

## **PREVENTIVE CARE AND SCREENING GUIDELINES**

Policy # 06

Implementation Date: 1/1/04

Revision Dates: 3/1/06, 11/17/06, 2/20/07, 7/16/07, 9/3/08, 10/1/10, 2/1/11, 2/1/12, 4/18/12, 8/1/12, 5/1/13, 7/1/13, 7/17/13, 3/6/14, 9/11/14, 9/4/15, 11/13/15, 1/1/16, 5/13/16, 9/6/16, 11/10/16, 1/10/17, 3/1/17, 6/13/17, 9/6/17, 9/7/17, 1/1/18, 6/6/18, 8/17/18, 9/19/18, 11/20/18, 12/28/18, 1/8/19, 4/25/19, 6/18/19, 8/23/19, 9/24/19, 2/14/20, 4/2/20, 5/20/20, 8/11/20, 12/7/20, 12/16/20, 1/11/21, 1/21/21, 3/1/21, 3/9/21, 4/21/21, 6/8/21, 6/15/21, 7/29/21, 9/14/21, 10/8/21, 1/7/22, 1/28/22, 2/2/22, 4/1/22, 5/12/22, 5/24/22, 6/10/22, 6/17/22, 9/2/22, 9/7/22, 10/20/22, 1/1/24, 5/21/24, 6/3/24, 7/15/24, 10/9/24, 11/21/24, 1/1/25

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

**Description**

Preventive and screening services are to promote wellness and prevent disease.

In the ICD-10-CM official guidelines for Coding and Reporting, the following is stated:

**Screening**

"Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease. ...

The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening exam. In these cases, the sign or symptom is used to explain the reason for the test.

A screening code may be first listed if the reason for the visit is specifically the screening exam. It may also be used as an additional code if the screening is done during an office visit for other health problems. A screening code is not necessary if the screening is inherent to a routine examination, such as a pap smear done during a routine pelvic examination.

Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis."

**Preventive/Routine Examinations**

"ICD-10-CM Z codes allow for the description of encounters for routine examinations, such as, general check-up. The codes are for use as first listed codes, only, and are not to be used if the examination is for a diagnosis of a suspected condition or for treatment purposes. In such cases the diagnosis code is used. During a routine exam, should a diagnosis or condition be discovered, it should be coded as an additional code. Pre-existing and chronic conditions and history codes may also be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition."

According to the American Hospital Association (AHA), it is stated in coding rules:

"When a diagnostic test is ordered in the absence of signs, symptoms or other evidence of illness or injury (e.g., screening), the principal or first-listed diagnosis should be the reason for the test. Should a condition be discovered during the screening, then the code for the condition may be used as an additional diagnosis."

The following codes will never be reimbursed when billed with a preventive evaluation and management visit: G0101, G0102, G0396, G0442, G0444, S0265, S9470, 96127, 96161, 99406, 99407, 99408, 99409, 97802, 97803, and 0333T.

Select Health will reimburse according to policy, as well as NCCI edits.

## COMMERCIAL PLAN POLICY

Select Health considers preventive services to be covered, based on individual plan guidelines, but may differ from plan to plan. Select Health follows the requirements of the Affordable Care Act and Select Health internal policies for what is considered preventive.

Services performed outside of these guidelines and with a medical diagnosis will be applied to the appropriate medical benefits.

HCPCS/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
<b>Pediatric - Birth to Age 18</b>		
<b>Examination/Counseling</b>		
<b>99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394</b> (Physical exam)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	<b>No limit from birth to age 12; every 275 days from ages 12 to 18</b>
<b>92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172, 99174, 99177 S0620, S0621</b> (Eye exam)	<b>Z01.00, Z01.01</b>	<b>Every 12 months (99174 and 99177, age 5 and younger)</b>
<b>99406, 99407, S9453</b> (Tobacco use counseling)	<b>Z00.00, Z00.01</b>	<b>Please note, effective 7/1/19, 99406 and 99407 will not be reimbursed separately when billed with a preventive exam as it is considered part of the exam</b>
<b>96110</b> (Developmental testing)	<b>Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49</b>	
<b>92558, 92587, 92588, 92650, 92651, 92652</b> (Newborn hearing screening)	<b>Z00.121, Z00.129</b>	<b>Once, younger than 1 year of age</b>
<b>92551, 92552, 92553, V5008</b> (Hearing screening)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	<b>Effective 1/1/21: Annually, for ages 18 and younger</b>
<b>97802, 97803, 97804, G0270, G0271, S9445, S9446, S9452, S9470, G0108, G0109, G0446, G0447, 99411, 99412, S9441, S9455, S9460, S9465</b> (Dietary and obesity counseling)		<b>5 visits every 12 months (see plan for specific services)</b>
<b>99401, 99402, 99403, 99404, G0445</b> (Sexually transmitted infections, domestic violence counseling, skin cancer, contraceptive management)	<b>Z00.00, Z00.01, Z30.8, Z30.9</b>	
<b>G0444</b> (Depression screening)	<b>Z00.00, Z00.01</b>	<b>Every 12 months (not payable separately if billed with a preventive exam)</b>
<b>Laboratory Tests</b>		
<b>S3620</b> (Newborn metabolic screening)	<b>Z00.121, Z00.129</b>	<b>Once, younger than 1 year of age</b>

<b>84030, 84035</b> (PKU screening)	<b>Z00.121, Z00.129, Z13.228</b>	<b>Once, younger than 1 year of age</b>
<b>84437, 84443</b> (Thyroid)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	<b>Once, younger than 1 year of age</b>
<b>83020</b> (Sickle cell disease screening)	<b>Z13.0</b>	<b>Once, younger than 1 year of age</b>
<b>83655</b> (Lead screening)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	
<b>86703, 87389, G0432, G0433, G0435</b> (HIV screening)	<b>Z00.00, Z00.01, Z00.121, Z00.129/Z11.4</b>	
<b>G0499</b> (Hepatitis B Screening)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	
<b>86580</b> (TB testing)	<b>Z00.00, Z00.01, Z00.121, Z00.129</b>	
<b>Immunizations</b>		<b>As recommended by the CDC/ACIP)</b>
<b>90471, 90472, 90473, 90474, G0008, G0009</b> (Administration codes)	<b>Z23</b>	
<b>90620, 90621, 90644, 90733, 90734</b> (Meningococcus)	<b>Z23</b>	
<b>90696, 90698, 90700, 90702, 90715, 90723</b> (Diphtheria, tetanus, acellular pertussis (e.g., DT, DTP, DTaP))	<b>Z23</b>	
<b>90647, 90648, 90696, 90697, 90698, 90748</b> , Haemophilus influenzae type b (e.g., Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)	<b>Z23</b>	
<b>90633, 90634</b> (Hepatitis A)	<b>Z23</b>	
<b>90723, 90740, 90743, 90744, 90747, 90748</b> (Hepatitis B, e.g., HepB-hib)	<b>Z23</b>	
<b>90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039</b> (Influenza)	<b>Z23</b>	
<b>90707, 90710</b> (e.g., MMR, measles, mumps, rubella)	<b>Z23</b>	
<b>90698, 90713, 90723</b> (Polio, e.g., OPV, IPV, DtaP-Hep-IPV)	<b>Z23</b>	
<b>90670, 90732</b> (Pneumococcal)	<b>Z23</b>	
<b>90700, 90702, 90714, 90715</b> (Diphtheria, and pertussis (Tdap))	<b>Z23</b>	
<b>90710, 90716</b> Varicella (chicken pox) (MMRV)	<b>Z23</b>	
<b>90733, 90734</b> (Meningitis)	<b>Z23</b>	
<b>90680, 90681</b> (Rotavirus)	<b>Z23</b>	
<b>90649, 90650, 90651</b> (Human papilloma virus (HPV))	<b>Z23</b>	<b>This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.</b>
<b>Procedures</b>		

99188, 0792T (Fluoride varnish)	Z00.00, Z00.01, Z00.121, Z00.129	Under age 5
<b>Adult - Age 18 and older</b>		
<b>Examination/Counseling</b>		
99385, 99386, 99387, 99395, 99396, 99397, S0610, S0612 (Physical exam)	Z00.00, Z00.01, Z01.411, Z01.419	Every 275 days
92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172, S0620, S0621 (Eye exam)	Z01.00, Z01.01	Every 12 months
99406, 99407, S9453 (Tobacco use counseling)	Z00.00, Z00.01	Please note, effective 7/1/19, 99406 and 99407 will not be reimbursed separately when billed with a preventive exam as it is considered part of the exam
99408, 99409, G0396, G0397, G0442, G0443, G2011 (Alcohol misuse screening and counseling)	Z00.00, Z00.01 or Maternity diagnosis	
92551, 92552, 92553, V5008 (Hearing screening)	Z00.00, Z00.01	Effective 1/1/21: Annually, only for ages 18-21 and 65 and older
G0117, G0118 (Glaucoma screening)	Z13.5	Every 12 months
99401, 99402, 99403, 99404, G0445 (Sexually transmitted infections, domestic violence counseling, skin cancer, contraceptive management)	Z00.00, Z00.01, Z11.3, Z30.8, Z30.9	
97802, 97803, 97804, G0270, G0271, S9445, S9446, S9452, S9470, G0108, G0109, G0446, G0447 (Dietary and obesity counseling)		5 visits every 12 months (see plan for specific services)
G0463, S9443 (Breast feeding education)	Z39.1 or Maternity diagnosis	Once per pregnancy
G0444 (Depression screening)	Z00.00, Z00.01	Every 12 months (not payable separately if billed with a preventive exam)
96040 (Genetic counseling related to BRCA)	Numerous diagnosis codes if related to BRCA.	Once per lifetime
<b>Laboratory Tests</b>		
85025, 85027, G0306, G0307 (CBC)	Z00.00, Z00.01	
84153, G0102, G0103 (Prostate cancer, PSA)	Z12.12, Z12.5	
83036 (HgbA1c)	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9	Every 275 days for age 40 and older
82947, 82948 (Diabetes screening)	Z13.1	
82950, 82951, 82952 (Gestational diabetes screening)	Maternity diagnosis	
80061, 82465, 84478 (Cholesterol screening)	Z13.220	

87081, 87205, 87800, 87801 (Gonorrhea screening)	Z00.00, Z00.01, Z11.3 or Maternity diagnosis	
87624, 87625, 0500T, G0476 (HPV screening)	Z00.00, Z00.01	Females over age 30, only covered once every 36 months
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492 (Chlamydia screening)	Z11.59, Z11.3, Z11.4, Z11.8 or Maternity diagnosis	
86703, 87389, G0432, G0433, G0435 (HIV screening)	Z00.00, Z00.01	
86592, 86593 (Syphilis screening)	Z00.00, Z00.01, Z11.3 or Maternity diagnosis	
81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217 (BRCA1 and 2)	Z00.00, Z00.01	Once, if risk factors and criteria are met
86580 (TB testing)	Z00.00, Z00.01	
87340 (Hepatitis B infection screening)	Z00.00, Z00.01 or Maternity diagnosis	First prenatal visit
86803, 86804 (Hepatitis C infection screening)	Z00.00, Z00.01	
83655 (Lead screening)	Z00.00, Z00.01	
86900, 86901 (Rh(D) Incompatibility screening)	Maternity diagnosis	First prenatal visit for Rh (D) blood typing and antibody testing. A repeat Rh (D) antibody test for all unsensitized Rh(D) – negative women at 24–28 weeks’ gestation, unless the biological father is known to be Rh (D) – negative.
86762 (Rubella screening)	Z00.00, Z00.01 or Maternity diagnosis	
87086 (Urine study to detect asymptomatic bacteriuria)	Maternity diagnosis	First prenatal visit or at 12 to 16 weeks gestation
83036, 83540, 85013, 85014, 85018, 85025, 85027, G0306, G0307 (Iron deficiency anemia screening)	Z00.00, Z00.01 or Maternity diagnosis	In asymptomatic pregnant women
<b>Procedures</b>		
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, Q0111, P3000, P3001, S0610, S0612, S0613 (Pap smear)	Z01.411, Z01.419, Z12.4	(88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001) Every 36 months  (G0101, Q0111, S0610, S0612, S0613) Every 275 days  Effective 4/1/22: Not covered for females under age 21
77063, 77067 (Screening mammogram)	Z12.31	Every 275 days

44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45388, 45384, 45385, (74261, 74262; effective 1/1/24), (74270 termed 12/31/23), 81528, 82270, 82271, 82272, 82274, G0104, G0105, G0106 (Deleted 12/31/24), G0120 (Deleted 12/31/24), G0121 (Deleted 12/31/24), G0122, G0328, S0601 (Colon cancer screening)  (00812, 99153, G0500 (Anesthesia for colon cancer screening))	Z12.11, Z12.12	(00812, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45388, 45384, 45385, (74261, 74262; effective 1/1/24), (74270 termed 12/31/23), 99153, G0500, G0104, G0105, G0106, G0120, G0121, G0122, S0601) Every five years (ages 45–75)  81528 Once every 3 years (ages 45–75)  (82270, 82271, 82272, 82274, G0328) Every 12 months
76706 (Abdominal aortic aneurysm)	Z13.6	Males only, once between ages 65 to 75
77080 (Bone density/DEXA)	Z13.820	Every 24 months in women ages 60 and older
E0603 (Breast pump)	Maternity diagnosis	Once per pregnancy
00851, 58600, 58605, 58611, 58615, 58670, 58671 (Sterilization)	Z30.2	Once per lifetime
11981, 11982, 11983, 57170, 58300, 58301, 74740, 96372, J7296, J7297, J7298, J7300, J7301, J7303, J7304, J7307, S4981, A4261, A4264, A4266 (Other contraceptive methods)	Z30.2, Z30.011, Z30.013, Z30.014, Z30.018, Z30.019, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9	
71271 (Lung cancer screening)		Ages 50 to 80 years
92227, 92228, 92250 (Diabetic retinopathy screening)	Diabetic Diagnosis	Every 12 months
<b>Immunizations</b>		<b>As recommended by the CDC/ACIP)</b>
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90630, 90653, 90654, 90656, 90658, 90660, 90661, 90662, 90672, 90673, 90682, 90685, 90686, 90688, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90714, 90715 (Tetanus or tetanus, diphtheria and pertussis (Tdap))	Z23	
90670, 90732 (Pneumococcal)	Z23	
90632, 90636, 90746, 90747, 90748 (Hepatitis A)	Z23	
90733, 90734 (Meningitis)	Z23	
90750 (Zoster)	Z23	Ages 18 and older
90649, 90650, 90651 (Human papilloma virus, HPV)	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female.

		Please note, this series (2–3 doses) is only covered once per lifetime.
90723, 90740, 90747, 90748 (Hepatitis B, e.g., HepB-hib)	Z23	
90710, 90716 Varicella (chicken pox) (MMRV)	Z23	
90707 (MMR)	Z23	

### SELECT HEALTH MEDICARE (CMS)

#### Select Health Medicare will cover the following:

HCP/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
<b>Pediatric - Birth to Age 18</b>		
<b>Examination/Counseling</b>		
99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, G0513, G0514 (Physical exam)	Z00.00, Z00.01, Z00.121, Z00.129	Birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 moths; ages 2, 2 ½; every 12 months from ages 3 to 18
<b>Laboratory Tests</b>		
G0432, G0433, G0435, G0475, 80081 (HIV screening)	Z00.00, Z00.01, Z00.121, Z00.129	Once every 12 months, except when secondary diagnosis is pregnancy, then three times every 12 months.
<b>Immunizations</b>		
As recommended by the CDC/ACIP)		
G0008, G0009, G0010 (Administration codes)	Z23	
90740, 90743, 90744, 90747 (Hepatitis B, e.g., HepB-hib)	Z23	Once per lifetime
90630, 90653, 90654, 90655, 90656, 90657, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	Annually
90670, 90732 (Pneumococcal)	Z23	Once every 5 years with a max quantity limit of 2 per lifetime
<b>Adult - Age 18 and older</b>		
<b>Examination/Counseling</b>		
99385, 99386, 99387, 99395, 99396, 99397, G0402 (Physical Exam), G0438, G0439, G0513, G0514 (Annual wellness exam)	Z00.00, Z00.01, Z01.411, Z01.419	Once per calendar year
99406, 99407 (Tobacco use counseling)	Z00.00, Z00.01	8 times every 12 months
G0117, G0118 (Glaucoma screening)	Z13.5	Every 12 months
G0442, G0443, G2011 (Alcohol misuse screening and counseling)	Z00.00, Z00.01 or Maternity diagnosis	Every 12 months unless screening positive than 4 times per year
G0445 (Sexually transmitted infections, domestic violence counseling)	Z00.00, Z00.01	Twice every 12 months
97802, 97803, 97804, G0108, G0109, G0270, G0271 (Dietary counseling)	Z71.3	97802, once per lifetime G0108 and G0109, no limits
G0446 (Intensive behavioral therapy) for cardiovascular disease	Z71.3	Every 12 months

<b>G0447, G0473</b> (Intensive behavioral therapy) for obesity	<b>Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</b>	<b>22 times every 12 months</b>
<b>Laboratory Tests</b>		
<b>G0103</b> (Prostate cancer, PSA)	<b>Z12.12, Z12.5</b>	<b>Every 12 months</b>
<b>83036 (A1c)</b>	<b>Z13.1</b>	<b>2 screenings within a 12-month period; effective 1/1/24.</b>
<b>82947, 83036</b> (Diabetes screening)	<b>Z13.1</b>	<b>Every 12 months or 2 every 12 months if dx of pre-diabetes</b>
<b>82950, 82951</b> (Gestational diabetes screening)	<b>Maternity diagnosis</b>	<b>Every 12 months</b>
<b>80061, 82465, 83718, 84478</b> (Cholesterol screening)	<b>Z13.220, Z13.6</b>	<b>Once every 5 years</b>
<b>87800, 87590, 87591, 87850, 0402U, 0455U</b> (Gonorrhea screening)	<b>Z00.00, Z00.01 or Maternity diagnosis</b>	<b>Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.</b>
<b>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 0402U, 0455U</b> (Chlamydia screening)	<b>Z11.59, Z11.4, Z11.8 or Maternity diagnosis</b>	<b>Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.</b>
<b>G0476</b> (Cervical cancer screening HPV)	<b>Z11.51, Z01.411, Z01.419</b>	<b>Once every 5 years</b>
<b>G0432, G0433, G0435, G0475, 80081</b> (HIV screening)	<b>Z00.00, Z00.01</b>	<b>Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.</b>
<b>86780, 86592, 86593</b> (Syphilis screening)	<b>Z00.00, Z00.01 or Maternity diagnosis</b>	<b>Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.</b>
<b>87340, 87341, G0499</b> (Hepatitis B infection screening)	<b>Z00.00, Z00.01 or Maternity diagnosis</b>	<b>Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.</b>  <b>G0499 Every 12 months for high-risk individuals. If billed with pregnancy diagnosis, then allow at 1st prenatal visit and again at time of delivery</b>
<b>G0472</b> (Hepatitis C antibody screening)	<b>Z00.00, Z00.01</b>	<b>Once per lifetime over 50 years of age</b>
<b>G0444</b> (Depression screening)	<b>Z00.00, Z00.01</b>	<b>Every 12 months</b>
<b>Procedures</b>		
<b>G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</b> (Pap smear)	<b>Z01.411, Z01.419, Z12.4</b>	<b>Every 24 Months</b>  <b>Effective 4/1/22: Not covered for females under age 21</b>
<b>77063, 77067</b> (Screening mammogram)	<b>Z12.31</b>	<b>Once per calendar year, starting at age 35 and over</b>



44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 82270, G0104, G0105, G0121 (Deleted 12/31/24), G0328, 81528, (Colon cancer screening) 00812, 99153, G0500, (Anesthesia for colon cancer screening)	Z12.11, Z12.12	44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45384, 45385, G0121- Effective 1/1/19-Every 5 years and Prior to 1/1/19- Every 9 years, G0104 – Every 4 years (ages 45-75) 00812, 99153, G0500 G0105 – Every 24 months (ages 45-75) G0328 and 82270 – Every 12 months, 81528 – Once every 3 years
76706 (Abdominal aortic aneurysm)	Z13.6	Once a lifetime
G0130, 76977, 77078, 77080, 77081, 77085 (Bone density/DEXA)	Z13.820	One test every 24 months
G0296, 71271 (Lung cancer screening)	Z87.891	Every 12 Months
92227, 92228, 92250 (Diabetic Retinopathy Screening)		Every 12 Months
Immunizations		As recommended by the CDC/ACIP)
G0008, G0009, G0010 (Administration codes)	Z23	
90630, 90653, 90654, 90655, 90656, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	Once every 12 months
90670, 90732 (Pneumococcal)	Z23	Once every 5 years with a max limit of 2 per lifetime
90739, 90740, 90746, 90747 (Hepatitis B)	Z23	Once per lifetime
<b>SELECT HEALTH COMMUNITY CARE (MEDICAID)</b>		

**Select Health Community Care will cover the following:**

HCP/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
<b>Pediatric - Birth to Age 18</b>		
<b>Examination/Counseling</b>		
99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394 (Physical exam)	Z00.00, Z00.01, Z00.121, Z00.129	No limit from birth to age 12; every 275 days from ages 12 to 18
<b>Laboratory Tests</b>		
86703, (HIV screening)	Z00.00, Z00.01, Z00.121, Z00.129	
<b>Immunizations</b>		
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	As recommended by the CDC/ACIP)
90696, 90698, 90700, 90702, 90715, 90723 Diphtheria, tetanus, Acellular pertussis (e.g., DT, DTP, DTaP)	Z23	

<b>90647, 90648, 90696, 90698, 90748</b> Haemophilus influenzae type b (e.g., Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)	<b>Z23</b>	
<b>90633, 90634</b> (Hepatitis A)	<b>Z23</b>	
<b>90723, 90740, 90743, 90744, 90746, 90747, 90748</b> (Hepatitis B, e.g., HepB-hib)	<b>Z23</b>	
<b>90630, 90654, 90655, 90656, 90657, 90658, 90660, 90662, 90672, 90673, 90685, 90686, 90687, 90688, 90689, Q2035, Q2036, Q2037, Q2038, Q2039</b> (Influenza)	<b>Z23</b>	
<b>90707, 90710</b> (e.g., MMR, measles mumps, rubella)	<b>Z23</b>	
<b>90698, 90713, 90723</b> (Polio, e.g., OPV, IPV, DtaP-Hep-IPV)	<b>Z23</b>	
<b>90670, 90732</b> (Pneumococcal)	<b>Z23</b>	
<b>90700, 90702, 90714, 90715</b> (Diphtheria, and Pertussis (Tdap))	<b>Z23</b>	
<b>90710, 90716</b> Varicella (chicken pox) (MMRV)	<b>Z23</b>	
<b>90733, 90734</b> (Meningitis)	<b>Z23</b>	
<b>90680, 90681</b> (Rotavirus)	<b>Z23</b>	
<b>90649, 90650, 90651</b> (Human papilloma virus (HPV))	<b>Z23</b>	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.
<b>Adult - Age 18 and older</b>		
<b>Laboratory Tests</b>		
<b>84153, G0102</b> , (Prostate cancer, PSA)	<b>Z12.12, Z12.5</b>	
<b>87081, 87205, 87800, 87801</b> (Gonorrhea screening)	<b>Z00.00, Z00.01 or Maternity diagnosis</b>	
<b>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87942</b> (Chlamydia screening)	<b>Z11.59, Z11.4, Z11.8 or Maternity diagnosis</b>	
<b>86703</b> (HIV screening)	<b>Z00.00, Z00.01</b>	
<b>86592, 86593</b> (Syphilis screening)	<b>Z00.00, Z00.01 or Maternity diagnosis</b>	
<b>Procedures</b>		
<b>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0101, Q0091, Q0111, P3000, P3001</b> (Pap smear)	<b>Z01.411, Z01.419, Z12.4</b>	(G0101, Q0091, Q0111, P3000, P3001) Every 36 months  (88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175) Every 36 months  Effective 4/1/22: Not covered for females under age 21
<b>77067</b> (Screening mammogram)	<b>Z12.31</b>	<b>Every 275 days</b>

76706 (Abdominal aortic aneurysm)	Z13.6	Males only, once between ages 65 to 75
77080 (Bone density/DEXA)	Z13.820	Every 24 months in women ages 60 and older
E0603 (Breast pump)		Once per pregnancy
Immunizations		As recommended by the CDC/ACIP)
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90630, 90654, 90656, 90658, 90660, 90662, 90672, 90673, 90685, 90686, 90688, 90689, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90714, 90715 (Tetanus or tetanus, diphtheria and pertussis (Tdap))	Z23	
90670, 90732 (Pneumococcal)	Z23	
90632, 90636, 90746, 90747, 90748 (Hepatitis A)	Z23	
90733, 90734 (Meningitis)	Z23	
90750 (Zoster) (Zostavax is no longer available in the U.S., effective 11/1/20)	Z23	Ages 19 and older
90649, 90650, 90651 (Human papilloma virus, HPV)	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.

#### Sources

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