related visits.
Tuberculosis Infection Screening	Z11.1, Z20.1	86480, 86481, 86580	
Vision Screening	Z00.121, Z00.129, Z01.00, Z01.01	99172, 99173, 99174, 99177	

Child and Adolescent Preventive Immunizations (Birth – 18 years of age)			
Service	Diagnosis Code(s) [ICD-10]	Procedure Code(s)	Additional Comments
Administration		90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010 Revenue Code 0771	Covered as preventive when billed with any of the vaccines listed in this chart.
Diphtheria, Tetanus, Pertussis		90696, 90697, 90698, 90700, 90702, 90714, 90715, 90723	
Haemophilus Influenza Type B (HIB)		90644, 90647, 90648, 90698, 90748	
Hepatitis A		90633, 90634	
Hepatitis B		90723, 90740, 90743, 90744, 90747, 90748	
Human Papilloma Virus (HPV)		90649, 90650, 90651	Allow 3 doses up to age 26
Influenza (Flu)		90630, 90653, 90655, 90656, 90657, 90658, 90660, 90664, 90666, 90667, 90668, 90672, 90674, 90685, 90686, 90687, 90688, Q2035, Q2036, Q2037, Q2038, Q2039	
Measles, Mumps, Rubella (MMR)		90707, 90710	
Meningococcal (Meningitis)		90620, 90621, 90644, 90733, 90734,	
Pneumococcal (Pneumonia)		90670, 90732	
Polio		90696, 90698, 90713, 90723	
Rotavirus		90680, 90681	
Varicella (Chickenpox)		90716	

EXCLUSIONS

According to The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD), the following services are not covered (this is not an all-inclusive list):

- Physicals and other medical services (e.g., vaccines, x-rays, labs, etc.) for administrative requirements such as immigration, licensure, adoption, marriage, employment, camp, sports or school [e.g., ICD-10 codes Z02.0 – Z02.9]
- Preventive or routine maintenance treatment such as school or annual physicals received by an urgent care provider or convenient care clinic

The following services are always considered diagnostic (not preventive) and are subject to plan deductible, coinsurance and/or copay:

- Metabolic Panels
- Complete Blood Count (CBC)
- Prostate-Specific Antigen (PSA)
- Breast Ultrasonography, Magnetic Resonance Imaging (MRI)
- Electrocardiography (ECG)

APPENDIX

Pregnancy Diagnoses: O00 - O9A (all O ICD-10 codes), Z03.7, Z32 - Z36, Z3A

REFERENCES

Centers for Disease Control and Prevention. Immunization Schedules.

<https://www.cdc.gov/vaccines/schedules/index.html>

Published Recommendations. U.S. Preventive Services Task Force.

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

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