

	DESSANCE REPORTED AND A STATE OF THE STATE O	SERVICE CODES			
PREVENTIVE BENEFIT PREVENTIVE ABDOMINAL AORTIC ANEURYSM SCREENING	ICD 10 DIAGNOSIS CODE REQUIREMENTS N/A	CPT(s):	AGE RESTRICTIONS	FREQUENCY LIMITS 1/Lifetime	AUTH REQUIRED Y/N
PREVENTIVE ABDOMINAL AURTIC ANEURYSM SCREENING	N/A		65+ yrs	1/Liretime	N
		76706			
PREVENTIVE ALCOHOL SUBSTANCE SCREENING, COUNSELING	N/A	CPT(s):	18+yrs	N/A	N
Screening and behavioral counseling to reduce alcohol or substance misuse by adults, including	N/A	99408	тотуго	N/A	IN .
members who are pregnant		99409			
		HCPCS:	1	İ	
		G0396	1	İ	
		G0397			
		G0442			
		G0443			
		G2011			
	000.00.00.00.00.00.00.00.00.00.00.00.00				
PREVENTIVE ALCOHOL USE ASSESSMENT ADOLESCENTS	O09.00-O09.93, Z13.89, Z33.1, Z34.00-Z34.93	CPT(s):	11-21yrs	N/A	N
		96156			
		96158			
		96159			
PREVENTIVE ANEMIA SCREEN PREGNANT WOMEN	O09.00-O09.93, Z13.0, Z33.1, Z34.01-Z34.93	CPT(s):	12+yrs	N/A	N
		85013			
		85014			
		85018			
		85025			
		85027			
		85041			
PREVENTIVE BACTERIURIA SCREEN PREGNANT WOMEN	009.00-009.93, Z13.89, Z33.1, Z34.00-Z34.93	CPT(s):	12+yrs	N/A	N
		81000		1	
		81007		İ	
		87081		1	
		87086		1	
		87088	1	1	
Blood Pressure Screening: Included in Preventive Office Visit	R03.0	CPT(s):	18+yrs	N/A	N
<u> </u>		93784	1	1	
High Blood Pressure Screening Adult –(Monitors and Monitoring)		93786	1	1	
For measurements outside of the clinical setting for diagnostic confirmation before starting		93788	1	İ	
treatment; bill the following CPT/HCPCS code(s) with the listed ICD-10 codes:		93790	1	1	
*Requires a prescription		HCPCS:	1	İ	
		A4660*	1	İ	
		A4663*			
		A4670*			
PREVENTIVE BRCA TESTING AUTH	N/A	CPT(s):	N/A	N/A	Y
BRCA testing is a preventive screening lab test which may be ordered if a provider determines a		0129U			
member is at risk for a particular form of breast or ovarian cancer or could be a genetic carrier for		0137U			
these cancers. Refer to the EviCore code lists for specific BRCA codes.		0138U			
		0172U			
		0220U			
		81162			
		81163			
		81164			
		81165			
		81166			
		81167			
		81212			
		81215			
		81216			
		81217			
		81307			
		81308			
		81308			
PREVENTIVE BREAST CANCER GENE SCREENING AND COUNSELING	Z15.01, Z15.02, Z31.430, Z31.438, Z31.5, Z80.3, Z80.41	CDT(-):	N/A	N/A	M
PREVENTIVE BREAST CANCER GENE SCREENING AND COUNSELING	215.01, 215.02, 231.430, 231.438, 231.5, 280.3, 280.41	CPT(s):	N/A	N/A	N
		99401			
		99402			
		99403			
		99404			
PREVENTIVE RREAST CANCER SCREENING				0.00	
THE VERTITE BREADT CARGET SCREENING	N/A	CPT(s):	N/A	2/Benefit Period	N
Screening by mammogram is covered; including 3 D mammograms (breast tomosynthesis)		77063		1	
		77067			
PREVENTIVE BREAST CANCER SCREENING, MRI AUTH	Q85.8, Z12.31, Z12.39, Z15.01, Z80.3	CPT(s):	N/A	N/A	ľ
Breast MRIs are covered as preventive breast cancer screenings when Prior Authorized for women who meet criteria.		77046	1	1	
who need diteria.		77047	1	1	
		77048		İ	
		77049		İ	
		HCPCS:		1	
		C8908			
PREVENTIVE BREAST CANCER SCREENING ULTRASOUND	Q85.8, Z12.31, Z12.39, Z15.01, Z80.3	CPT(s):	N/A	N/A	N
Follow up breast ultrasounds screenings are also covered as preventive breast cancer screenings		76641		1	
(instead of or in addition to a screening mammogram)		76642			
PREVENTIVE BREAST PUMP SUPPLIES	N/A	HCPCS:	N/A	N/A	N
		A4281		1	
		A4282	1	İ	
		A4283	1	İ	
		A4284	1	1	
		A4285	1	1	
		A4286	1	1	
		K1005	1	1	
		K1003			
PREVENTIVE BREAST PUMPS ELECTRIC	N/A	HCPCS:	N/A	1/8 rolling months	N
. NEVERTINE DINERS FORMES ELECTRIC	1971	E0603	","	2, 0 ronnig months	[·
		EU0U3			
PREVENTIVE BREAST PUMPS HOSPITAL GRADE	N/A	HCPCS:	N/A	RENTAL ONLY-3	N
FINEVERSITY C DREMOT PUNITO HUOPHIAL GRADE	IV/A	E0604	IV/M	months/Benefit Period	is .
		EU0U4		monus/ penetit Period	
DDEL/FAITH/F DDFACT DUBADC MAANUAL	N/A	HCDCC.	11/4	4 /Paradia Pari	
PREVENTIVE BREAST PUMPS MANUAL	N/A	HCPCS:	N/A	1/Benefit Period	N
		E0602			
					N
PREVENTIVE BREASTFEEDING CLASS *Modifier HQ must be appended	N/A	HCPCS:	N/A	N/A	7.
PREVENTIVE BREASTFEEDING CLASS *Modifier HQ must be appended	N/A	HCPCS: S9443	N/A	N/A	
		S9443			
PREVENTIVE BREASTFEEDING CLASS *Modifier HQ must be appended PREVENTIVE BREASTFEEDING SUPPORT		S9443		N/A	N

MGBHP Preventive Services Grid



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March Control Cont	PREVENTIVE BENEFIT	ICD 10 DIAGNOSIS CODE REQUIREMENTS	SERVICE CODES	AGE RESTRICTIONS	FREQUENCY LIMITS	AUTH REQUIRED Y/N
Control Cont			JJ301			
Control Cont	PREVENTIVE CERVICAL CANCER SCREENING	200.00, 201.01, 201.411, 201.419, 211.51, 212.39, 212.4, 212.72, 212.79	CPT(s):	11+yrs	N/A	N
1922 1922	Screening women for cervical cancer at frequencies determined by the treating provider (based on					
NECESSARY 1 1 1 1 1 1 1 1 1	woman's age and risk factors)					
### PARTITION CONTROL TO MAN STREET AND ADDRESS AND AD	Codes listed with (*) are exclusive to preventive cancer screenings; however, appropriate					
NOTE 1997	diagnosis codes should be included on the claim.					
MANAGONE COMPANION COMPANI						
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MICROPHIC COMMUNITIES ADDRES						
### COMMING CO						
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## AND PROTECTION CONTROL CONT						
## CONTROL COMMUNITION COMMUNI			88166			
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MONOTONIC COGNICIAL CANDER SCREENING MONOTONIC COGNIC			88175			
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## PROTECTION CONTENTS CONTENT						
## 133.3, 124.00 (254.8) 2.10 (257.1, 176.1,			Q0091*			
## 133.3, 124.00 (254.8) 2.10 (257.1, 176.1,	PREVENTIVE CHOLESTEROL SCREENING	009.00-009.93:700.00-700.129:700.70-700.8:701.411-701.410-712.220-	CPT(s):	N/A	N/A	N
PROTECTIVE COORDICATE CAMERS LABS 3 per year		233.1; Z34.00-Z34.93; Z39.0-Z39.2; Z76.1-Z76.2			[.,,,,	
Comparison Colonic CAL CARCES AGES 5 per year						
### CONTINUE CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND COMPANY CONTINUE/PROS SURVEYAND SURVEYAND SURVEYAND COMPANY CONTINUE/PROS SURVEYAND S						
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### STATE OF THE PROPERTY COURSELED COURSES ***PROPERTY COURSELED COURSE SCREENING** ***COURSELED COURSELED COURSES ***PROPERTY COURSE COURSE ***PROPERTY COURSELED COURSE ***PROPERTY COURSELED COURSE ***PROPERTY COURSELED COURSE ***PROPERTY COURSELED COURSE ***PROPERTY COURSELED COURSE ***PROPERTY COURSE ***PROPE						
12.00 1.00	PREVENTIVE COLORECTAL CANCER LABS 1 per year			20+yrs	1 per rolling year	N
######################################		285.038, 285.048, 286.004, 286.010				
25.53, 25.56, 25.00 25.50			822/4			
25.53, 25.56, 25.00 25.50	DDEVENTIVE COLODECTAL CANCED SCREENING	712 10.712 12 790 0 792 71 792 710 792 711 792 719 792 710 792 70	CDT(e):	20± vrs	N/A	N
### PROPERTIVE CONTRACEPTION NUMBERS AND ADDRESS AND A				201 yi3		
### GROST is covered when prior subhorized \$133						
S1323						
SCHEDE SCHEDULE	**G0327 is covered when prior authorized					
## 1930 1930						
43812 4384 4382 4384						
6332 6436						
## 1535 1535						
REVENTIVE CONTRACEPTION RUD PROCEDURES N/A PREVENTIVE CONTRACEPTIO						
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PREVENTIVE CONTRACEPTION ILD PROCEDURES NA PREVENTIVE CONTRACEPT						
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PREVENTIVE CONTRACEPTION BARRIER/OTHER CO1327* CO13						
CO1212* CO122*						
CO12* CO23						
C0327** C0328*						
G3228			G0327**			
SUBS						
PREVENTIVE CONTRACEPTION SURVEILLANCE/AFTER CARE						
PREVENTIVE CONTRACEPTION SURVEILLANCE/AFTER CARE						
PREVENTIVE CONTRACEPTION SURVEILANCE/AFTER CARE All surveillance and aftercare associated with women's contraception is covered as preventive. CPT(6): N/A N/	PREVENTIVE COLORECTAL CANCER SCREENING-COLOGUARD	N/A		45-85 yrs	1/rolling 3 YEARS	N
All surveillance and aftercare associated with women's contraception is covered as preventive. REVENTIVE CONTRACEPTION BARRIER/OTHER N/A REVENTIVE CONTRACEPTION BARRIER/OTHER N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION SUBDEMMAL IMPLANT N/A N/A N/A N/A N/A N/A N/A			81528			
All surveillance and aftercare associated with women's contraception is covered as preventive. REVENTIVE CONTRACEPTION BARRIER/OTHER N/A REVENTIVE CONTRACEPTION BARRIER/OTHER N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION IUD PROCEDURES N/A REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION ORAL REVENTIVE CONTRACEPTION SUBDEMMAL IMPLANT N/A N/A N/A N/A N/A N/A N/A	DREVENTIVE CONTRACERTION SURVEY AND CARE					
PREVENTIVE CONTRACEPTION BARRIER/OTHER N/A CPT(s): N/A N/A						
S73.70 HCPCS A261 A266 11050 17294 17295 17304 17295 17304 17295 17304 17296 17297 17298 17296 17297 17298 17300 17297 17298 17300 17301 184981	and the second s					
S73.70 HCPCS A261 A266 11050 17294 17295 17304 17295 17304 17295 17304 17296 17297 17298 17296 17297 17298 17300 17297 17298 17300 17301 184981						
REVENTIVE CONTRACEPTION ORAL HCPCS	PREVENTIVE CONTRACEPTION BARRIER/OTHER	N/A		N/A	N/A	N
A256 A256						
A2266						
1050 17294 17295 17304						
PREVENTIVE CONTRACEPTION IUD PROCEDURES N/A CPT(g): N/A S8300 S8301 S8562 HCPCS: HCPCS: J7296 J7297 J7298 J7390 J7300 J7301 S4981 S4989 PREVENTIVE CONTRACEPTION ORAL 230.011, 230.018, 230.42, 230.9, 231.69, 231.89 CPT(g): N/A PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT N/A N/A N/A N/A N/A N/A N/A						
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S8300 S8301 S8562 HCPCS:						
S8301 S8562 HCPC5: 17296 17297 17298 17300 17301 1	PREVENTIVE CONTRACEPTION IUD PROCEDURES	N/A		N/A	N/A	N
S8562 HCPCS: 17296 17297						
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99202-99205 99211-99215 HCPCS: G0463 PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT N/A CPT(s): N/A N/A N N N N N N N N N N N N N N N						
99202-99205 99211-99215 HCPCS: G0463 PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT N/A CPT(s): N/A N/A N N N N N N N N N N N N N N N	PREVENTIVE CONTRACEPTION ORAL	Z30.011, Z30.018, Z30.42, Z30.9, Z31.69, Z31.89		N/A	N/A	N
99211-99215 HCPCS: G0463		·	99202-99205			
G0463			99211-99215			
PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT N/A CPT(s): N/A N/A N						
			C0463	l	1	
			G0403			
11976						
	PREVENTIVE CONTRACEPTION SUBDERMAL IMPLANT	N/A	CPT(s):	N/A	N/A	N

AGBHP Preventive Services Grid



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### AND PROPERTY CONTRIBUTION C	PREVENTIVE BENEFIT			AGE RESTRICTIONS	FREQUENCY LIMITS	AUTH REQUIRED Y/N
### CONTRINENT COMPRISED STATES CONTRIBUTION					<u> </u>	
### ### ### ### ### ### ### ### ### ##			11982			
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Marches Marc	PREVENTIVE COUNSELING BREAST CANCER MEDS	Z15.01, Z80.3	CPT(s):	N/A	N/A	N
Company Comp				1	·	
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PROCESSITY ALTONOMY CONTINUES AND ACTION ASSESSMENT AND ACTION ASSESSMENT AND ACTION ASSESSMENT A						
MINISTREE CREATION CONTRICTORS CONTRIBUTE ASSUMPTION CONTRIBUTE CREATION CONTRIBUTE	PREVENTIVE DEPRESSION SCREENING: Included in the well visit					
Marchestonic Program and polypartium womon \(\frac{\text{texture}{\text{texture}}{text						
Marchestonic Program and polypartium womon \(\frac{\text{texture}{\text{texture}}{text	PERIPARTUM DEPRESSION SCREENING for MassHealth Members Perinatal Depression Prevention,	N/A	HCPCS:	N/A	3 visits/plan year	N
MINISTRY DIABETES SCREENING, CHEEREN, Exclusive and claim billied with the week start \$1.00, \$20, \$1.20, \$2.00				1	1 ,	
### PROPERTY OF CONCIONANTIAL SCREENING, CHILDRIPS headward alone his deep date with being a property of concional party of con		1	S3005	ĺ	Ī	
PRINCE 1997						
PRINCE 1997	PREVENTIVE DEVELOPMENTAL SCREENING CHILDREN: Daimburead when billed with the well wish	700 00-700 129 700 70 700 71 700 9 712 20 712 20 712 40 712 40	CDT(e):	0 mths=21 yrs	N/A	N
PRESENTING ELECTRONIC Secretary for disidents in members who <u>dis set</u> from eliments PRESENTING ELECTRONIC Secretary for disidents in members who <u>dis set</u> from eliments PRESENTING ELECTRONIC SECRETARY SECRETAR				21 yıs	.,,,,	
March Marc				1	Ī	
### PROPERTY EXAMENDES Contenting for diabetes in monethers which do not believe diabetes in monethers which do not believe diabetes in monethers which do not believe diabetes in monethers which do not believe diabetes in monethers and do not believe diabetes in monethers and diabetes in monethers and diabetes in monethers are not believe diabetes in monethers and an interface of a specific controlled in the subject to cost pluring. #### PROPERTY EXAMENDES CONTROLLED Proposition below the cost pluring as accounted as preventions and controlled country for significant and controlled country for s				1	Ī	
### PRESENTING CAMPITIS SECTIONS Coverage for dashers in monitors about the section of the company of the compa		1	S0302	ĺ	Ī	
PRINCE PLANE AND COMMENT AND						
PRINCE P	PREVENTIVE DIABETES SCREENING: Screening for diabetes in members who do not have diabetes	N/A	CPT(s):	11+ vrs	N/A	N
PRIORITY LOCATION AND AND AND AND AND AND AND AND AND AN	Diractics sencenting for diabetes in illentibets who do not have diabetes			,	.,,,,	
### PRESENTING EXCREMING Excessions shading data manifolds of constanting for a specific methods in the constant of the consta				1	Ī	
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PRIORITY FLUTING VARSON 1978 19				1		
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PRIORITIVE REALTHY OFF COUNCELING. Preventive heating dot or nectional convenience for a specific condition-it is seleget to cost sharing. 13, 271, 271, 27 13, 27 13, 271, 271, 27 13, 27 13, 271, 27 13, 27			05050			
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### PREVENTIVE HEALTHY GET COUNSELENG. Preventive healthy dat or motificated counsing for a specific member with a supplier to condition. It is unapplied to the Service and South of the Service an	PREVENTIVE FLUORIDE VARNISH	N/A	CPT(s):	6 mths-18yrs	4 visits/benefit period	N
PRINCE 18 subject to cost sharing. 2000 200			99188			
PRINCENTIVE MEANING SCREENING Preceiving members who are high-risk for High Call Principle (Principle Contribution) in a single to cost shading. Principle Contribution (Principle Contribution) in a single to cost shading. Principle Contribution (Principle Contribution) in a single to cost shading. Principle Contribution (Principle Contribution) in a single contribution (Principle Contr						
PRINCE 18 subject to cost sharing. 2000 200	DREVENTIVE HEALTHY DIET COUNCELING, Dravontive healthy diet or nutritional counceling for	712.0.774.2.774.02	CDT(s).	N/A	N/A	N
### STATES SCREENING Preventive Hearing Screenings are covered as preventive sortices when performed on newborn, inflants, and distinct. #### PREVENTIVE HEARING SCREENING. Preventive Hearing Screenings are covered as preventive sortices when performed on newborn, inflants, and distinct. ###################################				N/A	N/A	IN .
PREVENTIVE HEPATITIS & SCREENING. Screening members who are high risk for Hep C. Abo 23.1, 24.00 200.10, 120.2, 200.10 200.1, 120.10 200.1, 120.10 200.1, 120.10 200.1, 120.10 200.1, 120.10 200.1, 120.10 200.1, 120.1, 1						
PRIVETITY IN PARTITS & SCREENING. Preventive Hearing Screenings are covered as preventive early screening are cove	condition-it is subject to cost sharing.					
PRIVETITY IN PARTITS & SCREENING. Preventive Hearing Screenings are covered as preventive early screening are cove		i	97804		Ī	
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### PREVENTIVE HEADING SCREENING. Preventive Name Screenings are covered as preventive services when performed on newbors, infinite, and children. #### PREVENTIVE HEADING SCREENING. Preventive Name Screenings are covered as preventive services when performed on newbors, infinite, and children. ##### PREVENTIVE HEADING SCREENING. Preventive Name Screening are covered as preventive services when performed on newbors, infinite, and children. ###################################						
### PREVENTIVE HEARING SCREENING. Preventive Hearing Screenings are covered as preventive services who performed on newborns, infants, and children. #### 19 yrs applies to COMM members. Massificable members are succeed up to age 21 yrs. #### 200.00.00.01, 200.70.200.8 ### 200.00.00.01, 200.70.200.8 ### 200.00.00.01, 200.00.00.01, 200.00.00.01, 200.00.00.01, 200.00.00.00.00.00.00.00.00.00.00.00.00.				4		
### PREVENTIVE HEADING SCREENING. Precentive Naming Screenings are covered as preventive acrives when performed on newborn, infinite, and children. ### PREVENTIVE HEADING SCREENING. Precentive Naming Screenings are covered as preventive acrives when performed on newborn, infinite, and children. ### PREVENTIVE HEADING SCREENING. Screening members are screened up to age 21 yrs. ### PREVENTIVE HEADING SCREENING. Screening members are screened up to age 21 yrs. ### PREVENTIVE HEADING SCREENING. Screening members who are high risk for Hege C. Also 200.00 200.129; 200.770-200.8; 201.411-201.41; 201.3; 200.2; 213.1; 200.00 200.319; 2						
### PRIVATIVE HIPATITIS EXCRESING. Preventive Intering Screenings are covered as preventive services when performed on newborns, inflants, and children. ### PRIVATIVE HIPATITIS EXCRESING COUNTY PRIVATIVE HIPATITIS EXCRESING PRIVATIVE HIPATITIS EXCRESION PRIVATIVE HIPATITIS EXCRESION PRIVATIVE HIPATITIS EXCRESION PRIVATIVE HIPATITIS EXCRESION PRIVATIVE HIPATITIS EXCRESION PRIVATIVE HIPATITIS EXCRE			99402			
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### 150 COMM members. MassHealth members are screened up to age 21 yrs. ### 2552						
PREVENTIVE HEPATITIS 6 SCREENING 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 211.3; 210-2; 233.1, 20.00-200.129.200.70-200.8; 201.411-201.41; 210-2; 210-200.200.200.200.200.200.200.200.200.20						
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PREVENTIVE HEPATITS 6 SCREENING Screening members who are high risk for Hep C. Also S23.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00230.129, 200.702.008, 201.411.201.41; 21.3, 220.4, 233.1, 234.00234.93, 276.1.76.2 CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C. Also CPTISITY OF THE PARTITS C SCREENING: Screening members who are high risk for Hep C						
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244.06-234.93, 239.0-239.2; 276.1-276.2; 009.00-000.93 37340			V-JUU0			
244.06-234.93, 239.0-239.2; 276.1-276.2; 009.00-000.93 37340						
STATE STAT	PREVENTIVE HEPATITIS B SCREENING			N/A	N/A	N
REVENTIVE HEPATITIS C SCREENING: Screening members who are high risk for Hep C. Also screening members who are high risk for Hep C. Also screening members born between 1945-1965 for Hep C. PREVENTIVE HPV TESTING		Z34.00-Z34.93, Z39.0-Z39.2; Z76.1-Z76.2; O09.00-O09.93	87340		Ī	
PREVENTIVE HPATTITIS CSCREENING: Screening members who are high risk for Hep C. Also screening members born between 1945-1965 for Hep C. 233.1, 234.00-234.93, 276.1-276.2 28 yrs N/A N 2880.3 8880.3 8880.3 876.24 876.23 876.24 876.23 876.24 876.23 876.24 876.25 876.2				1		
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Screening members born between 1945-1965 for Hep C. 23.1, 234.00-234.93, 276.1-276.2 8669.3 86	PREVENTIVE HEPATITIS C SCREENING: Screening mambare who are high rick for Har C. Also	009 00-009 93 700 00-700 129 700 70-700 9 701 411-701 410 720 5	CPT(s):	18+ vrs	N/A	N
REVENTIVE HPV TESTING N/A CPTS[s]: N/A N/		733 1 734 00-734 93 776 1-776 2	c. 1(3).	201 yıs	17/0	
PREVENTIVE HPV TESTING N/A PREVENTIVE HPY TESTING N/A PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN 21.3.29 PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN PREVENTIVE IMMUNIZATION/VACCINATION: "State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. N/A PREVENTIVE IMMUNIZATION/VACCINATION: 90460 90461 90473 90473 90473 90474 90474 90585 90585 90585 90587 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90619-SSV 90620 90620	Successing members butti between 1343-1303 for Hep C.		00000	1		
S7623 87624 87625			00803			
S7623 87624 87625						
STC24 87625 1	PREVENTIVE HPV TESTING			N/A	N/A	N
STC24 87625 1				ĺ	Ī	
ST625 HCPCs: G0476				1		
HCPCS: G0476				1	Ī	
G0476 G0476 FREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN Z13.29 CPT(s):				1		
PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN Z13.29 CPT(s): 84436 84437 84443 PREVENTIVE IMMUNIZATION/VACCINATION: *State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. N/A PREVENTIVE IMMUNIZATION/VACCINATION: *State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's 19080-SSV 90460 90461 90471 90472 90473 90473 90474 90585 90587 90619 90619				1	Ī	
R4436 R4437 R4433 R443			G0476			
Revenue						
Revenue	PREVENTIVE HYPOTHYROIDISM SCREENING, NEWBORN	Z13.29	CPT(s):	0-1 mth	N/A	N
B4437 S4443 S444	*			1		
REVENTIVE IMMUNIZATION/VACCINATION: *State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. M/A CPT(s): M/A				1		
PREVENTIVE IMMUNIZATION/VACCINATION: *State Supplied Vaccines (SSV) are not relimbursed when available through the state for member's through age 18 years. N/A 90380-SSV 90380-SSV 90460 90461 90471 90472 90473 90473 90474 90585 90587 90587 90619 90620 90620 90620 90620 90620				ł	Ī	
*State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. 90380-SSV 90460 90461 90471 90472 90473 90473 90474 90585 90585 90587 90619-SSV 90620			84443			
**State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. 90380-SSV						
*State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's through age 18 years. 90380-SSV 90460 90461 90471 90472 90473 90473 90474 90585 90585 90587 90619-SSV 90620	PREVENTIVE IMMUNIZATION/VACCINATION:	N/A	CPT(s):	N/A	N/A	N/A
through age 18 years. 90381-SSV 90460 90461 90471 90472 90473 90473 90474 90585 90587 90619-SSV 90620	*State Supplied Vaccines (SSV) are not reimbursed when available through the state for member's			1		
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IGBHP Preventive Services Grid



PREVENTIVE BENEFIT	ICD 10 DIAGNOSIS CODE REQUIREMENTS	SERVICE CODES	AGE RESTRICTIONS	FREQUENCY LIMITS	AUTH REQUIRED Y/N
		90630			7
		90632-SSV			
		90633-SSV			
		90634-SSV			
		90636 90647			
		90648-SSV			
		90651-SSV			
		90653			
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		90660 90661-SSV			
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		90717]		
		90723			
		90732-SSV			
		90733			
		90734-SSV			
		90736			
		90738			
		90739-SSV			
		90740			
		90743-SSV 90744-SSV			
		90746-SSV			
		90747-SSV			
		90748			
		90750			
		90756			
Coronavirus [COVID-19] Immunizations/Vaccinations	N/A		N/A	N/A	N
The following administration code (CPT 90480) should be used to report all applicable Covid-19					
vaccines.					
**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.		L			
, ,		Administration Code: 90480	1		
		90480 Pfizer:			
		91318	l		
		91319	1		
		91320	1		
		Moderna:]		
		91321]		
		91322			
		Novavax:			
		91304			
DREVENTIVE INTENSIVE BEHAVIOR IN THE COUNTRY ADDITION OF THE	N/A	Hence.	10.1 μ/σ	12 vicito/bfit	M
PREVENTIVE INTENSIVE BEHAV HLTH COUNSEL ADULTS RISK OF CVD	N/A	HCPCS:	18+ yrs	12 visits/benefit period	N
		G0447 G0473	1		
		53473			
PREVENTIVE LACTATION CONSULTANTS	N/A	HCPCS:	N/A	N/A	N
	<u>'</u>	S9443	i .		
PREVENTIVE LEAD TEST		HCPCS:	0 mths-21 yrs	N/A	N
	Z13.88	83655	<u></u>		
PREVENTIVE LUNG CANCER SCREENING (CT SCAN)	N/A	CPT(s):	50-80 yrs	1/rolling yr	Υ
		71271			
PREVENTIVE NEWBORN METABOLIC/HEMOGLOBIN SCREENING	Z13.0	CPT(s):	0 mths-21 yrs	N/A	N
		83020	l		
		83021			
		85013 85014			
		85014 85018			
		HCPCS:			
		S3620	1		
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
•	•		-	•	•

MGBHP Preventive Services Grid



20.5.4.27.180 Abship/Critisher Abship/Critishe	California California	nt Guidelines	SERVICE CORES	ACE DESTRICTIONS	EDECUTENCY LIVATE	ALITH RECUERTS VA
Comment Comm	PREVENTIVE BENEFIT	ICD 10 DIAGNOSIS CODE REQUIREMENTS 268.54, 271.89	Adults/Children		FREQUENCY LIMITS	AUTH REQUIRED Y/N
TANISH CHICAGON SCIENCE 110 11			96156			
TANITION OF CONTROLLED AND ADDRESS AND A			96158			
Management Man			Adults/Children 96159			
Common Service Scien			Adults/Children			
Control String Process Scriptors Control String			96164 Adults/Children			
Part Part			96165			
Committed Continues (Continues Continues		96167				
COUNTY CONTROL STREET AND ADDRESS STREET AND ADDR			Children only			
TOURING STREAMS ACRESSED TOURING STREAMS ACR						
The control of the			Children only			
10000000 2000 20000000000000000000			G0447			
100000000 1000000000000000000000000	PREVENTIVE OSTEOPOROSIS SCREENING	Z13.820, Z78.0 Z82.62	CPT(s):	50+ yrs	N/A	N
Property Property			76977			
Committee Proc. December Committee						
100 100			77081			
Part Part	PREVENTIVE PKU SCREENING, NEWBORNS	N/A	CPT(s):	0-1 mth	N/A	N
STATE STAT			84030			
STATE STAT	PREVENTIVE POST STERILIZATION PROCEDURES	798.51	CPT(s):	N/A	N/A	N
Column C			58340		l ·	
Secretary services for the secretary and the accounted allowed the declared dispersion sodes or billiod in particular services follows a converted allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a service follows						
Secretary services for the secretary and the accounted allowed the declared dispersion sodes or billiod in particular services follows a converted allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a serviced allowed the manufactor particular services follows a service follows	PREVENTIVE PrEP (Pre-Exposure Prophylavic) FOR HIV	720.6. 729.81	OFFICE VISIT*	N/A	N/A	N
2003 2005	Covered for members who are at high risk of HIV acquisition.				[-
2007 Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print			99203			
### Primary publics. The state removal during the member's platemary browth. 2023 2023 2024	*)HIV PrEP office visits are covered as preventive when the indicated diagnosis codes are billed in					
Control Cont	the primary position. The antiretroviral therapy is covered under the member's pharmacy benefit.					
COMMENTAL COMM			99212			
PROPERTY OF CHARGE A STATE OF THE CHARGE WOMEN PROPERTY OF CHARGE A STATE OF CHA						
PRICEIDED PRIC						
1992 1992			PREVENTIVE			
19622 1963						
1993 1994 1994 1994 1995						
### PATE OF THE PA						
SECRETATION AND MINISTERS AND			99404			
INVESTIVE SECRETARY MAKE AFFECT, PREGNANT WOMEN 23.3.; 244.00.254.93. COR.00.0179.93 CFT[5]. MAKE AFFECT, PREGNANT WOMEN 23.3.; 244.00.254.93. COR.00.0179.93 CFT[5]. MAKE AFFECT, PREGNANT WOMEN 23.3.; 244.00.254.93. COR.00.0179.93 CFT[5]. MAKE AFFECT, PREGNANT WOMEN CFT[6]. MAKE AFFECT, PREGNANT WOMEN						
MARCE 1997						
INVENTIVE BY SCREEN INTIAL & REPLAY, PREGMANT WOMEN INVENTIVE BY SCREEN INTIAL & REPLAY, PREGMANT WOMEN			MONITORING LABS:			
## ## ## ## ## ## ## ## ## ## ## ## ##			81025 82565			
BOORS BOOR						
EVATIVE RM SCREEN INITIAL & REPLAT, PRECMANT WOMEN 231.1,724.00.234.93, 009.00 000.122, 200.70-200.8, 201.413-201.412, 201.413-201						
1973 1973						
EVENTIVE BIT SCREEN NOTTAL & REPYAT, PREGNANT WOMEN 223.1;234.00.234.93, 0.099.00.009.93 0.009.009.009.009.009.009.009.009.009.0						
### SCREEN NUTSUL & REPEAT, PRECNANT WOMEN 17340 17350			87110			
### SCREEN INTITAL & REPLAT, PREGNANT WOMEN ### SCREEN INTITAL & R						
EVENTIVE SEXUALLY TRANSMITTED ILLINES SCREEN 20,000 0,00						
### SCREEN NITIAL & REPAT, PREGNANT WOMEN ### SCREEN NITIAL & REPAT						
ST550 ST591 ST592 ST59						
ST991 ST992 ST99						
P3793 NICTION CONTINUE SECURITY REGINANT WOMEN 223.1;224.00-224.93; 009.00-009.93 CPI(1) 12*YS NI/A N N N N N N N N N						
10739 12745 12						
EXPENTIVE BH SCREEN NITIAL & REPEAT, PREGNANT WOMEN revening pregnant women for 8h Incompatibility ATTILITY			INJECTABLE DRUGS:			
MITHAL-59501 MITH			J0739			
MITHAL-59501 MITH	PREVENTIVE RH SCREEN INITIAL & REPEAT, PREGNANT WOMEN	Z33.1; Z34.00-Z34.93; O09.00-O09.93	CPT(s):	12+yrs	N/A	N
REVENTIVE SEXUALLY TRANSMITTED ILINESS SCREEN 009.00-009.93; 200.00-200.129; 200.70:200.8; 201.411-201.419; 204.41; (PT[6]: 11+yrs N/A N 1 211.27.11.4, 211.59, 211.8, 213.9; 220.0, 222.4; 226.1-226.2; 233.1; 234.0 23.4 93; 239.0-239.2; 271.7, 271.89; 272.51-272.53 866.93 87.720 87.720 87.720 87.720 87.739 87	creening pregnant women for Rh Incompatibility		INITIAL:86900			
Company Comp						
211.2711.4, 711.59, 711.8, 713.9, 720.2, 722.4, 725.1-226.2, 23.1; 23.4.0 234.93; 239.0.239.2; 271.7, 771.89; 272.51-272.53 8593 86631 86632 87110 87270 87320 87490 87491 86689 86701 86702 86702 87990 87990 87990 87990 87990 87990 87990 87990 87990 87990 87991 87800 96158 96158 96158 96158 96158 96158 96158 96158 96199 96404 96401			KEPEAT:86901			
211,27114,71159,7118,7215,7202,7224,726.1276.2;733.1;724.0 224,93;739.0.239.2;7117,77189,772.51.272.53 86531 86631 87270 87890 87990 87991 87890 87990 87991 87890 87990 87991 87890 87990 87991 8780 87990 87991 8780 87990 87990 87991 8780 96158 96158 96158 96158 96158 96158 96158 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96199 96194 96401 99402 99403	REVENTIVE SEXUALLY TRANSMITTED ILLNESS SCREEN		CPT(s):	11+yrs	N/A	N
86631 86632 8710 87270 8720 87390 87391 86689 86701 86702 96703 87390 87390 87390 87390 87391 87591 87590 87591 87590 87591 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96156 96159 96164 96165	ncludes Chlamydia, Gonorrhea, HIV, Syphilis screening; as well as STI Counseling	Z11.2-Z11.4, Z11.59, Z11.8; Z13.9; Z20.2, Z22.4; Z26.1-Z26.2; Z33.1; Z34.0-	86592			
86632 87110 87270 87320 87340 87491 86689 86701 86701 86701 86703 87389 87390 87391 87391 87390 87391 87596 87590 87590 87591 87592 87550 96156 96156 96158 96156 96158 96159 96164 96164 96165 99401 99401 99401 99401		234.33, 233.0°233.2, 211.1, 211.03, 2/2.31° 2/2.33				
87110 87220 87320 87490 87491 86689 86701 86702 86703 87389 87390 87390 87390 87390 87591 87896 87592 87592 875850 96156 96156 96156 96158 96164 96165 99401 99402 99402 99402 99403						
87300 87491 87491 86689 86701 86702 86702 86703 87390 87391 87390 87391 87506 87591 87592 87590 96156 96156 96156 96164 96165 99401 99402 99403 99404			87110			
87491 86689 86701 86702 86703 87389 87390 87390 87391 87896 87591 87590 87591 87592 87850 96156 96158 96159 96164 96165 99401 99402 99403 99403 99404						
87491 86689 86701 86702 86703 87389 87390 87391 87806 87590 87591 87591 87592 87880 96156 96156 96158 96159 96164 96165 96165 99401 99402 99403 99404						
86701 86702 86703 87389 87389 87390 87391 87806 87590 87591 87592 87592 87850 96156 96158 96164 96165 99401 99402 99403 99404 99411			87491			
86702 86703 87389 87390 87391 87806 87590 87591 87592 87592 87850 96156 96158 96159 96164 96165 99401 99402 99402 99403 99404 99411						
86703 87389 87390 87391 87806 87590 87591 87592 87592 87850 96156 96158 96158 96159 96164 96165 99401 99402 99402 99403 99404						
87389 87391 87306 87306 87506 87590 87591 87592 87850 96156 96158 96158 96164 96165 99401 99402 99403 99404 99411			86703			
87391 87806 87590 87591 87592 87850 96156 96158 96159 96164 96165 99401 99402 99403 99404 99411			87389			
87806 87590 87591 87591 87592 87850 96156 96158 96159 96164 96165 99401 99402 99402 99403 99404 99411						
87590 87591 87592 87850 96156 96158 96159 96164 96165 99401 99402 99403 99404 99411						
87592 87850 96156 96158 96159 96164 96165 99401 99402 99403 99404 99411			87590			
87850 96156 96158 96159 96164 96165 99401 99402 99403 99404 99411			87591			
96156 96158 96159 96164 96165 99401 99402 99403 99404 99411						
96158 96159 96164 96165 99401 99402 99403 99404 99411						
96164 96165 99401 99402 99403 99404 99411			96158			
96165 99401 99402 99403 99404 99411						
99401 99402 99403 99404 99411						
99402 99403 99404 99411						
99404 99411			99402			
99411						

MGBHP Preventive Services Grid



PREVENTIVE BENEFIT	ICD 10 DIAGNOSIS CODE REQUIREMENTS	SERVICE CODES	AGE RESTRICTIONS	FREQUENCY LIMITS	AUTH REQUIRED Y/N
		HCPCS:			
		G0475			
PREVENTIVE SICKLE CELL SCREENING, NEWBORN	Z13.0	CPT(s):	0 to 1 mth	N/A	N
		83020			
		83021			
PREVENTIVE STERILIZATION	N/A	CPT(s):	N/A	N/A	N
		58600	1		
		58605	1		
		58611	-		
			-		
		58615			
		58670			
		58671			
PREVENTIVE STERILIZATION CAPSULES	Z30.2	CPT(s):	N/A	N/A	N
		58565			1
		74740	1		
		HCPCS:			
		A4264	1		1
		A4204			
PREVENTIVE TOBACCO USE COUNSELING	N/A	CPT(s):	5+yrs	up to 16 sessions per	N
Preventive tobacco cessation coverage may vary on custom commercial plans.		99406		benefit period	
		99407			
PREVENTIVE TUBERCULIN TEST	N/A	CPT(s):	N/A	N/A	N
Screening at risk members for TB-tuberculosis. *Providers must bill with modifier 33 if preventive		86480			
		86481			
		86580			
		80300			
	700 00 700 04 700 404 700 400 700 700 0	ee=()	0 1 04		N
PREVENTIVE VISUAL ACUITY SCREENING, CHILDREN	200.00, 200.01, 200.121, 200.129, 200.8, 276.2	CPT(s):	0 mths-21 yrs	N/A	N
		99172			
		99173			
		99174			
		99177			
PREVENTIVE WELL VISITS / PHYSICALS	N/A	CPT(s):	N/A	N/A	N
96160-96161: Reimbursed when billed with the well visit		99381	1		
		99382	1		1
		99383			
			4		
		99384	4		1
		99385			
		99386			1
		99387			
		99391			1
		99392			
		99393	1		1
		99394	1		1
		99394	1		1
			-		1
		99396	4		
		99397	4		1
		96160	1		
		96161			
					Effective 8/6/2024

IGBHP Preventive Services Grid