



An independent licensee of the Blue Cross Blue Shield Association

## Preventive Services Coverage Grid

January 1, 2025

### About this Grid:

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.

**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.

Refer to **Red Font** for Updates

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Use "CTRL F" to search for a procedure category or code

### Women's Health Preventive Services

Women's Health Preventive Services: The Women's Health Preventive Services are mandated as of an employer group's first renewal on or after August 1, 2012.

### Important Exemptions

**Groups/Products exempt from the Federal PPACA mandate rules include:**

- Grandfathered group products
- Medicare Supplement products
- Dental, Vision and Drug only products

**It is important to verify benefits and eligibility when delivering any of the preventive services included in the mandate.**

Please visit our website at [Provider.ExcellusBCBS.com](http://Provider.ExcellusBCBS.com)

Or, contact Customer Care at 1-800-920-8889 to verify benefits and eligibility prior to rendering services.

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Abdominal Aortic Aneurysm Screening: Men</b> The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked			
76706		Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm	Male 65-75 Years Old
<b>Anemia Screening: Pregnant Women</b> The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.			
80055	33	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 (eg, VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	NA
85013	33	Blood count; spun microhematocrit	NA
85014	33	Blood count; hematocrit (Hct)	NA
85018	33	Blood count; hemoglobin (Hgb)	NA
85025	33	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	NA
85027	33	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	NA
<b>Anxiety Screening:</b> The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.			
96127	33	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
<b>Aspirin to Prevent Cardiovascular Disease in Men and Women</b> 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 lowdose aspirin daily for at least 10 years.			

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI - Aspirin		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Covered from ages 0-59, no gender restriction
<b>Aspirin to Prevent Preeclampsia and Related Morbidity and Mortality</b> The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.			
Pharmacy GPI - Aspirin		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Up to Age 60
<b>Bacteriuria Screening in Pregnant Women</b> The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons			
87081	33	Culture, presumptive, pathogenic organisms, screening only;	None
87084	33	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	None
87086	33	Culture, bacterial; quantitative colony count, urine	None
87088	33	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	None
<b>Blood Pressure Screening in Adults</b> The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.			
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99473	33	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	No age restriction per the Health Plan
99474	33	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	No age restriction per the Health Plan
<b>BRCA Risk Assessment and Genetic Counseling/Testing</b> The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.			
81162		BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81163		BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164		BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165		BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166		BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167		BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81212		BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81215		BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216		BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217		BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81307		PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308		PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
81433		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
96040	33	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
S0265	33	Genetic counseling, under physician supervision, each 15 minutes	
<b>Breast Cancer Preventive Medications</b>  The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age or gender restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age or gender restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age or gender restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age or gender restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age or gender restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age or gender restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age or gender restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age or gender restriction per the Health Plan
Pharmacy GPI - Aromatase Inhibitors		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	No age or gender restriction per the Health Plan
Pharmacy GPI - Raloxifene		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	No age or gender restriction per the Health Plan
Pharmacy GPI - Soltamox		Partner with Pharmacy Prescription required & must process under Pharmacy benefit <b>*Soltamox (the solution form of Tamoxifen) requires Pre-Authorization</b>	No age or gender restriction per the Health Plan
Pharmacy GPI - Tamoxifen		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	No age or gender restriction per the Health Plan
<b>Breast Cancer Screening</b> The USPSTF recommends biennial screening mammography for women aged 40 to 74 years			
77065	33	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	40 Years and Older
77066	33	Diagnostic mammography, including computer-aided detection (CAD) when performed bilateral	40 Years and Older
77067	33	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	40 Years and Older
<b>Breast Feeding Support, Supplies and Counseling</b> The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.			
98960	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	
98961	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	
98962	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	
A4281		Tubing for breast pump, replacement	
A4282		Adapter for breast pump, replacement	
A4283		Cap for breast pump bottle, replacement	
A4284		Breast shield and splash protector for use with breast pump, replacement	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
A4285		Polycarbonate bottle for use with breast pump, replacement	
A4286		Locking ring for breast pump, replacement	
A4287		Disposable collection and storage bag for breast milk, any size, any type, each	
E0602		Breast pump, manual, any type	
E0603		Breast pump, electric (AC and/or DC), any type	
S9443		Lactation classes, nonphysician provider, per session	
<b>Bright Futures Anemia Testing</b>			
85018	33	Blood count; hemoglobin (Hgb) (Anemia Testing)	0-21 years
<b>Bright Futures Anticipatory Guidance</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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
G0513		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	0-18 Years See Preventive Adult Exam Category codes for ages 19+



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
G0514		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the 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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
<b>Bright Futures Autism Spectrum Disorder Screening</b>			
96110		Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	PPACA /Bright Futures 0-3 years Autism Screening & NYS Well Child also codes 96110 with Age ranges and diagnosis restrictions applied
<b>Bright Futures - Behavioral, Social, Emotional Screening</b>			
96127	33	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0444		Annual depression screening, 5 to 15 minutes	No age restriction per the Health Plan
<b>Bright Futures Critical Congenital Heart Defect</b>			
Newborn Hospital Congenital Heart Defect			Refer to Hospital Newborns
<b>Bright Futures Development Surveillance</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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
G0513		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
G0514		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the 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)	0-18 Years Age See Preventive Adult Exam Category codes for ages 19+
<b>Bright Futures Developmental /Behavioral Depression Screening and Suicide Risk</b>			
96127	33	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0444		Annual depression screening, 5 to 15 minutes	No age restriction per the Health Plan
<b>Bright Futures Developmental /Behavioral Alcohol, and/or Drug Use Assessment</b>			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99408		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	No age restriction per the Health Plan
99409		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0396		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	No age restriction per the Health Plan
G0397		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	No age restriction per the Health Plan
G0442		Annual Alcohol Misuse Screening, 15 minutes	No age restriction per the Health Plan
G0443		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	No age restriction per the Health Plan
G2011		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Bright Futures Developmental /Behavioral Tobacco and E-cigarettes Use Counseling</b>			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
Pharmacy GPI		Partner with Pharmacy Prescription required & must process under Pharmacy benefit. Includes the patch, gum, inhaler, nasal spray and lozenge, Zyban and Chantix Chantix is covered for generic only Zyban is covered for generic only	
<b>Bright Futures Developmental Screening Milestone</b>			
96110		Developmental screening, with interpretation and report, per standardized instrument form	PPACA /Bright Futures 0-3 years Autism Screening & NYS Well Child also codes 96110 with Age ranges and diagnosis restrictions applied
<b>Bright Futures Dyslipidemia</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)	No age restriction per the Health Plan
82465		Cholesterol, serum or whole blood, total	No age restriction per the Health Plan
83718		Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	No age restriction per the Health Plan
84478		Triglycerides	No age restriction per the Health Plan
<b>Bright Futures Hearing Screening</b>			

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
92551		Screening test, pure tone, air only	NYS Well Child Only 0-18 Years Age Code does not apply to USPSTF
92552		Pure tone audiometry (threshold); air only	NYS Well Child Only 0-18 Years Age Code does not apply to USPSTF
92558		Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	NYS Well Child Only 0-18 Years Age Code does not apply to USPSTF
92567		Tympanometry (impedance testing)	NYS Well Child Only 0-18 Years Age Code does not apply to USPSTF
V5008		Hearing screening	NYS Well Child Only 0-18 Years Age Code does not apply to USPSTF
<b>Bright Futures Hearing Screening Loss Newborns</b>			
92587	33	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	Age less than 1 Year Old
92650	33	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Age less than 1 Year Old
<b>Bright Futures Immunization</b>			
90460		Immunization administration through 18 Years Age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90461		Immunization administration through 18 Years Age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
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)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90581		Anthrax vaccine, for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90619		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90630		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90633		Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90634		Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90644		Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90647		Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90648		Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90650		Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90654		Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90655		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90656		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90658		Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90661		Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90670		Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90672		Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90674		Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90680		Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90681		Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90682		Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90685		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90686		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90687		Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90688		Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90689		Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90696		Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 Years Age, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90697		Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use ( Pediatrics only)	<a href="https://E290:E1043www.cdc.gov/vaccines/schedules/hcp/index.html">https://E290:E1043www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90698		Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Pediatrics Only)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90700		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90702		Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90716		Varicella virus vaccine (VAR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90732		Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or Older, for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90733		Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90734		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90740		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90743		Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90744		Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90747		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90748		Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90756		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, antibiotic free, 0.5ml dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90759		Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
91304		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
G0008		Administration of influenza virus vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
G0009		Administration of pneumococcal vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
G0010		Administration of hepatitis B vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (AFLURIA)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLULAVAL)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLUVIRIN)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (Fluzone)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2039		Influenza virus vaccine, not otherwise specified	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
<b>Bright Futures Lead Testing</b>			
83655		Lead testing	0 - 21 year
<b>Bright Futures Maternal Depression</b>			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0444		Annual depression screening, 5 to 15 minutes	No age restriction per the Health Plan
<b>Bright Futures Newborn Bilirubin</b>			
Newborn Hospital Bilirubin			Refer to Hospital Newborns
<b>Bright Futures Newborn Blood</b>			
Newborn Hospital Newborn Blood			Refer to Hospital Newborns
<b>Bright Futures Oral Health Fluoride Over Counter Supplementation</b>			
Pharmacy GPI - Fluoride Over Counter Treatments		Partner with Pharmacy Prescription required & must process under Pharmacy benefit Prescription is Required - Generics only and brand if not generic equivalent	Up to Age 16 Years
<b>Bright Futures Oral Health Fluoride Varnish</b>			
99188		Application of topical fluoride varnish by a physician or other qualified health care professional	Up to Age 6 Years
<b>Bright Futures Preventive Exam: Pediatric</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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
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)	0-18 Years See Preventive Adult Exam Category codes for ages 19+
G0513		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the 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)	None
G0514		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the 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)	None
<b>Bright Futures Procedures Cervical Dysplasia</b>			
88141	33	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	No age restriction per the Health Plan
88142	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	No age restriction per the Health Plan
88143	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88147	33	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	No age restriction per the Health Plan
88148	33	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	No age restriction per the Health Plan
88150	33	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	No age restriction per the Health Plan
88152	33	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	No age restriction per the Health Plan
88153	33	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88164	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
88165	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88166	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	No age restriction per the Health Plan
88167	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	No age restriction per the Health Plan
88174	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	No age restriction per the Health Plan
88175	33	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	No age restriction per the Health Plan
G0101		Cervical or vaginal cancer screening; pelvic and clinical breast examination	No age restriction per the Health Plan
G0123		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	No age restriction per the Health Plan
G0124		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	No age restriction per the Health Plan
G0141		Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	No age restriction per the Health Plan
G0143		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	No age restriction per the Health Plan
G0144		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	No age restriction per the Health Plan
G0145		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	No age restriction per the Health Plan
G0147		Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	No age restriction per the Health Plan
G0148		Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	No age restriction per the Health Plan
P3000		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	No age restriction per the Health Plan
P3001		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	No age restriction per the Health Plan
Q0091		Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	No age restriction per the Health Plan
<b>Bright Futures Procedures Hepatitis C</b> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years			
86803	33	Hepatitis C antibody	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
86804	33	Hepatitis C antibody; confirmatory test (eg, immunoblot)	No age restriction per the Health Plan
87520	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	No age restriction per the Health Plan
87521	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan
87522	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	No age restriction per the Health Plan
G0472	33	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	No age restriction per the Health Plan
<b>Bright Futures Procedures HIV</b>			
80081	33	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.	No age restriction per the Health Plan
86689	33	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	No age restriction per the Health Plan
86701	33	Antibody; HIV-1	No age restriction per the Health Plan
86702	33	Antibody; HIV-2	No age restriction per the Health Plan
86703	33	Antibody; HIV-1 and HIV-2, single result	No age restriction per the Health Plan
87389	33	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-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	No age restriction per the Health Plan
87390	33	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-1	No age restriction per the Health Plan
87391	33	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	No age restriction per the Health Plan
87534	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	No age restriction per the Health Plan
87535	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan
87538	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
87806	33	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	No age restriction per the Health Plan
G0432		Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0433		Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0435		Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0475		HIV antigen/antibody, combination assay, screening	No age restriction per the Health Plan
<b>Bright Futures Procedures HIV-PrEP</b> The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV			
Pharmacy GPI - Bright Futures HIV PrEP		Refer to Pharmacy	No age restriction per the Health Plan
J0739		Injection, cabotegravir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	No age restriction per the Health Plan
<b>Bright Futures Procedures HIV-PrEP- Adherence Counseling</b> The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	No age restriction per the Health Plan



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
See Evaluation and Management section for E/M codes	33		No age restriction per the Health Plan
<b>Bright Futures Procedures HIV-PrEP Kidney Function Screening</b> The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.			
80047	33	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	No age restriction per the Health Plan
80048	33	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	No age restriction per the Health Plan
82565	33	Creatinine; blood	No age restriction per the Health Plan
82570	33	Creatinine; other source	No age restriction per the Health Plan
82575	33	Creatinine; clearance	No age restriction per the Health Plan
<b>Bright Futures Procedures HIV-PrEP Pregnancy Screening</b> The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.			
81025	33	Urine pregnancy test, by visual color comparison methods	No age restriction per the Health Plan
84702	33	Gonadotropin, chorionic (hCG); quantitative	No age restriction per the Health Plan
84703	33	Gonadotropin, chorionic (hCG); qualitative	No age restriction per the Health Plan
<b>Bright Futures Sexually Transmitted Infections</b>			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	
<b>Bright Futures- Sudden Cardiac Arrest/Death Risk Assessment</b>			
93000	33	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	11-21 Years
93005	33	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	11-21 Years
93010	33	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	11-21 Years
<b>Bright Futures Tuberculosis Screening</b>			
86480	33	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	
86481	33	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	
86580	33	Skin test; tuberculosis, intradermal (PPD Skin Test)	
<b>Bright Futures Vision Sensory Screening</b>			
99173		Screening test of visual acuity, quantitative, bilateral	0-18 years NYS Well Child Only Code does not apply to USPSTF
99174		Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	0-18 years NYS Well Child Only Code does not apply to USPSTF
99177		Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	0-18 years NYS Well Child Only Code does not apply to USPSTF
<b>Bright Futures: Screening for Maternal Depression</b>			
96127	33	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
<b>Cervical Cancer Screening</b> The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing).			
88141	33	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
88142	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	No age restriction per the Health Plan
88143	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88147	33	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	No age restriction per the Health Plan
88148	33	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	No age restriction per the Health Plan
88150	33	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	No age restriction per the Health Plan
88152	33	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	No age restriction per the Health Plan
88153	33	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88164	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	No age restriction per the Health Plan
88165	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	No age restriction per the Health Plan
88166	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	No age restriction per the Health Plan
88167	33	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	No age restriction per the Health Plan
88174	33	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	No age restriction per the Health Plan
88175	33	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	No age restriction per the Health Plan
G0101		Cervical or vaginal cancer screening; pelvic and clinical breast examination	No age restriction per the Health Plan
G0123		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	No age restriction per the Health Plan
G0124		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	No age restriction per the Health Plan
G0141		Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	No age restriction per the Health Plan
G0143		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	No age restriction per the Health Plan
G0144		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
G0145		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	No age restriction per the Health Plan
G0147		Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	No age restriction per the Health Plan
G0148		Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	No age restriction per the Health Plan
P3000		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	No age restriction per the Health Plan
P3001		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	No age restriction per the Health Plan
Q0091		Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	No age restriction per the Health Plan
<b>Chlamydial Infection Screening Pregnant and Non Pregnant Women</b> The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.			
86631	33	Antibody; Chlamydia	No age or gender restriction per the Health Plan
86632	33	Antibody; Chlamydia, IgM	No age or gender restriction per the Health Plan
87110	33	Culture, chlamydia, any source	No age or gender restriction per the Health Plan
87270	33	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	No age or gender restriction per the Health Plan
87320	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative;Chlamydia trachomatis	No age or gender restriction per the Health Plan
87490	33	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	No age or gender restriction per the Health Plan
87491	33	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	No age or gender restriction per the Health Plan
87800	33	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	No age or gender restriction per the Health Plan
87801	33	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	No age or gender restriction per the Health Plan
87810	33	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation;Chlamydia trachomatis	No age or gender restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
		<b>Cholesterol Abnormalities Screening</b> 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.	
80061		Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	No age restriction per the Health Plan
82465		Cholesterol, serum or whole blood, total	No age restriction per the Health Plan
83718		Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	No age restriction per the Health Plan
84478		Triglycerides	No age restriction per the Health Plan
		<b>Colorectal Cancer Screening Bowel Prep</b> The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 45 years and continuing until age 75 years.	
Pharmacy GPI - Bisacodyl - 10mg suppository		Bisacodyl - 10mg suppository	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Bisacodyl EC		Bisacodyl EC 5mg tablet, Alophen pills, Bisa-Lax 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 Bisa-lax 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 5mg, Woman's Laxative EC 5mg,	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Colyte		Colyte	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - CVS Phosphate		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	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Dulcolax - 10my suppository		Dulcolax - 10my suppository	Prescription is Required 45 -75 Years Old Limit twice per 365 days

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI - Dulcolax - 5mg tablet		Dulcolax - 5mg tablet	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Fleet Enema		Fleet Enema	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Fleet Pedialax Tablet Chew		Fleet Pedialax Tablet Chew	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilax Packet		Gavilax Packet, Healthylax Powder Packet, RA Laxative PEG 3350 Packet, Smoothlax Packet, Clearlax, CVS Purelax Powder Packet	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilyte-C		Gavilyte-C	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilyte-G		Gavilyte-G	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilyte-H		Gavilyte-H	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilyte-H and bisacodyl kit		Gavilyte-H and bisacodyl kit	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Gavilyte-N/Flavor Packs		Gavilyte-N/Flavor Packs	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Glycolax		Glycolax	Prescription is Required 45 -75 Years Old Limit twice per 365 days

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI - GoLytely		GoLytely	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Lo-So Prep Combination Kit		Lo-So Prep Combination Kit	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Magnesia Susp		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,	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Magnesium Citrate		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,	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Miralax Powder		Miralax Powder	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Miralax Powder Packet		Miralax Powder Packet	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - MoviPrep		MoviPrep	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - NuLytely		NuLytely	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - OsmoPrep		OsmoPrep	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Prepopik		Prepopik	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Senna		Senna	Prescription is Required 45 -75 Years Old Limit twice per 365 days



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI - Senna/Docusate		Senna/Docusate	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Senokot		Senokot	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Senokot-S		Senokot-S	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Suclear		Suclear	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Suprep		Suprep	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - TriLyte		TriLyte	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - Clearlax		PEG-3350, Clearlax, CVS Purelax Powder, EQ Clearlax Powder, Gavilax Powder, Gentlelax Powder, Glycolax Powder, GNP Clearlax Powder, HM Clearlax Powder, Kro Gentlelax, LaxaClear Powder, Powderlax, RA Laxative PEG 3350 powder, SB Polyethylene glycol 3350, SM Clearlax Powder, Smoothlax Powder, SW Clearlax Powder	Prescription is Required 45 -75 Years Old Limit twice per 365 days
Pharmacy GPI - PEG-3350		PEG-3350	Prescription is Required 45 -75 Years Old Limit twice per 365 days
<b>Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy)</b> The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 45 years and continuing until age 75 years.			
00812	33, PT	Anesthesia for lower intestinal endoscopic pesendoscope introduced distal to duodenum; screening colonoscopy	45-75 years
00813	33, PT	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	45-75 years
44388	33, PT	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45-75 years
44389	33, PT	Colonoscopy through stoma; with biopsy, single or multiple	45-75 years
44390	33, PT	Colonoscopy through stoma; with removal of foreign body(s)	45-75 years
44391	33, PT	Colonoscopy through stoma; with control of bleeding, any method	45-75 years
44392	33, PT	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45-75 years
44394	33, PT	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45-75 years

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
44401	33, 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)	45-75 years
44402	33, PT	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	45-75 years
44403	33, PT	Colonoscopy through stoma; with endoscopic mucosal resection	45-75 years
44404	33, PT	Colonoscopy through stoma; with directed submucosal injection(s), any substance	45-75 years
44405	33, PT	Colonoscopy through stoma; with transendoscopic balloon dilation	45-75 years
44406	33, PT	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	45-75 years
44407	33, 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	45-75 years
44408	33, PT	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	45-75 years
45330	33, PT	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	45-75 years
45331	33, PT	Sigmoidoscopy, flexible; with biopsy, single or multiple	45-75 years
45332	33, PT	Sigmoidoscopy, flexible; with removal of foreign body	45-75 years
45333	33, PT	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45-75 years
45334	33, PT	Sigmoidoscopy, flexible; with control of bleeding any method (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator	45-75 years
45335	33, PT	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	45-75 years
45338	33, PT	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45-75 years
45349	33, PT	Sigmoidoscopy, flexible; with endoscopic mucosal resection	45-75 years
45378	33, PT	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45-75 years
45379	33, PT	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body(s)	45-75 years
45380	33, PT	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	45-75 years
45381	33, PT	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	45-75 years
45382	33, PT	Colonoscopy, flexible; with control of bleeding, any method	45-75 years
45384	33, PT	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45-75 years
45385	33, PT	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45-75 years
45386	33, PT	Colonoscopy, flexible; with transendoscopic balloon dilation	45-75 years
45388	33, 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)	45-75 years
45389	33, PT	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	45-75 years
45390	33, PT	Colonoscopy, flexible; with endoscopic mucosal resection	45-75 years

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
74261	33, PT	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	45-75 years
74262	33, PT	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed	45-75 years
74263		Computed tomographic (CT) colonography, screening, including image post processing	45-75 years
81528		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	45-75 years
82270		Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	45-75 years
82274	33, PT	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	45-75 years
88305	33, 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, trans bronchial 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	45-75 years
G0104		Colorectal cancer screening; flexible sigmoidoscopy	45-75 years
G0105		Colorectal cancer screening; colonoscopy on individual at high risk	No age restriction per the Health Plan
G0106		Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	45-75 years
G0120		Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	45-75 years
G0121		Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	45-75 years
G0122		Colorectal cancer screening; barium enema	45-75 years
G0328		Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	45-75 years
S0285		Colonoscopy consultation performed prior to a screening colonoscopy procedure	45-75 years

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Contraceptive Methods and Counseling</b> All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.			
00851		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	
11976		Removal, implantable contraceptive capsules	
11980	33	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	
11981	33	Insertion, non-biodegradable drug delivery implant	Female
11982	33	Removal, non-biodegradable drug delivery implant	Female
11983	33	Removal with reinsertion, non-biodegradable drug delivery implant	
57170		Diaphragm or cervical cap fitting with instructions	Female
58300		Insertion of intrauterine device (IUD)	Female
58301		Removal of intrauterine device (IUD)	
58565		Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Female
58600		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Female
58605		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	
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)	
58615		Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	
58670		Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	
58671		Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	
59430		Post Partum Care Only (Separate procedure)	
96372	33	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	
A4261		Cervical cap for contraceptive use	
A4264		Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
A4266		Diaphragm for contraceptive use	
A4268		Contraceptive supply, condom, female, each	
A4269		Contraceptive supply, spermicide (e.g., foam, gel), each	
A9293	33	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	
A9279	33	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	
J1050	33	Injection, medroxyprogesterone acetate, 1 mg	
J3490	33	Unclassified drugs- for this purpose- it is being used for Depo- Provera contraceptive injections.	
J7294		Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	
J7295		Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each"	
J7296		Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
J7297		Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg, 3 year duration	
J7298		Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg, 5 year duration	
J7300		Intrauterine copper contraceptive	
J7301		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	
J7304		Contraceptive supply, hormone containing patch, each	
J7306		Levonorgestrel (contraceptive) implant system, including implants and supplies	
J7307		Etonogestrel (contraceptive) implant system, including implant and supplies	
Pharmacy GPI - Contraceptive		N/A	
Pharmacy GPI - Male Condoms		N/A	
S4981		Insertion of levonorgestrel-releasing intrauterine system	
S4989		Contraceptive Intrauterine Device (e.g., Progestacert IUD), including implants and supplies	
S4993		Contraceptive pills for birth control	
<b>Contraceptive Methods and Counseling-Ultrasound Surveillance and Management</b> All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.			
76856		Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	
76857		Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	
<b>Dental Caries Prevention: Infants and Children Up to Age 16 Years</b> The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient			
Pharmacy GPI - Oral Fluoride Supplementation		Partner with Pharmacy Prescription required & must process under Pharmacy benefit. Generics only. Brand only if no generic equivalent	Up to Age 16 Years
<b>Dental Caries Prevention: Infants and Children Up to Age 6 Years</b> 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.			
99188		Application of topical fluoride varnish by a physician or other qualified health care professional	Up to Age 6 Years

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<p><b>Depression Screening: Adolescents and Adults &amp; Perinatal Prevention Depression Counseling Services</b></p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.</p> <p>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>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions</p>			
96127	33	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
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	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0444		Annual depression screening, 5 to 15 minutes	No age restriction per the Health Plan
<b>Evaluation and Management Codes</b>			
99202	33	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	
99203	33	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter	
99204	33	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	
99205	33	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	
99211	33	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	
99212	33	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter	
99213	33	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	
99214	33	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	
99215	33	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99304	33	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	
99305	33	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	
99306	33	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.	
99307	33	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.	
99308	33	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.	
99309	33	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
99310	33	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	
99341	33	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
99342	33	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99344	33	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99345	33	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	
99347	33	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
99348	33	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99349	33	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99350	33	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99459	33	Pelvic examination (List separately in addition to code for primary procedure)	
<b>Falls Prevention in Older Adults: Exercise or Physical Therapy Exercise Interventions</b> The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.			
97110	33	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	65 Years and Older
97112	33	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	65 Years and Older
97113	33	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	65 Years and Older
97116	33	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	65 Years and Older

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
97124	33	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	65 Years and Older
97139	33	Unlisted therapeutic procedure (specify)	65 Years and Older
97161	33	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.	65 Years and Older
97162	33	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.	65 Years and Older
97163	33	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.	65 Years and Older
97164	33	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.	65 Years and Older
97530	33	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	65 Years and Older
<b>Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication</b> The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.			
Pharmacy GPI - Folic Acid		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	ages 11 and up with no gender restriction, per the health plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Gestational Diabetes Mellitus Screening</b> The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation & WPSI recommends women with a history of gestational diabetes mellitus who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus.			
82947	33	Glucose; quantitative, blood (except reagent strip)	
82950	33	Glucose; post glucose dose (includes glucose)	
82951	33	Glucose: tolerance test (GTT), 3 specimens (includes glucose)	
83036	33	Hemoglobin; glycosylated (A1C)	
<b>Glucose-6-phosphate dehydrogenase deficiency- Newborn screening</b> Public Health Law- NYS mandate states screening of newborn if newborn presents with hemolytic anemia, hemolytic jaundice, early onset neonatal jaundice, or family history of racial or ethnic risk (i.e., African, Asian, Middle Eastern ancestry)			
82955	33	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	Age less than 1 Year Old
82960	33	Glucose-6-phosphate dehydrogenase (G6PD); screen	Age less than 1 Year Old
<b>Gonorrhea Prophylactic Medication: Newborns</b> The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum			
Pharmacy GPI - Gonorrhea		This would be included in the hospital bill or well baby codes.	
<b>Gonorrhea Screening: Women</b> The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.			
0353U	33	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	No age or gender restriction per the Health Plan
87590	33	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	No age or gender restriction per the Health Plan
87591	33	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	No age or gender restriction per the Health Plan
87592	33	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	No age or gender restriction per the Health Plan
87800	33	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	No age or gender restriction per the Health Plan
87801	33	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	No age or gender restriction per the Health Plan
87850	33	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	No age or gender restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Healthy Diet Counseling</b> 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			
97802	33	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97803	33	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97804	33	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
G0108	33	Diabetes outpatient self-management training services, individual, per 30 minutes	
G0109	33	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	
G0270	33	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	
G0271	33	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	
G0447		Face-to-face behavioral counseling for obesity, 15 minutes	
G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	
S9140	33	Diabetic management program, follow-up visit to non-MD provider	
S9141	33	Diabetic management program, follow-up visit to MD provider	
S9452	33	Nutrition classes, nonphysician provider, per session	
S9455	33	Diabetic management program, group session	
S9460	33	Diabetic management program, nurse visit	
S9465	33	Diabetic management program, dietitian visit	
S9470	33	Nutritional counseling, dietitian visit	
<b>Healthy Weight and Weight Gain in Pregnancy- Behavioral Counseling Interventions</b> The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.			
97802	33	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
97803	33	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97804	33	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	
G0270	33	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	
G0271	33	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	
S9452	33	Nutrition classes, nonphysician provider, per session	
S9470		Nutritional counseling, dietitian visit	
<b>Hearing Loss: Screening for Newborns</b> The USPSTF recommends screening for hearing loss in all newborn infants			
92587	33	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	Age less than 1 Year Old
92650	33	Auditory evoked potentials; screening	Age less than 1 Year Old
<b>Hemoglobinopathies Screening: Newborns (Sickle Cell)</b> The USPSTF recommends screening for sickle cell disease in newborns			
83020	33	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	Age less than 1 Year Old
83021	33	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	Age less than 1 Year Old
85660	33	Sickling of RBC, reduction	Age less than 1 Year Old
S3620	33	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)	Age less than 1 Year Old
<b>Hepatitis B Virus Infection Screening for Pregnant Women and Non Pregnant Adolescents and Adults &amp; Newborns</b> The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection in addition to existing requirements.			
80055	33	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 (eg, VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	No age or gender restriction per the Health Plan
86704	33	Hepatitis B core antibody (HBcAb); total	No age or gender restriction per the Health Plan
86705	33	Hepatitis B core antibody (HBcAb); IgM antibody	No age or gender restriction per the Health Plan
86706	33	Hepatitis B surface antibody (HBsAb)	No age or gender restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
86707	33	Hepatitis Be antibody (HBeAb)	No age or gender restriction per the Health Plan
87340	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	No age or gender restriction per the Health Plan
87341	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	No age or gender restriction per the Health Plan
87350	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	No age or gender restriction per the Health Plan
87467	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	No age or gender restriction per the Health Plan
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)	
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	
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	
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	
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)	
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	
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	
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	



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
G0499		Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	
<b>Hepatitis C Virus Infection Screening: Adults</b> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.			
86803	33	Hepatitis C antibody	No age restriction per the Health Plan
86804	33	Hepatitis C antibody; confirmatory test (eg, immunoblot)	No age restriction per the Health Plan
87520	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	No age restriction per the Health Plan
87521	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan
87522	33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	No age restriction per the Health Plan
G0472	33	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	No age restriction per the Health Plan
<b>HIV Screening: Pregnant Women and Non Pregnant Adolescents and Adults</b> The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.			
80081	33	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.	No age restriction per the Health Plan
86689	33	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	No age restriction per the Health Plan
86701	33	Antibody; HIV-1	No age restriction per the Health Plan
86702	33	Antibody; HIV-2	No age restriction per the Health Plan
86703	33	Antibody; HIV-1 and HIV-2, single result	No age restriction per the Health Plan
87389	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
87390	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	No age restriction per the Health Plan
87391	33	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	No age restriction per the Health Plan
87534	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	No age restriction per the Health Plan
87535	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan
87538	33	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	No age restriction per the Health Plan
87806	33	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	No age restriction per the Health Plan
G0432		Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0433		Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0435		Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	No age restriction per the Health Plan
G0475		HIV antigen/antibody, combination assay, screening	No age restriction per the Health Plan
<b>Prevention of Acquisition of Human Immunodeficiency Virus (HIV): Preexposure Prophylaxis (PrEP)</b> The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV			
Pharmacy GPI - HIV Screening J0739		Refer to Pharmacy  Injection, cabotegravir 1 mg	No age restriction per the Health Plan  No age restriction per the Health Plan
G0012		Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	No age restriction per the Health Plan
J0750		Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	No age restriction per the Health Plan
J0751		Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	No age restriction per the Health Plan
J0799		FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	No age restriction per the Health Plan
<b>HIV-(PrEP) Adherence Counseling</b> The USPSTF's recommendation for HIV Infection Preexposure Prophylaxis (PrEP) includes language to conduct adherence counseling and certain screening test (kidney function, hepatitis B and C, other STIs, and pregnancy) prior to initiating PrEP.			

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	No age restriction per the Health Plan
G0011		Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk HIV risk reduction and medication adherence, 15 to 30 minutes	No age restriction per the Health Plan
G0013		Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	No age restriction per the Health Plan
See Evaluation and management section for E/M codes	33		No age restriction per the Health Plan
<b>HIV-(PrEP) Kidney Function Screening</b> The USPSTF's recommendation for HIV Infection Preexposure Prophylaxis (PrEP) includes language to conduct adherence counseling and certain screening test (kidney function, hepatitis B and C, other STIs, and pregnancy) prior to initiating PrEP.			
80047	33	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	No age restriction per the Health Plan
80048	33	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
82565	33	Creatinine; blood	No age restriction per the Health Plan
82570	33	Creatinine; other source	No age restriction per the Health Plan
82575	33	Creatinine; clearance	No age restriction per the Health Plan
<b>HIV-(PrEP) Pregnancy Screening</b> The USPSTF's recommendation for HIV Infection Preexposure Prophylaxis (PrEP) includes language to conduct adherence counseling and certain screening test (kidney function, hepatitis B and C, other STIs, and pregnancy) prior to initiating PrEP.			
81025	33	Urine pregnancy test, by visual color comparison methods	No age restriction per the Health Plan
84702	33	Gonadotropin, chorionic (hCG); quantitative	No age restriction per the Health Plan
84703	33	Gonadotropin, chorionic (hCG); qualitative	No age restriction per the Health Plan
<b>Human Papillomavirus Testing</b> High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 Years Age and should occur no more frequently than every 3 years.			
87624		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)	Female 30 Years and Older
87625		Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	Female 30 Years and Older
G0476		Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	Female 30 Years and Older
<b>Hypothyroidism Screening: Newborns</b> The USPSTF recommends screening for congenital hypothyroidism in newborns			
84436	33	Thyroxine; total	
84437	33	Thyroxine; requiring elution (eg, neonatal)	
84439	33	Thyroxine; free	
84443	33	Thyroid stimulating hormone (TSH)	
<b>Immunizations Adult</b>			
90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	19 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
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)	19 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	19 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	19 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90480		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	19 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90611		Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	No age nor gender restrictions, per Health Plan
90619		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90622		Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	No age nor gender restrictions, per Health Plan
90623		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	No age nor gender restrictions, per Health Plan
90630		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90632		Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90649		Human Papillomavirus vaccine, (HPV) types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a> Age Update 5/1/2020 with 19-45(Until 46th Birthday)
90650		Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a> Age Update 5/1/2020 with 19-45(Until 46th Birthday)
90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a> Age Update 5/1/2020 with 19-45(Until 46th Birthday)
90653		Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Age 65 and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90654		Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90656		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90658		Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90661		Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90662		Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90670		Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90671		Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90672		Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90673		Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90674		Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90677		Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90678		Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90679		Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90682		Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90683		Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90686		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90688		Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90694		Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	65 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90716		Varicella virus vaccine (VAR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90732		Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or Older, for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90733		Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90734		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90736		Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	60 Years and Older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90739		Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90740		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90746		Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90747		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90748		Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90750		Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use Per Pharmacy same as RZV Shingrix	19 year and older for immunocompromised patients. Otherwise, 50 years and older <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
90756		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, antibiotic free, 0.5ml dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90759		Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
91304		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
91320		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
91322		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
G0008		Administration of influenza virus vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
G0009		Administration of pneumococcal vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
G0010		Administration of hepatitis B vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2034		Influenza virus vaccine, split virus, for intramuscular use (Agrimflu)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (AFLURIA)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLULAVAL)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLUVIRIN)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (Fluzone)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2039		Influenza virus vaccine, not otherwise specified	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
<b>Immunizations Pediatric</b>			
90380		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90381		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90460		Immunization administration through 18 Years Age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90461		Immunization administration through 18 Years Age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
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)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90480		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	0-18 Years Age <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
90581		Anthrax vaccine, for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90619		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90622		Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	No age nor gender restrictions, per Health Plan
90623		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	No age nor gender restrictions, per Health Plan
90630		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90633		Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90634		Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90644		Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90647		Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90648		Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90650		Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90654		Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90655		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90656		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90658		Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90661		Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90670		Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90672		Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90674		Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90678		Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	ACIP recommended RSV vaccine for pregnant persons at 32–36 weeks' gestation to prevent RSV-associated LRTI in infants aged <6 months.
90680		Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90681		Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90682		Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90685		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90686		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90687		Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90688		Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90689		Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90696		Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 Years Age, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90697		Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use. ( Pediatrics Only)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90698		Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Pediatrics Only)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90700		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90702		Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or Older, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90716		Varicella virus vaccine (VAR), live, for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90732		Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or Older, for subcutaneous or intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90733		Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90734		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90740		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90743		Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90744		Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
90747		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90748		Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90756		Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, antibiotic free, 0.5ml dosage, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
90759		Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
91304		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
91318		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
91319		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
91320		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
91321		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
91322		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
96380		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
96381		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	No age restriction per the Health Plan <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
G0008		Administration of influenza virus vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
G0009		Administration of pneumococcal vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
G0010		Administration of hepatitis B vaccine	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (AFLURIA)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLULAVAL)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (FLUVIRIN)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 Years Age and Older, for intramuscular use (Fluzone)	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
Q2039		Influenza virus vaccine, not otherwise specified	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>
<b>Intimate Partner Violence Screening: Women of Childbearing Age</b> The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
<b>Lung Cancer Screening</b> The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 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.			
71271		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	50-80 Years Old
G0296		Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	50-80 Years Old



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Obesity Screening and Counseling: Adults</b> The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.			
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	
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	
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	
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	
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	
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	
G0447		Face-to-face behavioral counseling for obesity, 15 minutes	
G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	
<b>Obesity Screening and Counseling: Children</b> 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.			
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)	
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)	
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)	
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)	



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
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)	
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)	
G0447		Face-to-face behavioral counseling for obesity, 15 minutes	
G0473		Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	
<b>Osteoporosis Screening: Women (Bone Density)</b> The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment. The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years or older			
76977	33	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Female
77078	33	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Female
77080	33	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Female
77081	33	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Female
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	Female
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Female
G0130	33	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Female
<b>Phenylketonuria Screening: Newborns</b> The USPSTF recommends screening for phenylketonuria in newborns			
84030	33	Phenylalanine (PKU), blood	Age less than 1 Year Old
<b>Pre Diabetes and Diabetes Screening</b> The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Overweight and obesity are defined as a BMI $\geq 25$ and $\geq 30$ , respectively. 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. WPSI recommends women with a history of gestational diabetes mellitus who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus.			
82947	33	Glucose; quantitative, blood (except reagent strip)	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
82950	33	Glucose; post glucose dose (includes glucose)	
82951	33	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	
83036	33	Hemoglobin; glycosylated (A1C)	
<b>Prenatal Visits (Pregnant Women)</b> Covered under Well Woman Visits			
59425		Antepartum care only, 4-6 visits	
59426		Antepartum care only, 7 or more visits	
<b>Preventive Exam: Adult</b> Preventive physical exams			
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	None
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	None
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	None
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	None
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	None
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	None
G0438		Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	None
G0439		Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit	None
G0468		Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)	None
G0513		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	None
G0514		Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the 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)	None
S0610		Annual gynecological examination, new patient	None
S0612		Annual gynecological examination, established patient	None

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Prostate Cancer Screening: Men</b> Health Plan decision to cover digital rectal exam for prostate cancer screening			
G0102		Prostate cancer screening: digital rectal examinations	
<b>RH Incompatibility Screening in Pregnant Women</b> 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.			
86850	33	Antibody screen, RBC, each serum technique	
86900	33	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 (eg, VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	
86901	33	Blood typing; Rh (D)	
<b>Sexually Transmitted Infections Counseling</b> The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).			
96160	33	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<p style="text-align: center;"><b>Skin Cancer Behavioral Counseling</b></p> <p>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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.</p>			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
<p style="text-align: center;"><b>Skin Cancer Behavioral Counseling-Education-1</b></p> <p>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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.</p>			
98960	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<p align="center"><b>Skin Cancer Behavioral Counseling-Education-2</b></p> <p>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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.</p>			
98961	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	
<p align="center"><b>Skin Cancer Behavioral Counseling-Education-3</b></p> <p>ThThe 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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.</p>			
98962	33	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	
<p align="center"><b>Skin Cancer Behavioral Counseling-Telephone-1</b></p> <p>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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.</p>			
98966	33	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Skin Cancer Behavioral Counseling-Telephone-2</b> 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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.			
98967	33	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	
<b>Skin Cancer Behavioral Counseling-Telephone-3</b> 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. The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. The mode of delivery varied and included mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.			
98968	33	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	
<b>Statin Preventive Medication</b> 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.			
Pharmacy GPI 39400 Atoprev 10-40 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI 39400 Atorvastatin 10-20 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Flolipid 20mg & 40mg/5cc		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Fluvastatin Sodium ER 20-80 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Livalo 1-4 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Lovastatin 10-40 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Pravastatin 10-80mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Pravastatin 10-80mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Rosuvastatin 5-10 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75
Pharmacy GPI 39400 Simvastatin 5-40 mg		Partner with Pharmacy Prescription required & must process under Pharmacy benefit	Age 40-75



Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
<b>Syphilis Screening Pregnant Women and Non Pregnant Persons</b> The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection & recommends early screening for syphilis infection in all pregnant women			
80055	33	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 (eg, VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	No age or gender restriction per the Health Plan
86592	33	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	No age or gender restriction per the Health Plan
86593	33	Syphilis test, non-treponemal antibody; quantitative	No age or gender restriction per the Health Plan
86780	33	Antibody; Treponema pallidum	No age or gender restriction per the Health Plan
<b>Tobacco and E-Cigarettes Use Counseling: Children, Adolescents, Adults and Pregnant Women</b> 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. On December 16, 2019 a circular letter was issued to remind issuers that coverage for smoking cessation treatment is required under preventive service, including coverage for users of e-cigarettes.			
96160	33	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
Pharmacy GPI 6210		Partner with Pharmacy Prescription required & must process under Pharmacy benefit. Includes the patch, gum, inhaler, nasal spray and lozenge, Zyban and Chantix Chantix is covered for generic only Zyban is covered for generic only	
<b>Tuberculosis Screening</b> The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.			
86480	33	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	
86481	33	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	
86580	33	Skin test; tuberculosis, intradermal (PPD Skin Test)	
<b>Unhealthy Alcohol Use, Alcohol Misuse Screening and Counseling , and/or Drug Use Assessment</b> The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or Older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)			
96160	33	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument	No age restriction per the Health Plan
96161	33	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No age restriction per the Health Plan
99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	No age restriction per the Health Plan
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	No age restriction per the Health Plan
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	No age restriction per the Health Plan
99408		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	No age restriction per the Health Plan
99409		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	No age restriction per the Health Plan
99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	No age restriction per the Health Plan
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	No age restriction per the Health Plan

Procedure Code	Required Modifier	Recommendation & Procedure Description	Age and/or Gender Restriction
G0396		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	No age restriction per the Health Plan
G0397		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	No age restriction per the Health Plan
G0442		Annual Alcohol Misuse Screening, 15 minutes	No age restriction per the Health Plan
G0443		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	No age restriction per the Health Plan
G2011		Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes	
<b>Urinary Incontinence Screening</b> WPSI recommends screening women for urinary incontinence annually.			
1091F		Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)	Female
<b>Visual Acuity Screening in Children</b> 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.			
99173		Screening test of visual acuity, quantitative, bilateral	3 - 5 years Old PPACA and NYS code 99173 refers to Well Child Ages