

Preventative Services U.S. Preventative Services Task Force Recommendations

Policy

Mass General Brigham Health Plan preventive care coverage complies with the Affordable Care Act (ACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated screenings.

The ACA has designated specific resources that identify the preventive services required for coverage by the act.

- U.S. Preventive Services Task Force (USPSTF) A and B recommendations.
- Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control. Recommendations of the ACIP appear in four immunization schedules.
- Comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- Guidelines for infants, children, and adolescents appear in two charts: the periodicity schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.
- Guidelines specifically issued for women that became effective as applicable for health plans upon inception or renewal on or after August 1, 2012.

The U.S. Department of Health and Human Services also issued guidelines to ensure that all women have access to preventive health services necessary for women's health and well-being. These guidelines require health plans and health insurance issuers to cover the recommended women's preventive health services without charging a copayment, co-insurance, or deductible for in-network services.

Preventive Care Services

The ACA has designated specific resources that identify the preventive services required for coverage by the act.

- [U.S. Preventive Services Task Force \(USPSTF\) A and B recommendations](#)

- Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control. Recommendations of the ACIP appear in four immunization schedules.
 - [ACIP Vaccine Recommendations and Guidelines](#)
- Comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
 - [Health Resources and Services Administration | HRSA](#)
- Guidelines for infants, children, and adolescents appear in two charts: the periodicity schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care and the Uniform
 - [Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children](#)
- Guidelines specifically issued for women that became effective as applicable for health plans upon inception or renewal on or after August 1, 2012.
 - [Women's Preventive Services Guidelines | HRSA](#)

Reimbursement

Mass General Brigham Health Plan follows the United States Preventive Services Task Force guidelines for appropriate preventive care. Mass General Brigham Health Plan offers USPSTF A and B recommended services with no member cost share when these services are administered by in-network doctors and hospitals.

Please reference the [USPSTF site](#) for more information.

Also, please reference [Mass General Brigham Health Plan's guide to coverage](#).

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [General Coding and Billing](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Mass General Brigham Health Plan reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

MassHealth members: entire policy applies

Commercial and Medicare Advantage members: entire policy applies

Mass General Brigham Health Plan Reimburses

Please refer to this link for the CPT codes that adhere to the guideline and authorization requirement: [Mass General Brigham Health Plan Preventive Grid](#)

Provider Payment Guidelines and Documentation: USPSTF A and B Recommendations

Correctly coding preventive care services are keys to receiving accurate payment for those services.

- Preventive care services must be submitted with an ICD-10 code that represents health services encounters that are not for the treatment of illness or injury. The ICD-10 code must be placed in the first diagnosis position of the claim form (see the list of designated codes in the following table for each preventive service).
- If claims for preventive care services are submitted with diagnosis codes other than those noted on this PPG, such as a diagnosis codes that represent treatment of illness or injury, the service will not be identified as preventive care and claims will be paid using their normal medical benefits rather than preventive care coverage.

- Services rated “A” or “B” by the US Preventive Services Task Force (USPSTF).
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- Preventive care and screens for children as recommended by Bright Futures (American Academy of Pediatrics) and Newborn Testing (American College of Medical Genetics)
- Preventive care and screenings provided for women supported by the Health Resources and Services Administration.

Related Mass General Brigham Health Plan Payment Guidelines

[Evaluation and Management](#)

[General Coding and Billing](#)

[Modifiers](#)

[Vaccines and Administrations](#)

References

AMA CPT Assistant Current Year

[ACIP Vaccine Recommendations and Guidelines](#)

[ACIP Resolution No. a/17-3: MMRV Vaccine Recommendations](#)

[ACIP Resolution No. 10/16-2: HPV Vaccine Recommendations](#)

[VFC-ACIP Vaccine Resolutions](#)

[Bright Futures Recommendations](#)

[CMS, Medicare Preventive Services, MLN006559, September 2022](#)

[The U.S. Preventive Services Task Force \(USPSTF\) A and B recommendations](#)

[The U S Preventive Services Task Force Recommendations, Topic Search](#)

[The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children](#)

[Implementation Center for the Recommended Preventive Services](#)

[The regulations issued by the U.S. Departments of Health and Human Services \(HHS\) \(47 CFR Part 147\), Labor \(29 CFR Part 2590\) and Treasury \(26 CFR part 54\) are recorded in the Federal Register/ Vol. 75, No. 137 / Monday, July 19, 2010, beginning on page 41726](#)

[Clinical Preventive Services for Women, Closing the Gaps, July 19, 2011: Women’s Preventive Services Recommended by IOM to be covered under Affordable Care Act](#)

Publication History

Topic: Preventive Services: U.S. Preventive Services	Owner: Network Management
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September 23, 2010	<i>Original documentation</i>
May 6, 2011	<i>Authorization grid and modifier grids updated, documentation guidelines, vaccine administration codes, references and disclaimer updated</i>
May 17, 2011	<i>Modifiers U1-U8 updated</i>
August 8, 2011	<i>Added chlamydial infection screening for all plan members, added limit to 16 sessions per calendar year for CPT 99406-9940, removed diagnosis requirement from CPT 96110.</i>
July 27, 2012	<i>Annual review. Added Women’s Health and Well-Being Codes. Updated diagnosis and procedure codes, vaccine code table; added Mass General Brigham Health Plan does not reimburse (effective 10/01/2012), under: Diagnoses and Procedure Codes Applicable to Guideline: USPSTF A and B Recommendations. Effective: August 1, 2012</i>
November 8, 2015	<i>Updated procedure codes, expanded policy language, added ICD-10 codes, FDA pending table added</i>
February 1, 2018	<i>Document review; template update. Removal of coverage information</i>
September 1, 2019	<i>Document restructure; codes, code descriptor and references updated Preventive Service Grid added.</i>
January 24, 2020	<i>Updated Preventive Service Grid</i>
June 05, 2020	<i>Updated Preventive Service Grid</i>
June 11, 2020	<i>Updated Preventive Service Grid</i>
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October 13, 2021	<i>Updated Preventive Service Grid</i>
February 8, 2022	<i>Updated Preventive Service Grid</i>
August 29, 2022	<i>Updated Preventive Service Grid</i>

January 1, 2023

Document rebrand; updated references

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Plan Insurance Company.