

The Patient Protection and Affordable Care Act (PPACA) has designated the services listed below as preventive benefits and available with no cost-sharing when provided by an in-network provider for members of non-grandfathered health plans. In addition to the services listed below, your patient may have additional preventive care benefits covered under their health plan that may or may not be covered at 100%. Your patients should check their benefit booklet for details on these additional preventive care benefits. The following tables provide a quick reference guide for submitting claims for preventive services with a "well-person" diagnosis code as the primary (first) diagnosis on the claim.

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This guide is subject to change during the year based on new or revised laws and/or regulations, additional guidance and/or MCS Life Insurance Company medical policy. To confirm coverage details you can contact the Provider Service Call Center at 787.620.2535 (metro area) or 1.800.981.4766 (toll free).

IMPORTANT INFORMATION: Services must be billed with the appropriate diagnosis, at the line level of the claim (Block 24E), pursuant to industry standard coding guidelines. Preventive or screening services are intended for those who currently exhibit no signs or symptoms of disease. Services otherwise deemed preventive that are received in an inpatient setting, an emergency room, or that include additional procedures or diagnostic services may be subject to copayment, deductible, and coinsurance. Submitting screening service codes (CPT, HCPCs or ICD-10) when signs or symptoms are present constitutes inappropriate coding which could result in recoupment of monies paid to the provider for those services. Additionally, these services are subject to certain limitations depending on medical necessity and other reasonable medical management techniques.

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Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Alcohol Abuse Screening for adults of eighteen (18) years old and older due to alcohol abuse, and counseling on improper alcohol use reduction to any person involved in a risky or hazardous alcohol use.	Counseling: 99401-99404, 99408-99409 New Patient: 99385 Established Patient: 99395	Z13.39, Z71.41		Age Limit: for adults of eighteen (18) years and older.
Anemia /Iron Risk assessment or screening, as recommended in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics.	Counseling: 99401-99404 New Patient: 99381 - 99385 Established Patient: 99391 - 99395	Z13.0		Age Limit: from four (4) months to seventeen (17) years.
Autism Screening for children between eighteen (18) and twenty-four (24) months.	Counseling: 99401-99404 New Patient: 99382 Established Patient: 99392	Z00.121, Z00.129, Z13.41, Z13.42		Age Limit: between eighteen (18) and twenty-four (24) months.
Behavioral /Social/Emotional Assessment	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395	Z00.121, Z00.129, Z00.110, Z00.111		Age Limit: between zero (0) months to twenty-one (21) years.
Cervical Dysplasia Screening for sexually active girls.	Counseling: 99401-99404 New Patient: 99381- 99384 Established Patient: 99391-99395	Z72.51, Z72.52, Z72.53		Age Limit: seventeen (17) years old.
Congenital Hypothyroidism Screening for newborns.	Lab Codes: 84436, 84443, 84479	Z13.29	84436 84443, 84479	Service is typically performed in the birth facility.

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Depression and suicide risk Major depression disorder (MDD) screening.	Counseling: 99401-99404 New Patient: 99384, 99385 Established Patient: 99394, 99395	Z13.31, Z13.39, Z00.121		Age Limit: between twelve (12) to twenty-one (21) years.
Development Screening Screening for children and monitoring throughout childhood.	Counseling: 99401-99404 New Patient: 99381-99382 Established Patient: 99391-99392	Z00.121, Z00.129, Z00.2		Age Limit: between zero (0) months to three (3) years.
Dyslipidemia One-time screening for younger children and screening for children at high risk for lipid disorders.	Counseling: 99401-99404 New Patient: 99381- 99385 Established Patient: 99391-99395 Lab Code(s): 80061, 82465, 83718, 83721, 84478	Z13.220	80061, 82465, 83718, 83721, 84478	Age Limit: One-time screening for younger children between the ages of nine (9) eleven to (11) and seventeen (17) to twenty-one (21) and screening for children at high risk between the ages of one (1) to four (4) years, five (5) to ten (10) years, eleven (11) to fourteen (14) years and fifteen (15) to seventeen (17) years.
Prophylaxis for gonococcal ophthalmic neonatorum (Gonorrhea) Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum (Gonorrhea).	No RX code required, covered at hospital	Z00.121		This medication is generally administered to newborn at birth facility.
Hearing Screening Hearing loss screening for newborns and once in minors.	Counseling: 99401-99404 New Patient: 99381- 99385 Established Patient: 99391-99395 Procedural Code(s): 92551, 92552, 92558, 92567, 92570, 92588, 92650-92653	Z01.10, Z01.12, Z01.110, Z01.118, Z00.121, Z00.129, Z00.3	92551, 92552, 92558, 92567, 92570, 92587, 92588, 92650-92653	Age Limit: between zero (0) days to ninety (90) days, once between the age of eleven (11) to fourteen (14), once between the ages of fifteen (15) to seventeen (17), and once between the ages of eighteen (18) to twenty-one (21) years.
Growth Height, Weight, and Body Mass Index (BMI) Screening	Counseling: 99401-99404 New Patient: 99381- 99384 Established Patient: 99391-99394	Z00.121, Z00.129, Z00.2, Z00.3		Age Limit: between zero (0) days to seventeen (17) years.
Sickle Cell Disease Screening for newborns.	85660	Z13.0	85660	Age Limit: To be performed during the first five (5) days after birth, verify results and follow up as appropriate.
High body mass index in children and adolescents: interventions: children and adolescents aged 6 years and older	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395 Nutrition: 97802-97804, 3008F	Z68.54, Z68.55, Z68.56, E66.811, E66.812, E6.813, Z71.3, Z71.82	97802-97804	Age Limit: Childrens from six (6) years and older.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Human Immunodeficiency Virus (HIV) Screening Screening for adolescents and adults between fifteen (15) and sixty-five (65) years old. Younger adolescents and elderly people with higher risks must also go through screening tests. Human Immunodeficiency Virus (HIV) screening as part of the routine screenings of any medical examination performed at least once every five (5) years, based on the clinical criteria for adolescent and adult people between thirteen (13) and sixty-five (65) years old at low risk, and once a year for all people at high risk.	Procedural Code(s): 86689, 86701, 86702, 86703, 87390, 87534, 87535, 87536, 87389, 87391, 87537, 87538, 87539, 87806, 87901, 87903, 87904, 87906, G0432, G0433, G0435, S3645	Z11.3, Z11.4, Z11.59, Z20.2, Z20.6, Z21	86689, 86701, 6702, 86703, 87390, 7534, 87535, 87536, 7389, 87391, 87537, 7538, 87539, 87806, 7901, 87903, 87904, 7906, G0432, G0433, G0435, S3645	Age Limit: between thirteen (13) years to sixty-five (65) years.
Immunization - Hepatitis B (Hep B)	Procedural Code(s): 90740, 90743, 90744, 90747, 90759	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Diphtheria, Tetanus and Pertussis (Whooping Cough) (DTaP)	Procedural Code(s): 90700 Combination Vaccines: 90698, 90723	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Tetanus, Diphtheria, and acellular Pertussis (Tdap)	Procedural Code(s): 90715	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Immunization - Rotavirus	Procedural Code(s): 90680, 90681	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Inactivated Polio Virus (IPV)	Procedural Code(s): 90713 Combination Vaccines: 90696, 90698	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Haemophilus Influenzae, Type B (Hib)	Procedural Code(s): 90647, 90648 Combination Vaccines: 90698, 90644	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Pneumococcal (PCV) and (PPV)	Procedural Code(s): 90670, 90671, 90732, 90677, 90684	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Measles, Mumps and Rubella (MMR)	Procedural Code(s): 90707, 90710	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Immunization - Varicella (Var)	Procedural Code(s): 90710, 90716	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Hepatitis A (Hep A)	Procedural Code(s): 90633, 90634	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Meningococcal (MCV)	Procedural Code(s): 90619, 90733, 90734, 90644, 90620, 90621, 90623	Z20.811, Z23		Limitation: Immunization for meningitis (MCV4) or the meningococcal vaccine will be covered as required by the Office of the OCS (CN-2011-131-AV).
Immunization - Influenza	Procedural Code(s): 90653, 90656, 90657, 90658, 90660-90662, 90673,	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Human Papillomavirus (HPV) - vaccine to prevent cervical cancer	Procedural Code(s): 90649, 90650, 90651	Z11.51, Z23		Age Limit: between nine (9) years to forty-five (45) years. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Medical History For all children during development.	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395	Z00.121, Z00.129, Z00.3		Age Limit: from zero (0) months to twenty-one (21) years.
Obesity Screening Obesity screening, comprehensive counseling, and intense behavioral interventions to promote improved weight in the child.	Counseling: 99401-99404 New Patient: 99383-99384 Established Patient: 99393-99394, 97802-97804, G0270, G0447	Z13.89, Z71.2, Z76.89	97802-97804, G0270, G0447	Age Limit: from six (6) years and older.
Oral Health Risk screening for children.	Covered through basic dental coverage. Dental Procedural Code(s): D0120, D0140, D0150, D0160, D0180			Age Limit: from zero (0) months to ten (10) years.
Phenylketonuria (PKU) Screening of newborns for genetic disorders.	Procedural Code(s): 84030, S3620	Z13.228	84030, S3620	Service is typically performed in the birth facility.
Tuberculin Tuberculosis test for children at risk of tuberculosis.	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395 Lab Code: 86580	Z00.121, Z00.129, Z11.1	86580	Age Limit: from zero (0) months to twenty-one (21) years.
Skin Cancer Counseling to young adults, adolescents, children, and young children's parents on the benefits of minimizing the exposure to ultraviolet (UV) rays for people with light skin.	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395	Z12.83		Age Limit: from six (6) months to twenty-four (24) years.
Tobacco use The physician-led interventions that include education or counseling aimed to prevent initiation of tobacco consumption in children and adolescents.	Counseling: 99406, 99407 New Patient: 99381-99384 Established Patient: 99391-99394	Z72.0, Z71.6, Z87.891, F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291		Age Limit: from ten (10) years (<i>school-aged children</i>) to seventeen (17) years.
Use of Tobacco, Alcohol and Drugs Evaluation to identify the use of drugs and alcohol in children.	Counseling: 99401-99404, 99406-99409 New Patient: 99383-99385 Established Patient: 99393-99395	Z02.83, Z13.89, Z71.41, Z71.51, Z71.6, Z72.0		Age Limit: from eleven (11) years to twenty-one (21) years.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Vision At least one vision screening for children to detect amblyopia or its risk factors.	Counseling: 99401-99404 New Patient: 99382-99383 Established Patient: 99392-99393 Procedural Code(s): 92081-92083, 99172-99174, 92002, 92004, 92012, 92014	Z01.00, Z01.01	92081-92083, 99172-99174, 92002, 92004, 92012, 92014	Age Limit: from three (3) years to five (5) years.
Bilirubin concentration Evaluation for newborns.	Procedural Code(s): 82247, 82248, 82252, 88720	P59.9	82247, 82248, 82252, 88720	Service is typically performed in the birth facility.
Blood Pressure Evaluation for newborns and children.	Counseling: 99401 - 99404 Procedural Code(s): 3074F, 3075F, 3077F-3079F, 3080F	I10, Z01.30, Z01.31		Age Limit: from zero (0) month to seven- teen (17) years.
Blood test Evaluation for newborns.	Procedural Code(s): 83020, 83021, 85007, 85008, 85025, 85027, S3620	Z13.0	83020, 83021, 85007, 85008, 85025, 85027, S3620	Service is typically performed in the birth facility.
Hematocrit or hemoglobin test Evaluation for all minors.	Procedural Code(s): 85014, 85018	Z13.0	85014, 85018	Age Limit: from zero (0) month to twenty-one (21) years.
Lead assessment Evaluation for minors at risk of lead exposure	Procedural Code(s): 83655	Z13.88, Z77.011	83655	Age Limit: from zero (0) month to twenty-one (21) years.
Maternal depression Evaluation for mothers of infants at medical visits	Procedural Code(s): 96127, 96146, 96160, 96161	Z13.32, F53.0, F53.1	96160, 96127 96146, 96161	In infant visits from one (1) to six (6) months.
Dental caries Prevention: Evaluation, detection, and intervention Oral fluoride supplementation for children from six (6) months up to five (5) years of age whose water supply is deficient in fluoride. Application of fluoride varnish to temporary teeth.	Procedural Code(s): D1206, D1208 Pharmacy Coverage	Z01.20, Z01.21, Z41.8, Z91.842, Z91.843		Age Limit: All babies and minors from the age of the eruption of the first teeth up to five (5) years.
Immunization -RSV	Administration Codes: 96380, 96381 90380 - Single 0.5 mL dose 90381 - Single 1 mL dose or a 2 mL dose 90382 - single 0.7 mL dose	Z29.11		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

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Immunization - COVID-19	Administration: 90480, 90481 Through Pharmacy (PBM) 91318, 91319, 91320, 91321, 91322, 91323, 91304	Z23		Age Limit: from six (6) months and older. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Dengue	Procedural Code: 90587	Z23		Age Limit: from nine (9) to sixteen (16) years. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Anxiety assessment Anxiety evaluation in children and adolescents.	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395 CPT Procedure: 96127	Z13.30, F41.9	96127	Age Limit: from eight (8) to eighteen (18) years old.
Hepatitis B Screening Evaluation for detection of hepatitis B virus (HBV) infection, who are in highest risk for infection.	86704, 86705, 86706, 87340, 87341	Z11.59	86704, 86705, 86706, 87340, 87341	Age Limit: from newborns through young adults twenty-one (21) years old.
Sudden cardiac arrest and sudden cardiac death Risk assessment of sudden heart attack and sudden cardiac death.	Counseling: 99401-99404 New Patient: 99381-99385 Established Patient: 99391-99395	Z13.6, Z91.89		Age Limit: from eleven (11) years through twenty-one (21) years old.
Immunization - MPOX	90611	Z23		Recommended for anyone at risk of infection. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

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Abdominal Aortic Aneurysm (AAA) Screening One (1) ultra-sonogram for the screening of AAA in men who have smoked at some point in their lives.	Procedural Code(s): 76706, 76770, 76775	Z13.6, Z72.0, Z87.891	76706, 76770, 76775	Age Limit: for men between sixty-five (65) to seventy-five (75) years.
Alcohol Abuse Screening for the non-healthy use of alcohol in the primary care scenario for adults, including pregnant women, as well as brief behavioral counseling interventions to reduce the non-healthy use of alcohol in people involved in risky or harmful alcohol use.	Counseling: 99408 - 99409 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): G0397, G0396, G0442, G0443	Z71.41, F10.19, F10.29, F10.99, Z13.39		Age Limit: from eighteen (18) years.
Hypertension screening Hypertension screening for men and women. Measures should be found outside the clinical scenario to confirm diagnosis before beginning treatment.	Counseling: 99401 - 99404 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): A4670	Z13.6		Age Limit: from eighteen (18) years and older.
Screening for Cholesterol Screening for all adult men and women, for lipid disorders if they are at increased risk of coronary heart disease, regardless of USPSTF due to local law 218 of 8/30/2012. Screening for both men and women for lipid disorders if at greater risk of coronary disease, in accordance with Public Law No. 218 of August 30, 2012.	Procedural Code(s): 80061, 82465, 83718	Z00.00, Z00.01, Z13.220	80061, 82465, 83718	No age limitation, determined upon risk.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Colorectal Cancer Screening Colorectal cancer screening for men and women through fecal occult blood tests, sigmoidoscopy, or colonoscopy. The risks and benefits of these screening methods vary. A follow-up colonoscopy after a positive result from a non-invasive screening test.	Procedural Codes: G0104, G0105, G0121, G0122, G0328 Fecal occult blood testing: 82270, 82274, G0328, 81528 Sigmoidoscopy: 45330, 45331, G0104 Colonoscopy: 45378, G0105, G0121	Z01.818, Z12.11, Z12.12	G0104, G0105, G0121, G0122, G0328, 82270, 82274, 81528, 45331, 45378,	Age Limit: from forty-five (45) years to seventy-five (75) years.
Lung Cancer Screening Annual screening for lung cancer with low-dose CT scans in adults who have a history of smoking twenty (20) packs per year and currently smoke or have quit smoking for the last fifteen (15) years. The screening should be discontinued once a person has not smoked for fifteen (15) years or develops a health problem that severely limits life expectancy or the ability or willingness to undergo a healing lung surgery.	Counseling: 99401-99404 New Patient: 99386-99387 Established Patient: 99396-99397 Procedural Code: 71271	Z12.2, Z72.0, Z87.891	71271	Age Limit: from fifty (50) years to eighty (80) years.
Depression Screening Screening for depression. Applies to men and women, including women during pregnancy or postpartum. Screening must be based on an appropriate system to provide a precise diagnosis, effective treatment, and adequate follow-up visits.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): G0444	Z13.31		Age Limit: from eighteen (18) years and older.
Screening for Prediabetes and Diabetes Mellitus Type II Screening and examination of abnormal blood glucose as part of the detection for prediabetes and diabetes type II in asymptomatic adults who are overweight or obese. Physicians should offer or refer patients with abnormal blood glucose up to intensive care behavioral counseling to promote a healthy diet and physical activity.	Counseling: 99401-99409, G0447 New patient: 99385-99387 Established patient: 99395-99397 Lab Codes: 82947, 82948, 82950-82952, 82962, 83036	Z00.00, Z00.01, Z13.1 E66.3, E66.9	82947, 82948, 82950-82952, 82962, 83036	Age Limit: from thirty-five (35) years to seventy (70) years.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Healthy diets and exercises for the prevention of cardiovascular disease Counseling and recommendations for overweight or obese adults with high risk factors of developing cardiovascular diseases (CVC) to promote a healthy diet and physical activity to prevent such conditions.	Counseling: 99401-99409 New Patient: 99385-99387 Established Patient: 99395-99397 Nutrition: 97802-97804	Z13.1, Z13.220, Z13.6 Z71.82, Z71.3	97802-97804	Age Limit: from eighteen (18) years and older.
Hepatitis B Virus (HBV) Infection Screening for adults at high risk of contracting the infection.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): 87350, 87340, G0499	Z11.59, Z20.5, Z20.2	87350, 87340	Age Limit: from eighteen (18) years and older.
Falls prevention in older adults The USPSTF recommends exercise interventions to prevent falls in adults who live in the community-dwelling and are at increased risk for falls.	Counseling: 99401-99404 New Patient: 99387 Established Patient: 99397 Procedural Code(s): 97530, G0151, G0157, G0159, S9131, S9476	Z91.81,	97530	Age Limit: from sixty-five (65) years and older.
Screening for Hepatitis C Virus (HCV) Hepatitis C virus (HCV) screening.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): 86803, G0472	Z00.00, Z00.01, Z11.59, Z20.5	86803, G0472	Age Limit: from eighteen (18) to seventy-nine (79) years.
Human Immunodeficiency Virus (HIV) Screening (non-pregnant adult and adolescents) Human immunodeficiency virus (HIV) screening for adolescents and adults between fifteen (15) and sixty-five (65) years old. Younger adolescents and elderly people with higher risks must also go through screening tests.	Procedural Code(s): 86689, 87390, 87535, 87536, 87389, 87391, G0432, G0433, G0435	Z21, Z11.4, Z11.59	86689, 87390, 87535, 87536, 87389, 87391, G0432, G0433, G0435	Age Limit: between thirteen (13) years to sixty-five (65) years.

Preventive Care Services Coding Guide				
Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Immunization - Tetanus, Diphtheria and Pertussis (Td/Tdap)	Procedural Code(s): 90714, 90715, 90698, 90723	Z23, Z11.2		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Human Papillomavirus (HPV)	Procedural Code(s): 90649, 90650, 90651	Z11.51, Z23		Age Limit: between nine (9) years to forty-five (45) years. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Varicella (VAR)	Procedural Code(s): 90716	Z23, Z11.59		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Herpes Zoster	Procedural Code(s): 90736, 90750	Z20.5, Z20.6, Z20.828, Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Measles, Mumps and Rubella (MMR)	Procedural Code(s): 90707, 90710	Z23, Z11.59, Z20.4		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Immunization - Influenza (Flu Shot)	Procedural Code(s): 90653, 90661, 90662, 90672, 90673, 90656, 90657, 90658, 90660, 90689, 90694, 90754, 90682	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Pneumococcal	Procedural Code(s): 90670, 90671, 90677, 90732, 90684	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Hepatitis A (Hep A)	Procedural Code(s): 90632, 90636	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Hepatitis B (Includes Hib)	Procedural Code(s): 90636, 90739, 90740, 90746-90748, 90759	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Meningococcal	Procedural Code(s): 90733, 90734	Z20.811, Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Obesity Counseling and screening for all adults. Doctors can offer and refer patients to intensive behavioral interventions with multiple components for those who have a Body Mass Index (BMI) of 30 kg/m ² or higher.	Counseling: 99401-99407 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): 97802-97804, G0447, G0473	E66.811, E66.812, E66.813, E66.3, E66.9, Z00.00, Z00.01, Z13.89, Z71.2, Z71.3, Z71.82, Z76.89	97802-97804, G0447, G0473	Age Limit: from eighteen (18) years and older.
HIV Prevention - Preexposure prophylaxis o PrEP Doctors will be able to offer pre-exposure prophylaxis (PrEP) with antiretroviral therapy for people at high risk of contracting HIV. For insured people at high risk of contracting HIV.	Counseling: 99401, 99402, 99403, 99404 Administration codes: G0012, J0752	Z20.2, Z20.5, Z20.6, Z77.21, W46.0XXA, W46.0XXD, W46.0XXS, W46.1XXA, W46.1XXD, W46.1XXS, Z20.818, Z51.89, Z79.899, B20, Z21, B16.9, B16.1, B17.0, Z22.4, B18.0, B18.1, B16.0, Z00.00, Z01.812, Z11.3, Z11.4, Z11.59, Z13.89	G0012, J0752	The insured must perform their annual physical examination, as well as HIV tests that show a negative result. Once completed, the insured is provided with a clearance of ninety (90) days, before the end of these ninety (90) days, the insured must repeat the HIV tests that continue to show a negative result, to continue treatment. If the insured interrupts the treatment, they will have up to two (2) attempts per policy year. Requires MCS Life Clinical Affairs pre-authorization.
Counseling in sexually Transmitted Diseases (STD) Intensive behavioral counseling to prevent sexually transmitted diseases for adolescents and adults who are sexually active and have a high risk of contracting related diseases.	Counseling: 99401-99404, G0445 New Patient: 99385-99387 Established Patient: 99395-99397, 99384, 99394	Z11.3, Z70.0-Z70.3, Z70.8, Z71.7, Z71.89, Z72.51, Z72.52, Z72.53		Age Limit: from eighteen (18) years and older.
Tuberculosis screening Tuberculin test for adults at risk of latent tuberculosis infection (LTBI).	Procedural Code(s): 86580, 86480, 86481	Z00.00, Z00.01, Z11.1	86580, 86480, 86481	Age Limit: from eighteen (18) years and older.
Statin as prevention of cardiovascular diseases Use of statin for primary prevention of cardiovascular diseases (CVD) for adults from forty (40) to seventy-five (75) years old who have one or more risk factors for CVD (dyslipidemia, diabetes, hypertension, or smoking) and an estimated risk of ten (10) years of a cardiovascular event of ten percent (10%) or more.	Counseling: 99401-99404 New Patient: 99386-99387 Established Patient: 99396-99397	Z79.899, Z13.6		Age Limit: between forty (40) to seventy-five (75) years.

Preventive Care Services Coding Guide				
Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Tobacco Use and drug therapy (non-pregnant adults) Screening for all adults and interventions for smoking cessation. For those who use products to quit tobacco use, this plan covers medications used to stop smoking – those approved by the Food & Drug Administration (FDA) for an attempt of ninety (90) consecutive days and up to two (2) attempts per year.	Counseling: 99406-99407 New Patient: 99385-99387 Established Patient: 99395-99397	Z71.6, Z72.0, Z87.891		Age Limit: from eighteen (18) years and older.
Skin Cancer Counseling young adults, adolescents, children, and young children's parents on the benefits of reducing their exposure to ultraviolet radiation (UV), for people who have clear skin to reduce their skin cancer risk.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397	Z00.121, Z00.129, Z00.00, Z00.01		Age Limit: from six (6) months to twenty- four (24) years.
Syphilis screening (non-pregnant and adolescents) Screening for syphilis in asymptomatic people, non-pregnant adolescents and adults at high-risk of infection.	Procedural Code(s): 86592, 86593, 87285, 87680	Z00.00, Z00.01	86592, 86593, 87285, 87680	Age Limit: from eighteen (18) years and older.
Unhealthy Drug Use: Screening The USPSTF recommends screening by asking questions about unhealthy drug use. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred to. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	New Patient: 99385-99387 Established Patient: 99395-99397 99408, 99409	F11.10, F11.20, Z71.51		Age Limit: from eighteen (18) years and older.
Immunization - COVID-19	Administration: 90480, 90481 Through Pharmacy (PBM) 91320, 91322, 91323, 91304, 91318, 91319, 91321	Z23		Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.

Preventive Care Services Coding Guide				
Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Contraceptive methods - Vasectomy Surgery (male) Contraceptive methods approved, granted, or authorized by the FDA, as required by Law.	55250	Z30.9, Z30.8, Z30.09, Z30.2, Z30.40, Z98.52		All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling including those after giving birth and follow-up care for all people with reproductive capacity. As prescribed.
Contraceptive methods - Male Condom Contraceptive methods approved, granted, or authorized by the FDA, as required by Law.	A4267	Z30.018		All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling including those after giving birth and follow-up care for all people with reproductive capacity. As prescribed.
Immunization - MPOX	CPT: 90622, 90611 ADMINISTRATION CODES: 90471, 90472	Z23	90622, 90611	It is recommended for anyone at risk of infection. Immunizations, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children, adolescents minors of age twenty-one (21) and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Immunization - Respiratory syncytial virus (RSV)	90679, 90678, 90683 Administration Codes: 96380, 96381	Z23	96380, 96381, 90679, 90678, 90683	Age limit: for adults over 60 years and people during pregnancy. Immunization, counseling, and vaccines recommended by the U.S. Preventive Services Task Force and by the Vaccination Schedule of the Department of Health of Puerto Rico are covered for children and adults as specified in the Puerto Rico Department of Health Schedules and the Center for Disease Control (CDC) including follow up vaccine.
Evaluation for anxiety disorder Evaluation for anxiety disorder in adults, including pregnant and postpartum people.	CPT: 99401-99404 NEW PT: 99385-99386 STBLS PT: 99395-99396	F41.1, F41.9		Age limit: for adults of sixty-four (64) years or younger.
Detection of latent tuberculosis infection LTBI Screening in higher risk populations.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397 86480	Z11.7, Z22.7	86480	

The Patient Protection and Affordable Care Act (PPACA) has designated the services listed below as preventive benefits and available with no cost-sharing when provided by an in-network provider for members of non-grandfathered health plans. In addition to the services listed below, your patient may have additional preventive care benefits covered under their health plan that may or may not be covered at 100%. Your patients should check their benefit booklet for details on these additional preventive care benefits. The following tables provide a quick reference guide for submitting claims for preventive services with a "well-person" diagnosis code as the primary (first) diagnosis on the claim.

This information is intended as a reference tool for your convenience and is not a guarantee of payment.

This guide is subject to change during the year based on new or revised laws and/or regulations, additional guidance and/or MCS Life Insurance Company medical policy. To confirm coverage details you can contact the Provider Service Call Center at 787.620.2535 (metro area) or 1.800.981.4766 (toll free).

IMPORTANT INFORMATION: Services must be billed with the appropriate diagnosis, at the line level of the claim (Block 24E), pursuant to industry standard coding guidelines. Preventive or screening services are intended for those who currently exhibit no signs or symptoms of disease. Services otherwise deemed preventive that are received in an inpatient setting, an emergency room, or that include additional procedures or diagnostic services may be subject to copayment, deductible and coinsurance. Submitting screening service codes (CPT, HCPCs or ICD-10) when signs or symptoms are present constitutes inappropriate coding which could result in recoupment of monies paid to the provider for those services. Additionally, these services are subject to certain limitations depending on medical necessity and other reasonable medical management techniques.

If you have questions, please contact the Provider Service Call Center at 787.620.2535 (metro area) or 1.800.981.4766 (toll free).

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Anxiety Assessment Detection intervals are unknown, and clinical judgment should be used to determine the frequency of evaluation. Given the high prevalence of anxiety disorders, the lack of recognition in clinical practice, and the multiple problems associated with treatment associated with untreated anxiety, clinicians should consider screening for women who have not been recently screened.	Counseling: 99401-99404, 99411- 99412 New Patient: 99384-99387 Established Patient: 99394-99397	Z13.32, Z33.1, Z39.2, O90.6		Limitations: from eleven (11) years and older.
Bacteriuria (or urinary tract infection)- Pregnant women Screening for pregnant women who show signs of bacteria in their urine culture.	Procedural Codes(s): 87081, 87084, 87086, 87088	N39.0, O23.40, Z023.41, O23.42, O23.43, Z33.1 34.00- Z34.93, 009.00-009.03, 009.10-009.13, 009.40-009.43, 009.211-009.219, 009.10-009.13, 009.291-009.299, 009.30-009.33, 009.511-009.519, 009.521-009.529, 009.611-009-.619, 009.621-009.629, 009.811-009.819, 009.821-009.829, O36.80X0-O36.80X9, 009.70-009.73, 009.891-009.899, 009.90-009.93	87081, 87084, 87086, 87088	No age limitation. Service provided to pregnant women.

Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
BRCA - Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing Screening and counseling of women with personal criteria or a family history of breast, ovarian, tubal, or peritoneal cancer or who have family history associated with genetic mutations of susceptibility 1 and 2 (BRCA1 / 2) to breast cancer with an appropriate tool brief assessment of family risk. Women who test positive on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Codes(s): 81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	Z80.3, Z80.41, Z80.49, Z80.8, Z80.9, Z31.5, Z13.71, Z13.79	81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	Limitations: Requires preauthorization.
Breast cancer screening	Counseling: 99401-99404 Procedural Codes(s): 77067	Z00.00-Z00.01, Z12.39, Z12.31,	77067	Limitations: Screening mammography every 2 years for women over forty (40) to seventy-four (74) years old according to USPSTF recommendation.
Preventive Drugs for Breast Cancer Clinical orientation for patients with a high risk of developing breast cancer, allowing the patient to decide with her physician if drug therapy is appropriate for reducing the risk of developing the disease. The physician may prescribe drugs to reduce the risk of developing breast cancer, such as tamoxifen, raloxifene aromatase inhibitors, for women who have a high risk of developing the disease and have a low risk of adverse reactions to the drugs.	Counseling: 99401-99404 New Patient: 99385-99387 Established Patients: 99395-99397	Z80.3, Z85.3		Age Limit: from thirty-five (35) years or older.

Preventive Care Services Coding Guide				
Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Breastfeeding Support and counseling through a provider trained in breastfeeding (pediatrician, OB/GYN, family physician) during pregnancy and/or the postpartum period as well as access to breastfeeding equipment and supplies per pregnancy. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps machines as a primary option over a manual machine (including pump parts and maintenance) and supplies for breast milk storage is covered by a doctor's order after the third trimester of pregnancy and for the duration of breastfeeding. Additional supplies for the breastfeeding machine are covered, and the equipment is available through contracted providers.	Counseling: 99401-99404 Breast-feeding support: E0603 A4281 A4282 A4283 A4284 A4285 A4286	Z34.00-Z34.93, Z39.1, O09.00-O09.03, O09.10- O09.13, O09.40- O09.43, O09.211-O09.219, O09.291-O09.299, O09.30- O09.33, O09.511-O09.519, O09.521-O09.529, O09.611-O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891-O09.899, O09.90-O09.93		No age limitation. Service provided in conjunction with each birth. Limitations: Breast Pump - One per lifetime. Requires PA. Supplies: One per policy year. Requires PA.
Cervical Cancer Screening	Procedural Code: P3001 Lab Codes: 87623-87625, 88141-88143, 88147-88148, 88150-88153, 88155, 88160-88162, 88164-88167, 88174-88175, G0476, Q0091	Z11.51, Z12.4	87623-87625, 88141-88143, 88147-88148, 88150-88153, 88155, 88160-88162, 88164-88167, 88174-88175, G0476	Limitations: every three (3) years only with Pap test in women between twenty- one (21) and twenty-nine (29) years old. For women between thirty (30) and sixty- five (65) years old, to perform only a Pap test every three (3) years is recommended, only high-risk human papillomavirus (hrHPV) test every five (5) years, or hrHPV tests combined with Pap test (co-testing) every five (5) years. This recommendation does not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women within utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).
Chlamydia Infection Screening Screening for chlamydia infection in every sexually active woman, or older women at high risk.	Procedural Code(s): 87110, 87270, 87320, 87810, 87490-87492	Z11.3, Z11.8, Z20.2	87110, 87270, 87320, 87490-87492, 87810,	Limitations: for everywoman aged twenty-four (24) or younger, or older women at high risk and all young, non-pregnant, sexually active women twenty-four (24) years old or younger, and in older non-pregnant women at high risk of infection.
Contraceptive methods - Counseling & Evaluation	Counseling: 99401-99404 New Patient: 99384 - 99386 Established Patient: 99394-99396	Z30.09		As prescribed since reproductive age.

Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Contraceptive methods - Shot Injection	Procedural Code(s): J2675, 96372	Z30.013		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p>Limitations: A shot of the hormone progestin one shot every three (3) months.</p>
Contraceptive methods - Subdermal	J7307			<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - (Copper IUD) Copper IUD	Procedural Code(s): J7300, IUD Insertion - 58300 IUD Removal - 58301	Z30.430, Z30.432, Z30.433		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p>
Contraceptive methods - (Hormonal IUD) IUD with Progestin	J7298 IUD Insertion - 58300 IUD Removal - 58301	Z30.430, Z30.432, Z30.433		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p>
Contraceptive methods - Implantable Rod	Procedural Code(s): J7307 Implantable ROD Insertion - 11981 Implantable ROD Removal - 11982	Z30.46		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p>

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Contraceptive methods - Sterilization Surgery for Women	Procedural Code(s): 58565, 58605, 58611, 58615, 58670, 58671	Z30.2		All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.
Contraceptive methods - Sterilization Implant for Women	Procedural Code(s): 58565, A4264	Z30.2		All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.
Contraceptive methods - Diaphragm with Spermicide	Procedural Code(s): A4266, A4269	Z30.018		All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.
Contraceptive methods - Sponge with spermicide	Procedural Code(s): A4269	Z30.018		All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.
Contraceptive methods - Cervical Cap with Spermicide	Procedural Code(s): A4261, A4269	Z30.018		All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Contraceptive methods - Female Condom	Procedural Code(s): A4268	Z30.018		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - Spermicide Alone	Procedural Code(s): A4269	Z30.018		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up..</p>
Contraceptive methods - Combined Pill "The Pill" (estrogen and progestin)	Procedural Code(s): S4993	Z30.011, Z30.41		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - Oral Contraceptives (Progestin-only) "The Mini Pill"	Procedural Code(s): S4993	Z30.011, Z30.41		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>

Preventive Care Services Coding Guide

Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Contraceptive methods - Oral Contraceptives (Extended/Continuous Use) "The Pill" (estrogen and progestin)	Procedural Code(s): S4993	Z30.011, Z30.41		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - Patch	Procedural Code(s): J7304	Z30.016		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - Vaginal Contraceptive Ring	Procedural Code(s):J7295	Z30.015		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>
Contraceptive methods - Plan B / Plan B One Step / Next Choice	Procedural Code(s): S4993	Z30.012, Z30.41		<p>All contraceptive methods approved, assigned or authorized by the FDA, as well as sterilization procedures, screening examinations, patient education, counseling and provision of contraceptives (including in the immediate postpartum period) for all women of reproductive capacity as required are covered. Contraceptive care also includes care and follow-up.</p> <p><i>Not applicable, administered through Pharmacy. Only in participating pharmacies.</i></p>

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Intimate partner violence, abuse of the elderly, vulnerable adults, and evaluation for women in reproductive age Screening for women in reproductive age to detect partner violence, such as domestic violence, and provide or refer women with positive test result to intervention services. This recommendation applies for women with no signs or symptoms of abuse.		Z69.11, Z91.410, Z91.411, Z91.412, Z91.419, Z91.49, Z00.00, Z00.01, Z01.411, Z01.419, Z69.81, O94		Age Limit: from eleven (11) years or older.
Folic Acid Supplements Recommendation of the use of daily folic acid supplements containing four tenths (0.4) to eight tenths (0.8) mg (400 to 800 μ g) for women who are planning or can become pregnant.		Z41.8		Physician's order is required.
Diabetes during Pregnancy Evaluation of gestational diabetes mellitus (GDM) in pregnant women after week twenty-four (24), preferably between twenty-four (24) and twenty-eight (28) weeks of gestation, to prevent adverse birth outcomes. Screening for pregnant women with risk factors of type 2 diabetes or GDM before week twenty-four (24) of gestation, ideally at the first prenatal visit.	Procedural Code(s): 82947, 82950	Z34.00-Z34.93, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521- O09.529, O09.611-O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891- O09.899, O09.90-O09.93	82947, 82950	Limitation: at week twenty-four (24) or later.
Screening for Gonorrhea infection Screening of sexually active women for gonorrhea infection, women if they have infection risk factors (for example, if they are young or have other individual or community risk factors).	Procedural Code(s): 87590, 87591, 87592, 87850	Z11.3, Z20.2	87590, 87591, 87592, 87850	Limitations: for women aged twenty-four (24) or younger, and for older women from twenty-five (25) and older at high-risk of infection.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Hepatitis B Virus Screening for pregnant women at their first prenatal visit.	Procedural Code(s): 80055, 87350, 87340 or 80081	Z34.00-Z34.93, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521- O09.529, O09.611-O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891-O09.899, O09.90-O09.93	80055, 87350, 87340 or 80081	No age limitation. Service provided in conjunction with each pregnancy.
Counseling, Evaluation and Testing for Human Immunodeficiency Virus (HIV) All women since the age of fifteen (15) must get tested for HIV at least once in their lifetime. Earlier or additional screenings should be based on risk and retesting annually or more frequently beginning at age of thirteen (13) may be appropriate for adolescents and adults with increased risk of HIV infection.	Procedural Code(s): 86689, 87389, 87390, 87535, 87536, G0433, G0432, G0435	Z21, Z11.4, Z11.59, Z34.00-Z34.93, Z71.7, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521- O09.529, O09.611-O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891- O09.899, O09.90-O09.93	86689, 87389, 87390, 87535, 87536, G0433, G0432, G0435	Age Limit: from thirteen (13) years and older or provided in conjunction with a pregnancy.
Osteoporosis (to prevent fractures) Osteoporosis screening in post-menopausal women at a higher risk of osteoporotic fractures, as determined by a clinical risk assessment.	Procedural Code(s): 77080, 77081,	M81.0, Z00.00, Z00.1, Z13.820, Z78.0	77080, 77081,	Age Limit: Post-menopausal women from sixty-five (65) years and older.
Osteoporosis (to prevent fractures in postmenopausal with one (1) or more osteoporosis risk factors) Osteoporosis screening in post-menopausal women at a higher risk of osteoporotic fractures, as determined by a formal clinical evaluation tool for risks.	Procedural Code(s): 77080, 77081, 77085	Z13.820, M81.0, Z00.00, Z00.1, Z78.0	77080, 77081, 77085	Age Limit: in postmenopausal women younger than sixty-five (65) years.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
-Incompatibility - RH(D) Factor This type of blood Rh (D) and antibody screening is for all pregnant women during the first prenatal visit. Likewise, the USPSTF recommends the antibody test be repeated on pregnant women with negative non-sensitive Rh (D) tests between weeks twenty-fourth (24) and twenty-eighth (28) of pregnancy, unless the biological father is known to be Rh (D) negative.	Procedural Code(s): 86901, 86906	Z34.00-Z34.93, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521-O09.529, O09.611-O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891-O09.899, O09.90-O09.93	86901, 86906	No age limitation. Service provided in conjunction with each pregnancy.
Tobacco Use – Pregnant women Clinical inquiry in pregnant women on the use of tobacco, counseling on smoking cessation, and offering behavioral intervention to quit the use of tobacco in pregnant women.	Counseling: 99406 - 99407 New Patient: 99384-99386 Established Patient: 99394-99396	Z87.891, Z72.0, Z71.6, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1		
Syphilis Screening for all pregnant women or others with a high risk.	Procedural Code(s): 80055, 80081, 86592, 86593, 86780, 87680	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521-O09.529, O09.611- O09-.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891- O09.899, O09.90-O09.93	80055, 80081, 86592, 86593, 86780, 87680	Age Limit: from eleven (11) years of age or older, and during pregnancy regardless of age.
Evaluation of hypertensive disorders of pregnancy in asymptomatic pregnant women Evaluation of hypertensive disorders with blood pressure measurements throughout pregnancy.	Procedural Code(s): 99473, 99474	R03.0, Z01.31, O11.1-O11.9, O12.10-O12.15, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23	99473, 99474	No age limitation. Service provided in conjunction with each pregnancy.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Preventive Visits for Women also known as "Well Women Visits" Annual preventive care (depending on the status of women's health, health needs and other risk factors) for adult women to obtain recommended and appropriate preventive services according to their age and development, including preconception care and services needed for prenatal care. These visits include the preventive services for women mentioned in this policy. In the event the physician determines that the patient requires additional visits for other preventive services, these will be covered with zero (\$0) copayment or zero (0%) coinsurance.	Counseling: 99401-99404 New Patient: 99384-99387 Established Patient: 99394-99397	Z34.00-Z34.93, O09.00-O09.03, O09.10-O09.13, O09.40-O09.43, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.511-O09.519, O09.521-O09.529, O09.611-O09.619, O09.621-O09.629, O09.811-O09.819, O09.821-O09.829, O36.80X0-O36.80X9, O09.70-O09.73, O09.891-O09.899, O09.90-O09.93		Age Limit: from eighteen (18) years old.
Low-dose aspirin supplementation for the prevention of mortality due to pre- eclampsia Low-dose (81 mg/d) aspirin supply as preventive drug therapy for pregnant women at high risk of pre-eclampsia.	Counseling: 99401-99404	Normal Pregnancy: Z34.00-Z34.03 Z34.80-Z34.83 Z34.90-Z34.93 Supervision of High-Risk Pregnancy: O09.00-O09.03 O09.10-O09.13 O09.40-O09.43 O09.211-O09.219 O09.291-O09.299 O09.30-O09.33 O09.511-O09.519 O09.521-O09.529 O09.611-O09.619 O09.621-O09.629 O09.70-O09.73 O09.811-O09.819 O09.821-O09.829 O09.891-O09.899 O09.90-O09.93 Maternal Care for Other Fetal Problems: O36.80X0-O36.80X9		Limitation: starting twelve (12) weeks of pregnancy.
Interventions to Prevent Perinatal Depression USPSTF Rating (Feb. 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404 Preventive Medicine, Group Counseling: 99411, 99412 Preventive Medicine Services (Evaluation and Management): 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	Z39.2, Z13.32		No age limitation. Service provided in conjunction with each pregnancy.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Urinary incontinence screening Annual screening for urinary incontinence. Factors associated with an increased risk of urinary incontinence include increased parity, advanced age, and obesity; however, these factors should not be used to limit detection.	Counseling: 99401-99404 New Patient: 99381-99387 Established Patient: 99391-99397	N32.4-N32.9, N39.3 - N39.9, R32, R39.81, R39.82, R39.85 - R39.88, R39.9		Age Limit: from eleven (11) years of age or older.
Diabetes after pregnancy Diabetes Type II evaluation for women with a history of gestational diabetes mellitus (GDM) who are not pregnant and who have not previously been diagnosed with Type II Diabetes.	Counseling: 99401-99409, G0447 New Patient: 99385-99387 Established Patient: 99395-99397 Procedural Code(s): 82947, 82950, 82951, 83036	Z86.32 Z13.1 O24.430 O24.434 O24.435 O24.439	82947, 82950, 82951, 83036,	Limitation: Initial tests should be done within the first year postpartum and can be done as early as four (4) to six (6) weeks after delivery. Women who were not screened during the first year postpartum or those with a negative baseline result should be screened at least every three (3) years for a minimum of ten (10) years after pregnancy. For those with a positive screening result in the early postpartum period, the test should be repeated at least six (6) months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test (i.e., plasma glucose during fasting, hemoglobin A/C, oral test, and glucose tolerance test). Retesting is also recommended for women tested for hemoglobin A/C during the first 6 months postpartum, regardless of whether the test results are positive or negative because the hemoglobin A/C test is less accurate during the first 6 months postpartum.
HIV Prevention - (Preexposure prophylaxis or PrEP) For women at high risk of contracting HIV, referred by their doctor to use preexposure prophylaxis or PrEP. Requires pre-authorization.	Counseling: 99401-99404 Procedural Code(s): G0012 J0752	Z20.6	G0012, J0752	Limitation: The insured must undergo their annual physical examination, as well as HIV tests that show a negative result. Once completed, the insured is provided with a dispatch of ninety (90) days, before the end of these ninety (90) days the insured must repeat the HIV tests that continue to show a negative result, to continue treatment. If the insured interrupts the treatment, they will have up to two (2) attempts per policy year.

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Benefit or Service:	CPT or HCPCS Code(s):	ICD-10 Diagnosis:	Modifier 33:	Preventive Benefit Instructions:
Prevention of obesity in middle aged women Guidance for middle-aged women with a normal body mass index (BMI) or overweight (BMI) (18.5-29.9 kg/m ²) to maintain weight or limit weight gain to prevent obesity. Counseling may include a one-on-one discussion of healthy eating and physical activity.	Counseling: 99401-99404 New Patient: 99386 Established Patient: 99396 97802-97804, G0270, G0447	E66.01, E66.3, E66.09, Z71.3, Z68.1, Z68.20 - Z68.29	97802-97804, G0270, G0447	Age Limit: between forty (40) and sixty (60) years
Counseling for a healthy weight and weight gain in pregnancy: Pregnant People Effective behavioral interventions are offered to pregnant women to promote healthy weight gain and prevent excess gestational weight gain in pregnancy.	Counseling: 99401-99404 New Patient: 99384-99386 Established Patient: 99394-99396 97802-97804, G0270, G0447	Z71.3 Z71.89 O26.00 - O26.03 O26.10-O26.13	97802-97804, G0270, G0447	No age limitation. Service provided to pregnant women.
Screening and counseling for domestic and intimate partner violence Annual screening for adolescent and adult women for domestic and intimate partner violence is recommended. When needed, intervention services such as counseling, education, harm reduction strategies, and support should be provided. Domestic and intimate partner violence includes physical, sexual, and psychological abuse, stalking, reproductive coercion, neglect, and threats.	Counseling: 99401-99404 New Patient: 99384-99397	Z63.0, Z69.11, Z69.81, Z04.71, Z04.41 Z13.89, T74.11XA, T76.11XA, T76.31XA, T76.21XA, T74.31XA, T74.21XA		
Breast cancer screening tests for women at average risk Women at average risk for breast cancer should begin mammograms. Screening should occur every one to two years. Additional imaging or tests (such as MRI, ultrasound, or pathology) may be needed to complete screening or evaluate findings. Women at higher risk should also have regular mammograms, per Women's Preventive Services Initiative (WPSI).	77067, 77063	Z12.31. Z80.3, Z85.3, R92.2, R92.8	77067, 77063	Age limit: no earlier than age 40 and no later than 50 years old. Screening should continue at least until 74 years old, and age should not be the reason for discontinuing screening

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<p>Screening and guidance services for patients for the detection of breast and cervical cancer</p> <p>Screening and guidance services for breast and cervical cancer are recommended to support patient navigation and increase screening utilization. Navigation involves personalized assistance through in-person, virtual, or hybrid contact. Services may include individualized assessment and planning, access to care, referrals for support (e.g., translation, transportation, social services), and patient education.</p>	<p>Consultation: 99401-99407 New Patient: 99385-99387</p>	<p>Z01.411, Z01.419, Z12.4, Z12.31 Z08, Z12.72, Z12.79, Z80.3, Z85.3</p>		