

Provider Payment Guidelines

PREVENTIVE BENEFIT	ICD 10 DIAGNOSIS CODE REQUIREMENTS	SERVICE CODES	AGE RESTRICTIONS	FREQUENCY LIMITS	AUTH REQUIRED Y/N
PREVENTIVE ABDOMINAL AORTIC ANEURYSM SCREENING	N/A	CPT(s): 76706	65+ yrs	1/Lifetime	N
PREVENTIVE ALCOHOL SUBSTANCE SCREENING,COUNSELING Screening and behavioral counseling to reduce alcohol or substance misuse by adults, including members who are pregnant	N/A	CPT(s): 99408 99409 HCPCS: G0396 G0397 G0442 G0443 G2011	18+yrs	N/A	N
PREVENTIVE ALCOHOL USE ASSESSMENT ADOLESCENTS	009.00-009.93, Z13.89, Z33.1, Z34.00-Z34.93	CPT(s): 96156 96158 96159	11-21yrs	N/A	N
PREVENTIVE ANEMIA SCREEN PREGNANT WOMEN	009.00-009.93, Z13.0, Z33.1, Z34.01-Z34.93	CPT(s): 85013 85014 85018 85025 85027 85041	12+yrs	N/A	N
PREVENTIVE BACTERIURIA SCREEN PREGNANT WOMEN	009.00-009.93, Z13.89, Z33.1, Z34.00-Z34.93	CPT(s): 81000 81007 87081 87086 87088	12+yrs	N/A	N
Blood Pressure Screening: <i>Included in Preventive Office Visit</i> High Blood Pressure Screening Adult –(Monitors and Monitoring) For measurements outside of the clinical setting for diagnostic confirmation before starting treatment; bill the following CPT/HCPCS code(s) with the listed ICD-10 codes: *Requires a prescription	R03.0	CPT(s): 93784 93786 93788 93790 HCPCS: A4660* A4663* A4670*	18+yrs	N/A	N
PREVENTIVE BRCA TESTING AUTH BRCA testing is a preventive screening lab test which may be ordered if a provider determines a member is at risk for a particular form of breast or ovarian cancer or could be a genetic carrier for these cancers. Refer to the EviCore code lists for specific BRCA codes.	N/A	CPT(s): 0129U 0137U 0138U 0172U 0220U 81162 81163 81164 81165 81166 81167 81212 81215 81216 81217 81307 81308	N/A	N/A	Y
PREVENTIVE BREAST CANCER GENE SCREENING AND COUNSELING	Z15.01, Z15.02, Z31.430, Z31.438, Z31.5, Z80.3, Z80.41	CPT(s): 99401 99402 99403 99404	N/A	N/A	N
PREVENTIVE BREAST CANCER SCREENING Screening by mammogram is covered; including 3 D mammograms (breast tomosynthesis)	N/A	CPT(s): 77063 77067	N/A	2/Benefit Period	N
PREVENTIVE BREAST CANCER SCREENING, MRI AUTH Breast MRIs are covered as preventive breast cancer screenings when Prior Authorized for women who meet criteria.	Q85.8, Z12.31, Z12.39, Z15.01, Z80.3	CPT(s): 77046 77047 77048 77049 HCPCS: C8908	N/A	N/A	Y
PREVENTIVE BREAST CANCER SCREENING ULTRASOUND Follow up breast ultrasounds screenings are also covered as preventive breast cancer screenings (instead of or in addition to a screening mammogram)	Q85.8, Z12.31, Z12.39, Z15.01, Z80.3	CPT(s): 76641 76642	N/A	N/A	N
PREVENTIVE BREAST PUMP SUPPLIES	N/A	HCPCS: A4281 A4282 A4283 A4284 A4285 A4286 K1005	N/A	N/A	N
PREVENTIVE BREAST PUMPS ELECTRIC	N/A	HCPCS: E0603	N/A	1/8 rolling months	N
PREVENTIVE BREAST PUMPS HOSPITAL GRADE	N/A	HCPCS: E0604	N/A	RENTAL ONLY-3 months/Benefit Period	N
PREVENTIVE BREAST PUMPS MANUAL	N/A	HCPCS: E0602	N/A	1/Benefit Period	N
PREVENTIVE BREASTFEEDING CLASS *Modifier HQ must be appended	N/A	HCPCS: S9443	N/A	N/A	N
PREVENTIVE BREASTFEEDING SUPPORT	Z39.1	CPT(s):	N/A	N/A	N

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		99501			
PREVENTIVE CERVICAL CANCER SCREENING Screening women for cervical cancer at frequencies determined by the treating provider (based on woman's age and risk factors) Codes listed with (*) are exclusive to preventive cancer screenings; however, appropriate diagnosis codes should be included on the claim.	200.00, 201.01, 201.411, 201.419, 211.51, 212.39, 212.4, 212.72, 212.79	CPT(s): 88141 88142 88143 88147 88148 88150 88152 88153 88155 88164 88165 88166 88167 88174 88175 HCPCS: G0101* G0123* G0124* G0141* G0143* G0144* G0145* G0147* G0148* P3000* P3001* Q0091*	11+yrs	N/A	N
PREVENTIVE CHOLESTEROL SCREENING	009.00-009.93; 200.00-200.129; 200.70-200.8; 201.411-201.419; 213.220; 233.1; 234.00-234.93; 239.0-239.2; 276.1-276.2	CPT(s): 80061 82465 83718 83719 83721 83722 84478	N/A	N/A	N
PREVENTIVE COLORECTAL CANCER LABS 1 per year	212.10-212.12, 280.0, 283.71, 283.710, 283.711, 283.718, 283.719 283.79, 285.038, 285.048, 286.004, 286.010	CPT(s): 82270 82274	20+yrs	1 per rolling year	N
PREVENTIVE COLORECTAL CANCER SCREENING Codes listed with (*) are exclusive to preventive cancer screenings; however, appropriate diagnosis codes should be included on the claim. **G0327 is covered when prior authorized	212.10-212.12, 280.0, 283.71, 283.710, 283.711, 283.718, 283.719 283.79, 285.038, 285.048, 286.004, 286.010	CPT(s): 00812 45330 45331 45333 45338 45378 45380 45381 45382 45384 45385 HCPCS: G0104* G0105* G0106* G0120* G0121* G0122* G0327** G0328* S0285	20+ yrs	N/A	N
PREVENTIVE COLORECTAL CANCER SCREENING-COLOGUARD	N/A	CPT(s): 81528	45-85 yrs	1/rolling 3 YEARS	N
PREVENTIVE CONTRACEPTION SURVEILLANCE/AFTER CARE All surveillance and aftercare associated with women's contraception is covered as preventive.					
PREVENTIVE CONTRACEPTION BARRIER/OTHER	N/A	CPT(s): 57170 HCPCS: A4261 A4266 J1050 J7294 J7295 J7304	N/A	N/A	N
PREVENTIVE CONTRACEPTION IUD PROCEDURES	N/A	CPT(s): 58300 58301 58562 HCPCS: J7296 J7297 J7298 J7300 J7301 S4981 S4989	N/A	N/A	N
PREVENTIVE CONTRACEPTION ORAL	230.011, 230.018, 230.42, 230.9, 231.69, 231.89	CPT(s): 99202-99205 99211-99215 HCPCS: G0463	N/A	N/A	N
PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT	N/A	CPT(s): 11976	N/A	N/A	N

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		11981 11982 11983 HCPCS: J7307			
PREVENTIVE CONTRACEPTIVE COUNSELING/EDUCATION	Z13.9, Z30.011, Z30.012, Z30.018, Z30.02, Z30.09, Z30.8, Z30.49, Z31.61, Z31.69, Z31.89	CPT(s): 96156 96158 96159 96164 96165 99401 99402 99403 99404 HCPCS: H1010	N/A	N/A	N
PREVENTIVE COUNSELING BREAST CANCER MEDS	Z15.01, Z80.3	CPT(s): 99401 99402	N/A	N/A	N
PREVENTIVE DEPRESSION SCREENING: Included in the well visit					
PERIPARTUM DEPRESSION SCREENING for MassHealth Members Perinatal Depression Prevention, Interventions: Pregnant and postpartum women *Modifiers U1-U4 Required	N/A	HCPCS: S3005	N/A	3 visits/plan year	N
PREVENTIVE DEVELOPMENTAL SCREENING, CHILDREN: Reimbursed when billed with the well visit	Z00.00-Z00.129, Z00.70, Z00.71, Z00.8, Z13.30, Z13.39, Z13.40-Z13.49, Z13.89, Z76.1, Z76.2	CPT(s): 96110 HCPCS: S0302	0 mths-21 yrs	N/A	N
PREVENTIVE DIABETES SCREENING: Screening for diabetes in members who do not have diabetes	N/A	CPT(s): 82947 82948 82950 82951 82952 83036	11+ yrs	N/A	N
PREVENTIVE FLUORIDE VARNISH	N/A	CPT(s): 99188	6 mths-18yrs	4 visits/benefit period	N
PREVENTIVE HEALTHY DIET COUNSELING: Preventive healthy diet or nutritional counseling for members with no specific conditions. If a member receives nutritional counseling for a specific condition-it is subject to cost sharing.	Z13.9, Z71.3, Z71.82	CPT(s): 97802 97803 97804 99202 99211 99212 99401 99402 99403 HCPCS: G0270 G0271	N/A	N/A	N
PREVENTIVE HEARING SCREENING: Preventive Hearing Screenings are covered as preventive services when performed on newborns, infants, and children. *19 yrs applies to COMM members. MassHealth members are screened up to age 21 yrs.	Z00.00-Z00.3, Z00.70-Z00.8	CPT(s): 92551 92552 92558 92567 92587 92650 HCPCS: V5008	0 mths-19 yrs*	N/A	N
PREVENTIVE HEPATITIS B SCREENING	Z00.00-Z00.129; Z00.70-Z00.8; Z01.411-Z01.41; Z11.3, Z20.2, Z33.1, Z34.00-Z34.93, Z39.0-Z39.2; Z76.1-Z76.2; O09.00-O09.93	CPT(s): 87340 87341	N/A	N/A	N
PREVENTIVE HEPATITIS C SCREENING: Screening members who are high risk for Hep C. Also screening members born between 1945-1965 for Hep C.	O09.00-O09.93, Z00.00-Z00.129, Z00.70-Z00.8, Z01.411-Z01.419, Z20.5, Z33.1, Z34.00-Z34.93, Z76.1-Z76.2	CPT(s): 86803	18+ yrs	N/A	N
PREVENTIVE HPV TESTING	N/A	CPT(s): 87623 87624 87625 HCPCS: G0476	N/A	N/A	N
PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN	Z13.29	CPT(s): 84436 84437 84443	0-1 mth	N/A	N
PREVENTIVE IMMUNIZATION/VACCINATION: *State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years.	N/A	CPT(s): 90380-SSV 90381-SSV 90460 90461 90471 90472 90473 90474 90585 90587 90619-SSV 90620 90621 90625 90626 90627	N/A	N/A	N/A

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		90630 90632-SSV 90633-SSV 90634-SSV 90636 90647 90648-SSV 90651-SSV 90653 90654 90655 90656 90657 90658 90660 90661-SSV 90662 90670-SSV 90672-SSV 90671 90673 90674-SSV 90675 90676 90677 90678 90679 90680-SSV 90681-SSV 90682-SSV 90685-SSV 90686-SSV 90687-SSV 90688-SSV 90689 90690 90691 90694 90696-SSV 90697-SSV 90698-SSV 90700-SSV 90702-SSV 90707-SSV 90710-SSV 90713-SSV 90714 90715-SSV 90716-SSV 90717 90723 90732-SSV 90733 90734-SSV 90736 90738 90739-SSV 90740 90743-SSV 90744-SSV 90746-SSV 90747-SSV 90748 90750 90756			
<p>Coronavirus [COVID-19] Immunizations/Vaccinations The following administration code (CPT 90480) should be used to report all applicable Covid-19 vaccines.</p> <p>**For further details about Covid-19 Vaccine and Immunization codes applicable during the 2020 Public Health Emergency, please consult the Retired Covid-19 Payment Policy.</p>	N/A	<p>Administration Code:</p> <p>90480 Pfizer: 91318 91319 91320 Moderna: 91321 91322 Novavax: 91304</p>	N/A	N/A	N
PREVENTIVE INTENSIVE BEHAV HLTH COUNSEL ADULTS RISK OF CVD	N/A	<p>HCPCS: G0447 G0473</p>	18+ yrs	12 visits/benefit period	N
PREVENTIVE LACTATION CONSULTANTS	N/A	<p>HCPCS: S9443</p>	N/A	N/A	N
PREVENTIVE LEAD TEST	Z13.88	<p>HCPCS: 83655</p>	0 mths-21 yrs	N/A	N
PREVENTIVE LUNG CANCER SCREENING (CT SCAN)	N/A	<p>CPT(s): 71271</p>	50-80 yrs	1/rolling yr	Y
PREVENTIVE NEWBORN METABOLIC/HEMOGLOBIN SCREENING	Z13.0	<p>CPT(s): 83020 83021 85013 85014 85018 HCPCS: S3620</p>	0 mths-21 yrs	N/A	N
PREVENTIVE OBESITY SCREENING/COUNSELING, CHILDREN & ADULTS	ADULTS: Z13.89, Z68.30-Z68.39 CHILDREN: E66.9 Z13.89, Z68.52, Z68.53	CPT(s):	(Adults) 18+yrs	N/A	N

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	268.54, Z71.89	Adults/Children 96156 Adults/Children 96158 Adults/Children 96159 Adults/Children 96164 Adults/Children 96165 Children only 96167 Children only 96168 HCPCS: Children only G0447	(Children) 6+ yrs		
PREVENTIVE OSTEOPOROSIS SCREENING	Z13.820, Z78.0 Z82.62	CPT(s): 76977 77080 77081	50+ yrs	N/A	N
PREVENTIVE PKU SCREENING, NEWBORNS	N/A	CPT(s): 84030	0-1 mth	N/A	N
PREVENTIVE POST STERILIZATION PROCEDURES	Z98.51	CPT(s): 58340 74740	N/A	N/A	N
PREVENTIVE PrEP (Pre-Exposure Prophylaxis) FOR HIV Covered for members who are at high risk of HIV acquisition. (**HIV PrEP office visits are covered as preventive when the indicated diagnosis codes are billed in the primary position. The antiretroviral therapy is covered under the member's pharmacy benefit.	Z20.6, Z29.81	OFFICE VISIT*: 99202 99203 99204 99205 99211 99212 99213 99214 99215 PREVENTIVE COUNSELING: 99401 99402 99403 99404 99411 99412 SCREENING AND MONITORING LABS: 81025 82565 84703 86592 86593 86703 86780 87110 87270 87320 87340 87389 87490 87491 87590 87591 87592 INJECTABLE DRUGS: J0739	N/A	N/A	N
PREVENTIVE RH SCREEN INITIAL & REPEAT, PREGNANT WOMEN Screening pregnant women for Rh incompatibility	Z33.1; Z34.00-Z34.93; O09.00-O09.93	CPT(s): INITIAL:86900 INITIAL:86901 REPEAT:86901	12+ yrs	N/A	N
PREVENTIVE SEXUALLY TRANSMITTED ILLNESS SCREEN includes Chlamydia, Gonorrhea, HIV, Syphilis screening; as well as STI Counseling	O09.00-O09.93; Z00.00-Z00.129; Z00.70-Z00.8; Z01.411-Z01.419; Z04.41; Z11.2-Z11.4, Z11.59, Z11.8; Z13.9; Z20.2, Z22.4; Z26.1-Z26.2; Z33.1; Z34.0-Z34.93; Z39.0-Z39.2; Z71.7, Z71.89; Z72.51- Z72.53	CPT(s): 86592 86593 86631 86632 87110 87270 87320 87490 87491 86689 86701 86702 86703 87389 87390 87391 87806 87590 87591 87592 87850 96156 96158 96159 96164 96165 99401 99402 99403 99404 99411 99412	11+ yrs	N/A	N

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		HCPCS: G0475			
PREVENTIVE SICKLE CELL SCREENING, NEWBORN	Z13.0	CPT(s): 83020 83021	0 to 1 mth	N/A	N
PREVENTIVE STERILIZATION	N/A	CPT(s): 58600 58605 58611 58615 58670 58671	N/A	N/A	N
PREVENTIVE STERILIZATION CAPSULES	Z30.2	CPT(s): 58565 74740 HCPCS: A4264	N/A	N/A	N
PREVENTIVE TOBACCO USE COUNSELING Preventive tobacco cessation coverage may vary on custom commercial plans.	N/A	CPT(s): 99406 99407	5+ yrs	up to 16 sessions per benefit period	N
PREVENTIVE TUBERCULIN TEST Screening at risk members for TB-tuberculosis. *Providers must bill with modifier 33 if preventive	N/A	CPT(s): 86480 86481 86580	N/A	N/A	N
PREVENTIVE VISUAL ACUITY SCREENING, CHILDREN	Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z76.2	CPT(s): 99172 99173 99174 99177	0 mths-21 yrs	N/A	N
PREVENTIVE WELL VISITS / PHYSICALS 96160-96161: Reimbursed when billed with the well visit	N/A	CPT(s): 99381 99382 99383 99384 99385 99386 99387 99391 99392 99393 99394 99395 99396 99397 96160 96161	N/A	N/A	N
					Effective 8/6/2024