

In the event of conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides services to eligible member(s) and/or plans, the provider contract will govern.

Title: Preventive Services Policy

Policy Number: CPCP006

Version 5.0

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Description

Section 2713 of the Affordable Care Act mandates that private health plans provide coverage of preventive services issued by the following agencies: the United States Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and the Health Resources and Service Administration (HRSA) with respect to women's guidelines and guidelines for infants, children, and adolescents. These services are available at no cost-share when obtained by a member covered under a non-grandfathered plan. This applies to members belonging to individual, small group, large group, and self-insured plans. There is no copay, deductible or coinsurance, even if the individual or family deductible or out-of-pocket maximum has not been met as long as the member utilizes a provider in the plan's network.

The Patient Protection and Affordable Care Act of 2010 does not mandate that preventive services be covered at no member cost-share when obtained out-of-network. Members that obtain preventive services out of their network will be subject to copay, deductible, and coinsurance.

Grandfathered plans are plans that have been in existence prior to March 23, 2010 and are exempt from the requirement of providing preventive services at no member cost share. Grandfathered plans have the opportunity to elect providing coverage of preventive services at no member cost share, but are not required to do so.

The following acronyms have been utilized throughout this reimbursement policy

ACIP: Advisory Committee on Immunization Practices

CDC: Centers for Disease Control and Prevention

FDA: United States Food and Drug Administration
 HRSA: Health Resources and Services Administration
 PPACA: Patient Protection and Affordable Care Act of 2010
 USPSTF: United States Preventive Services Task Force

The United States Preventive Services Task Force (USPSTF) applies a letter grade for each of the recommendations that are released. The grade definitions for USPSTF recommendations released after July 2012 are as follows <https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Following the recommendation of the United States Preventive Services Task Force coverage of Grade “A” and “B” recommendations is provided at no member cost share for members with a non-grandfathered health plan. The United States Preventive Services Task Force published recommendations can be found at <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>

Grade	Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

The Advisory Committee on Immunization Practices (ACIP) publishes recommendations on the safe utilization of vaccines. ACIP’s recommendations include immunization schedules for children and adolescents as well as adults which can be found at <https://www.cdc.gov/vaccines/schedules/hcp/index.html> . Travel Immunizations such as, but not limited to, Japanese Encephalitis, Typhoid, Yellow Fever, and Small Pox are excluded from Preventive Service coverage. Other excluded vaccinations include Anthrax, Bacille Calmette Guerin for Tuberculosis (BCG), and Rabies which are not required by the Patient Protection and Affordable Care Act of 2010. Immunizations should be administered in accordance with the ACIP Recommended Child and Adult Immunization Schedules or in accordance with state law or regulations.

The Health Resources and Services Administration (HRSA) releases Women’s Preventive Services guidelines that are aimed improving women’s health by recommending certain preventive services that should be obtained in the clinical setting. HRSA’s list of recommendations can be obtained at <https://www.hrsa.gov/womensguidelines2016/index.html>

The Health Resources and Services Administration (HRSA) endorses preventive guidelines established by the American Academy of Pediatrics for the health and well-being of infants, children, and adolescents. These recommendations are referred to as Bright Futures and the comprehensive list of Bright Future’s recommendations can be found at https://www.aap.org/en-us/Documents/practicet_periodicity_AllVisits.pdf

Reimbursement Information:

Preventive care or preventive medicine refers to measures or services taken to promote health and early detection/prevention of disease(s) and injuries rather than treating them and/or curing them. Preventive care may include examinations and screening tests tailored to an individual’s age, health, and family history.

Certain preventive care services may be considered eligible for coverage under the member’s benefit plan as required by the Affordable Care Act and/or an applicable state mandate. In general, these services include, but are not limited to, screenings, immunizations, and other types of care as recommended by the United States Federal Government.

These services are not subject to application of cost-sharing such as co-payments, co-insurance or deductibles when they are considered eligible for coverage and are provided by a network provider. In order for preventive claims to process at the preventive level with no member cost share, the claim must include a preventive diagnosis code, a preventive procedure code, meet medical policy review criteria, and fall within the guidelines issued by the USPSTF, ACIP, HRSA, or Bright Futures.

Health care providers (facilities, physicians and other health care professionals) are expected to exercise independent medical judgement in providing care to patients. This Preventive Services Reimbursement policy is not intended to impact care decisions or medical practice. Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets.

The following grid provides a list of the recommendations released by the USPSTF, ACIP, HRSA, or Bright Futures along with the corresponding procedure codes and diagnosis codes deemed to be preventive.

USPSTF Recommendations:

Service:	Procedure Code(s):	Additional Reimbursement Criteria:
Abdominal Aortic Aneurysm Screening	76706	Payable with a diagnosis code in Diagnosis List 1

<p><u>USPSTF “B” Recommendation June 2014</u> The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked.</p>		
<p>Abnormal Blood Glucose and Type 2 Diabetes Mellitus Screening</p> <p><u>USPSTF “B” Recommendation October 2015</u> The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p>	<p>82947, 82948, 82950, 82951, 83036, 82952</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p>Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care</p> <p><u>USPSTF “B” Recommendation May 2013</u> The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse</p>	<p>99385, 99386, 99387, 99395, 99396, 99397, 99408, 99409, G0396, G0397, G0442, G0443</p>	
<p>Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer Preventive Medication</p> <p><u>USPSTF “B” Recommendation April 2016</u> The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.</p>		<p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBS member card. A patient’s pharmacy benefit may be managed by a company other than BCBS.</p> <p>Prescription required</p> <p>Coverage includes 81 mg dosage for both brands and generics</p>
<p>Asymptomatic Bacteriuria in Adults Screening</p>	<p>81007, 87086, 87088</p>	

<p><u>USPSTF “A” Recommendation July 2008</u> The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at their first prenatal visit, if later.</p>		
<p>BRCA-Related Cancer Risk Assessment, Genetic Testing</p> <p><u>USPSTF “B” Recommendation December 2013</u> The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (<i>BRCA1</i> or <i>BRCA2</i>). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	<p>81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162, 96040, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, G0463, S0265</p>	<p>These services are subject to Medical Policy and prior authorization may be required</p> <p>Procedure codes 81211-81217 reimbursable as preventive when submitted with one of the following primary diagnosis codes: Z80.3 Family history of malignant neoplasm of breast Z80.41 Family history of malignant neoplasm of ovary Z85.3 Personal history of malignant neoplasm of breast Z85.43 Personal history of malignant neoplasm of ovary</p>
<p>Breast Cancer Medications for Risk Reduction</p> <p><u>USPSTF “B” Recommendations September 2013</u> The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.</p>		<p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBS member card. A patient’s pharmacy benefit may be managed by a company other than BCBS.</p> <p>Prescription required.</p> <p>Generic drugs Tamoxifen and Raloxifene are reimbursable at the preventive level for ages 35 and over</p> <p>Brand name medications EVISTA and SOLTAMOX eligible for preventive level reimbursement only when approved through physician request for medical appropriateness considerations</p>

<p>Breast Cancer Screening</p> <p><u>USPSTF “B” Recommendation January 2016</u> The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. <i>Refer also to HRSA’s ‘Breast Cancer Screening for Women at Average Risk’ recommendation</i></p>	<p>77061, 77062, 77063, 77067, G0202,</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p>Breastfeeding Primary Care Interventions</p> <p><u>USPSTF “B” Recommendation October 2016</u> The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding. <i>Refer also to HRSA’s ‘Breastfeeding Services and Supplies’ recommendation</i></p>	<p>99401, 99402, 99403, 99404, 99411, 99412</p> <p>A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604, S9443</p>	<p>Electric breast pumps limited to two per benefit period. Hospital Grade breast pumps are limited to rental only.</p> <p>Additional reimbursement information available within the “Breastfeeding Equipment and Supplies”</p>
<p>Cervical Cancer Screening</p> <p><u>USPSTF “A” Recommendation March 2012</u> The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. <i>Refer also to HRSA’s ‘Cervical Cancer Screening’ recommendation</i></p>	<p>99385, 99386, 99387, 99395, 99396, 99397</p> <p>G0101, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, 87623, 87624, 87625, S0610, S0612</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p>Chlamydia Screening</p> <p><u>USPSTF “B” Recommendations September 2014</u> The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p>	<p>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p>Colorectal Cancer Screening</p>	<p>81528, 82270, 82274, G0328, 44388,</p>	<p>Certain colorectal cancer screening services may be subject</p>

<p><u>USPSTF “A” Recommendation June 2016</u> The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.</p> <p>The risks and benefits of different screening methods vary.</p>	<p>44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0106, G0120, G0121, G0122, , 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, 74263, 88304, G0104, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S0285</p>	<p>to medical policy criteria and may require prior authorization</p> <p>Modifier 33 may be applied</p> <p>In the instance that a polyp is removed during a preventive colonoscopy, the colonoscopy as well as the removal of the polyp and the labs and services related to the colonoscopy are reimbursable at the preventive level.</p>
<p>Congenital Hypothyroidism Screening</p> <p><u>USPSTF “A” Recommendation March 2008</u> The USPSTF recommends screening for congenital hypothyroidism in newborns.</p>	<p>84436, 84437, 84443, 99381, S3620</p>	
<p>Dental Caries in Children from Birth Through Age 5 Years Screening</p> <p><u>USPSTF “B” Recommendation May 2014</u> The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</p> <p><u>USPSTF “B” Recommendation May 2014</u> The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>	<p>99188</p>	<p>Prescription required for both over-the-counter (OTC) and prescription medications</p>

<p>Depression Screening Adults</p> <p><u>USPSTF “B” Recommendation January 2016</u> The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p>99385, 99386, 99387, 99395, 99396, 99397, 96127, 96160, 96161 G0444</p>	<p>Procedure Code 96127 reimbursable at the preventive level when billed with a diagnosis of Z13.89 Encounter for screening for other disorder.</p>
<p>Depression in Children and Adolescents Screening</p> <p><u>USPSTF “B” Recommendation February 2016</u> The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p><i>Refer also to Bright Futures ‘Depression Screening’ recommendation</i></p>	<p>99384, 99385, 99394, 99395, 96127, G0444</p>	<p>Procedure Code 96127 reimbursable at the preventive level when billed with a diagnosis of Z13.89 Encounter for screening for other disorder.</p>
<p>Falls Prevention In Older Adults: Counseling and Preventive Medication</p> <p><u>USPSTF “B” Recommendation May 2012</u> The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.</p> <p>No single recommended tool or brief approach can reliably identify older adults at increased risk for falls, but several reasonable and feasible approaches are available for primary care clinicians.</p>	<p>97110, 97112, 97116, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530</p>	<p>Prescription required</p> <p>Over-the-counter (OTC) Vitamin D (400-1000 I.U.) only.</p>
<p>Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication</p> <p><u>USPSTF “A” Recommendation January 2017</u> The USPSTF recommends that all women who</p>		<p>Prescription required</p> <p>Over-the-counter (OTC) only</p>

are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.		
<p>Gestational Diabetes Mellitus Screening</p> <p><u>USPSTF “B” Recommendation January 2014</u></p> <p>The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation.</p> <p><i>Refer also to HRSA’s ‘Gestational Diabetes’ recommendation</i></p>	36415, 82947, 82948, 82950, 82951, 82952, 83036	Payable with a pregnancy diagnosis
<p>Gonorrhea Screening</p> <p><u>USPSTF “B” Recommendation September 2014</u></p> <p>The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p>	87801, 87590, 87591, 87592, 87850	Payable with a diagnosis code in Diagnosis List 1
<p>Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling</p> <p><u>USPSTF “B” Recommendation August 2014</u></p> <p>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p>	99385, 99386, 99387, 99395, 99396, 99397, G0438, G0439, G0446, S9451, S9452, S9470, 97802, 97803, 97804, G0270, G0271, 99078, 99401, 99402, 99403, 99404, 99411, 99412, G0473	
<p>Hepatitis B in Pregnant Women Screening</p> <p><u>USPSTF “A” Recommendation June 2009</u></p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p>	80055, 87340, 87341, 80074, 80076, G0499, 36415	Payable with a diagnosis code in Diagnosis List 1
<p>Hepatitis B Virus Infection Screening</p> <p><u>USPSTF “B” Recommendation May 2014</u></p>	80055, 87340, 87341, 80074, 80076	Payable with a diagnosis code in Diagnosis List 1

<p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p>		
<p>Hepatitis C Screening</p> <p><u>USPSTF “B” Recommendation June 2013</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965.</p>	<p>86803, 86804, G0472</p>	
<p>High Blood Pressure in Adults Screening</p> <p><u>USPSTF “A” Recommendation October 2015</u> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment</p>	<p>93784, 93786, 93788, 93790, 99385, 99386, 99387, 99395, 99396, 99397</p>	<p>Procedure codes 93784, 93786, 93788, and 93790 are reimbursable at the preventive level when billed with one of the following diagnosis codes: R03.0 Elevated blood-pressure reading, without diagnosis of hypertension R03.1 Nonspecific low blood-pressure reading Z01.30 Encounter for examination of blood pressure without abnormal findings Z01.31 Encounter for examination of blood pressure with abnormal findings</p>
<p>Human Immunodeficiency Virus (HIV) Infection Screening for Non-Pregnant Adolescents and Adults</p> <p><u>USPSTF “A” Recommendation April 2013</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p> <p><i>Refer also to HRSA’s ‘HIV Screening and Counseling’ recommendation</i></p>	<p>87389, 87390, 87391, G0432, G0433, G0435</p>	

<p><i>Refer also to Bright Future’s ‘STI/HIV Screening’ recommendation</i></p>		
<p>Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant Women</p> <p><u>USPSTF “A” Recommendation April 2013</u> The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p> <p><i>Refer also to HRSA’s ‘HIV Screening and Counseling’ recommendation</i></p> <p><i>Refer also to Bright Future’s ‘STI/HIV Screening’ recommendation</i></p>	<p>36415, 86689, 86701, 86702, 86703, 87389, 87390, 87391, G0432, G0433, G0435, G0475</p>	
<p>Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults Screening</p> <p><u>USPSTF “B” Recommendation January 2013</u> The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services.</p>	<p>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, S0610, S0612, S0613</p>	
<p>Latent Tuberculosis Infection Screening</p> <p><u>USPSTF “B” Recommendation September 2016</u> The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p>	<p>86480, 86481, 86580</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p>Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: Preventive Medication</p> <p><u>USPSTF “B” Recommendation September 2014</u> The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who</p>		<p>Prescription required</p> <p>Coverage includes 81 mg dosage for both brands and generics</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBS member card. A patient’s</p>

<p>are at high risk for preeclampsia.</p>		<p>pharmacy benefit may be managed by a company other than BCBS.</p>
<p>Lung Cancer Screening</p> <p><u>USPSTF “B” Recommendation December 2013</u></p> <p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>G0296, G0297</p>	<p>Subject to medical policy criteria and may require preauthorization</p>
<p>Obesity in Adults Screening and Counseling</p> <p><u>USPSTF “B” Recommendation June 2012</u></p> <p>The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.</p>	<p>97802, 97803, 97804, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99078, G0447, G0473</p>	
<p>Obesity in Children and Adolescents Screening</p> <p><u>USPSTF “B” Recommendation January 2010</u></p> <p>The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.</p>	<p>97802, 97803, 99383, 99384, 99385, 99393, 99401, 99402, 99403, 99404, 99411, 99412, G0446, G0447, G0473</p>	
<p>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum Preventive Medication</p> <p><u>USPSTF “A” Recommendation July 2011</u></p> <p>The USPSTF recommends prophylactic ocular topical medication for all newborns for the</p>		<p>When billed under inpatient medical</p>

prevention of gonococcal ophthalmia neonatorum.		
<p>Osteoporosis Screening</p> <p><u>USPSTF “B” Recommendation January 2011</u> The USPSTF recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</p>	76977, 77078, 77080, 77081, 78350, 78351, G0130	Payable with a diagnosis code in Diagnosis List 1
<p>Phenylketonuria in Newborns Screening</p> <p><u>USPSTF “A” Recommendation March 2008</u> The USPSTF recommends screening for phenylketonuria in newborns.</p>	84030, 99381, S3620	Procedure codes 84030 and S3620 reimbursable at the preventive level for children 0-90 days old
<p>Rh(D) Incompatibility Screening</p> <p><u>USPSTF “A” Recommendation February 2004</u> The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p><u>USPSTF “B” Recommendation February 2004</u> The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	80055, 86850, 86870, 86900, 86901, 36415	
<p>Sexually Transmitted Infections Behavioral Counseling</p> <p><u>USPSTF “B” Recommendation September 2014</u> The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p> <p><i>Refer also to HRSA’s ‘Sexually Transmitted Infections Counseling’ recommendation</i></p>	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0445	

<p>Sickle Cell Disease (Hemoglobinopathies) in Newborns Screening</p> <p><u>USPSTF “A” Recommendation September 2007</u></p> <p>The USPSTF recommends screening for sickle cell disease in newborns.</p>	<p>83020, 83021, 83030, 83033, 83051, 85004, 85013, 85014, 85018, 85025, 85027, 99381, G0306, G0307, S3620, S3850</p>	
<p>Skin Cancer Counseling</p> <p><u>USPSTF “B” Recommendation May 2012</u></p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.</p>		
<p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults Preventive Medication</p> <p><u>USPSTF “B” Recommendation November 2016</u></p> <p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.</p> <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p>		<p>Prescription required</p> <p>Ages 40-75 only</p> <p>Lovastatin 20mg, 40mg Pravastatin 20mg, 40mg, 80mg</p> <p>Quantity limit one per day</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBS member card. A patient’s pharmacy benefit may be managed by a company other than BCBS.</p>
<p>Syphilis Infection in Nonpregnant Adults and Adolescents Screening</p> <p><u>USPSTF “A” Recommendation June 2016</u></p>	<p>86592, 86780</p>	

<p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>		
<p>Syphilis Infection in Pregnancy Screening</p> <p><u>USPSTF “A” Recommendation May 2009</u> The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.</p>	<p>80055, 86592, 86593, 36415</p>	
<p>Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions</p> <p><u>USPSTF “A” Recommendation September 2015</u> The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p> <p><u>USPSTF “A” Recommendation September 2015</u> The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.</p>	<p>99401, 99402, 99403, 99404, 99406, 99407, G9016, S9453</p>	<p>Two 90-day treatment regimens per benefit period. The 90-day treatments are at the discretion of the provider working with the member</p> <p>Prescription required for all pharmacotherapy interventions</p> <p>Buproban (bupropion SR 150 mg tablets) Chantix Nicotrol Inhaler Nicotrol NS Zyban (bupropion SR 150 mg tablets) Nicotine Transdermal Kits Nicoderm CQ and generics Nicorette gum and generics Nicorette lozenges and generics</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBS member card. A patient’s pharmacy benefit may be managed by a company other than BCBS.</p>
<p>Tobacco Use in Children and Adolescents Primary Care Interventions</p> <p><u>USPSTF “B” Recommendation August 2013</u></p>	<p>99401, 99402, 99403, 99404, 99406, 99407, G0436, G0437, G9016, S9453</p>	<p>Refer to Preventive Services Recommendation for Tobacco Smoking Cessation in Adults, Including Pregnant Women:</p>

<p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p>		<p>Behavioral and Pharmacotherapy Interventions</p>
<p>Visual Impairment in Children Screening</p> <p><u>USPSTF “B” Recommendation January 2011</u> The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.</p>	<p>99172, 99173, 0333T</p>	

HRSA Recommendations:

Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p>Breast Cancer Screening for Women at Average Risk</p> <p><u>HRSA Recommendation December 2016</u> The Women’s Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations</p>	<p>77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206, G0279</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>

<p>for additional services are beyond the scope of this recommendation</p> <p><i>Refer also to USPSTF's 'Breast Cancer Screening' recommendation</i></p>		
<p>Breastfeeding Services and Supplies</p> <p><u>HRSA Recommendation December 2016</u> The Women's Preventive Services Initiative recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period to ensure the successful initiation and maintenance of breastfeeding.</p> <p><i>Refer also to USPSTF's 'Breastfeeding Primary Care Interventions' recommendation</i></p>	<p>E0602, E0603, E0604, A4281, A4282, A4283, A4284, A4285, A4286, S9443, 99401, 99402, 99403, 99404, 99411, 99412, 99347, 99348, 99349, 99350</p>	<p>Electric breast pumps limited to two per benefit period. Hospital Grade breast pumps are limited to rental only.</p> <p>Additional reimbursement information available within the "Breastfeeding Equipment and Supplies" Coverage</p>
<p>Cervical Cancer Screening</p> <p><u>HRSA Recommendation December 2016</u> The Women's Preventive Services Initiative recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, the Women's Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human</p>	<p>99385, 99386, 99387, 99395, 99396, 99397, G0101, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, 87623, 87624, S0610, S0612</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>

<p>papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</p> <p><i>Refer also to USPSTF ‘Cervical Cancer Screening’ recommendation</i></p>		
<p>Contraceptive Methods and Counseling</p> <p><u>HRSA Recommendation December 2016</u></p> <p>The Women’s Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The Women’s Preventive Services Initiative recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning</p>	<p>A4268, A4269, 57170, 74740, 96372, 11976, 11981, 11982, 11983, 58300, 58301, A4261, A4264, A4266, S4981, S4989, J1050, J7297, J7298, J7300, J7301, J7303, J7304, J7306, J7307, 58600, 58605, 58611, 58615, 58565, 58670, 58671, 58340</p>	<p>Contraception methods that require a prescription may be covered under the patient’s medical or pharmacy benefit. For details about pharmacy benefit coverage for contraception, contact the number on the patient’s BCBS member card. A patient’s pharmacy benefit may be managed by a company other than BCBS.</p> <p>Visits pertaining to contraceptive counseling, initiation of contraceptive use, and follow-up care may also apply to procedure codes under HRSA’s ‘Well-Woman’ recommendation</p> <p>Procedure code 58340 reimbursable at the preventive level only when accompanied with modifier 33 or one of the following diagnosis codes:</p> <ul style="list-style-type: none"> Z30.2 Encounter for Sterilization Z30.40 Encounter for surveillance of contraceptives, unspecified Z30.42 Encounter for surveillance of injectable contraceptive Z30.49 Encounter for surveillance of other contraceptives Z98.51 Tubal Ligation status <p>For the list of contraceptive methods that may be covered, visit your health plan website.</p>

<p>practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.</p>		
<p>Gestational Diabetes <u>HRSA Recommendation</u> <u>December 2016</u></p>	<p>82947, 82948, 82950, 82951, 83036</p>	<p>Payable with a pregnancy diagnosis</p>

<p>The Women’s Preventive Services Initiative recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100- g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. The Women’s Preventive Services Initiative suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation— ideally at the first prenatal visit, based on current clinical best practices</p> <p><i>Refer also to USPSTF’s ‘Gestational Diabetes Mellitus Screening’ recommendation</i></p>		
<p>Human Immune-Deficiency Virus Counseling & Screening</p> <p><u>HRSA Recommendation December 2016</u></p> <p>The Women’s Preventive Services Initiative recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually</p>	<p>36415, 86689, 86701, 86702, 86703, 87389, 87390, 87391, G0432, G0433, G0435, G0475</p>	<p>Payable when billed with a diagnosis in Diagnosis List 1</p>

<p>throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p> <p><i>Refer also to USPSTF's 'Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant and Non-Pregnant Adolescents and Adults' recommendation</i></p> <p><i>Refer also to Bright Future's 'STI/HIV' Screening' recommendations</i></p>		
<p>Human Papillomavirus Testing (HPV)</p> <p><u>HRSA Recommendation August 2012</u> HRSA recommends high-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently</p>	<p>87623, 87624, 87625, G0476</p>	<p>Payable with a diagnosis in Diagnosis List 1</p>

<p>than every 3 years</p>		
<p>Interpersonal and Domestic Violence Screening</p> <p><u>HRSA Recommendation December 2016</u></p> <p>The Women’s Preventive Services Initiative recommends screening adolescents and women for interpersonal and domestic violence at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.</p>	<p>99401, 99402, 99403, 99404, 99411, 99412, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p>	
<p>Sexually Transmitted Infections Counseling</p> <p><u>HRSA Recommendation December 2016</u></p> <p>The Women’s Preventive Services Initiative recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs). The Women’s Preventive</p>	<p>99401, 99402, 99403, 99404, 99411, 99412, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0445</p>	

<p>Services Initiative recommends that health care providers use a woman’s sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.</p> <p><i>Refer also to USPSTF’s ‘Sexually Transmitted Infections Behavioral Counseling’ recommendation</i></p>		
<p>Well-Woman Visits</p> <p><u>HRSA Recommendation December 2016</u></p> <p>The Women’s Preventive Services Initiative recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception, and many services necessary for prenatal and interconception care are obtained. The primary purpose of these visits should be the delivery and coordination of</p>	<p>99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0438, G0439, 99078, 99401, 99402, 99403, 99404, 99411, 99412, 99408, 99409, G0396, G0442, G0443, G0444</p>	<p>Labs administered as part of a normal pregnancy reimbursable at the preventive level when billed with a pregnancy diagnosis</p>

recommended preventive services as determined by age and risk factors.		
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ACIP Recommendations:

Service:	Procedure Code(s):	Additional Reimbursement Criteria:
DTaP Vaccine	90696, 90698, 90700, 90702, 90723	
Hepatitis A Vaccine	90632, 90633, 90634, 90636	
Hepatitis B Vaccine	90739, 90740, 90743, 90744, 90746, 90747, 90748	
Haemophilus Influenzae Type B (Hib) Vaccine	90645, 90646, 90647, 90648	
Human Papillomavirus Vaccine (HPV)	90649, 90650, 90651	Payable with a diagnosis code in Diagnosis List 1
Influenza Vaccine	90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90685, 90686, 90687, 90688, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	
Measles, Rubella, Congenital Rubella Syndrome, and Mumps (MMR)	90707, 90708	
Measles, Mumps, Rubella, and Varicella (MMRV)	90710	

Meningococcal Vaccine	90644, 90733, 90734, 90620, 90621	
Pneumococcal Vaccine	90670, 90732	
Polio Vaccine	90713	
Rotavirus Vaccine	90680, 90681	
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap/Td)	90714, 90715	
Varicella Vaccine	90716	
Zoster (Shingles) Vaccine	90736	

Bright Futures Recommendations:

Service:	Procedure Code(s):	Additional Reimbursement Criteria:
Alcohol Use and Drug Use Assessment <u>Bright Futures</u> Recommends alcohol and drug use assessments for adolescents between the ages of 11 to 21 years	99408, 99409	Payable with a diagnosis code in Diagnosis List 1
Cervical Dysplasia Screening <u>Bright Futures</u> Recommends cervical dysplasia screening for adolescents age 21 years of age	Q0091	Payable with a diagnosis code in Diagnosis List 1
Critical Congenital Heart Defect Screening <u>Bright Futures</u> Recommends screening for critical congenital heart disease using pulse oximetry for newborns after 24 hours of age, before discharge from the hospital	94760	
Depression Screening <u>Bright Futures</u>	96110	Payable with a diagnosis code in Diagnosis List 1

<p>Recommends depression screening for adolescents between the ages of 11 to 21 years</p> <p><i>Refer also to USPSTF's 'Depression in Children and Adolescents Screening' recommendation</i></p>		
<p>Developmental Screening / Autism Screening</p> <p><u>Bright Futures</u> Recommends developmental/autism screening for infants and young children between the ages of 9 months and 30 months</p>	96110	Payable with a diagnosis code in Diagnosis List 1
<p>Dyslipidemia Screening</p> <p><u>Bright Futures</u> Recommends dyslipidemia screening for children and adolescents between the ages of 24 months and 21 years of age</p>	80061, 82465, 83718, 84478	Payable with a diagnosis code in Diagnosis List 1
<p>Hearing Screening</p> <p><u>Bright Futures</u> Recommends hearing screenings for children and adolescents from birth through 21 years of age</p>	92558, 92586, 92567, 92551	Procedure Codes 92586, 92567, and 92551 are reimbursable at the preventive level when billed for a member 0-21 years of age and with one of the three following diagnosis codes: o Z0110-Encounter for examination of ears and hearing without abnormal findings o Z01110- Encounter for hearing examinations following failed hearing screening o Z01118-Encounter for examination of ears and hearing with other abnormal findings
<p>Hematocrit or Hemoglobin</p> <p><u>Bright Futures</u> Recommends hematocrit or hemoglobin screening for children and adolescents between the ages of four months and 21 years of age</p>	36415, 36416, 85014, 85018	Payable with a diagnosis code in Diagnosis List 1

HIV Screening	87389, 87390, 87391, G0432, G0433, G0435	
Lead Screening <u>Bright Futures</u> Recommends screening children between the ages of six months and six years for lead	36415, 36416, 83655	Payable with a diagnosis code in Diagnosis List 1
Maternal Depression Screening	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 96127, G0444	
Newborn Bilirubin		
Newborn Blood Screening	S3620	Payable with a diagnosis code in Diagnosis List 1
Oral Health <u>Bright Futures</u> Recommends oral health risk assessments beginning at six months of age	99211, 99212, 99188, 99381, 99382, 99383, 99384	Payable with a diagnosis code in Diagnosis List 1
Prenatal Visit	99401, 99402, 99403, 99404	Payable with a diagnosis code in Diagnosis List 1
Preventive Medicine Services: New Patients	99381, 99382, 99383, 99384, 99385	Payable with a diagnosis code in Diagnosis List 1
Preventive Medicine Services: Established Patients	99391, 99392, 99393, 99394, 99395	Payable with a diagnosis code in Diagnosis List 1
STI/HIV Screening <u>Bright Futures</u> Recommends screening for all sexually active patients <i>Refer also to USPSTF's 'Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant and Non-Pregnant Adolescents and Adults' recommendations</i> <i>Refer also to HRSA's 'Sexually Transmitted Infections Counseling' recommendation</i>	86631, 86632, 86701, 86703, 87081, 87110, 87210, 87270, 87320, 87490, 87491, 87590, 87591, 87800, 87801, 87810, 87850, 36415	Payable with a diagnosis code in Diagnosis List 1

Tuberculosis Testing <u>Bright Futures</u> Recommends tuberculosis testing if the risk assessment is positive	86580, 99211	Payable with a diagnosis code in Diagnosis List 1
Vision Screening <u>Bright Futures</u> Recommends vision screening for newborns through age 21 years	99173	Payable with a diagnosis code in Diagnosis List 1

Many of the services listed above may be performed for indications other than preventive care. In these situations, services may be covered by another provision of the individual’s benefit plan and subject to applicable cost sharing.

Diagnosis List 1

Z00.00	Z00.01	Z00.110	Z00.111	Z00.121	Z00.129	Z0.08	Z01.411	Z01.419	Z02.83	Z11.1
Z11.3	Z11.4	Z11.51	Z12.11	Z12.12	Z12.2	Z12.31	Z12.39	Z12.4	Z12.5	Z13.0
Z13.1	Z13.220	Z13.4	Z13.5	Z13.6	Z13.820	Z23	Z30.011	Z30.012	Z30.013	Z30.014
Z30.015	Z30.016	Z30.017	Z30.018	Z30.019	Z30.02	Z30.09	Z30.40	Z30.41	Z30.42	Z30.430
Z30.431	Z30.432	Z30.433	Z30.44	Z30.45	Z30.46	Z30.49	Z30.8	Z30.9	Z32.2	Z71.41
Z71.51	Z71.6	Z71.7								

Breastfeeding Equipment & Supplies

Non-grandfathered plans provide coverage of manual, electric, and hospital grade breast pumps along with breastfeeding supplies at the preventive level.

Manual breast pumps utilize procedure code E0602 and are available for purchase and covered at the preventive level when obtained In-Network, Out of Network, or from Retail providers. Sales tax is excluded from retail purchases.

Electric breast pumps utilize procedure code E0603 and must be rented or purchased from an In-Network provider or a contracted durable medical equipment supplier. The models of breast pumps being provided at the preventive level are up to the individual provider’s discretion. If a member chooses to obtain an upgraded model, they may be balance billed the difference between the allowance of the standard model and the cost of the upgraded model. Members are allowed two breast pumps per benefit period.

Note: Retail providers such as Babies 'R' Us, Target, Wal-Mart, or online vendor are not licensed medical providers and therefore are considered Out of Network. Out of network coverage will follow the out of network benefit level for preventive services. This may include cost sharing and sales tax is excluded.

Hospital grade breast pumps utilize procedure code E0604 and are only covered when rented In-Network or from an In-Network durable medical equipment supplier. Hospital grade breast pump coverage is up to the purchase price of \$1,000.00 or 12 months, whichever comes first. At the end of coverage, the unit must be returned to the durable medical equipment supplier. Members are allowed one breast pump per benefit period.

Breast pumps obtained from Out of Network providers are reimbursable at the Out of Network level.

The following breast pump supplies are reimbursable the preventive level. Some limitations and restrictions may apply based on the group coverage for preventive services.

- A4281- Tubing for breast pump, replacement, spare membranes, replacements
- A4282- Adapter for breast pump, replacement
- A4283- Cap for breast pump bottle, replacement
- A4284- Breast shield and splash protector for use with breast pump, replacement
- A4285- Polycarbonate bottle for use with breast pump, replacement
- A4286- Locking ring for breast pump, replacement

Differentiating Preventive Care versus Diagnostic Care

The following types of services are considered Preventive:

- Screenings intended to prevent illness or identify issues before symptoms are evident
- Counseling intervention as defined by a specific preventive recommendation

Examples of preventive services:

- A 60-year-old woman obtains her biennial mammogram to screen for breast cancer
- A patient who has been identified as having cardiovascular disease risk factors is referred for nutritional counseling
- A 50-year old patient obtains a colonoscopy to screen for colorectal cancer
- A 42-year-old patient goes to their doctor for their annual physical and receives a blood test to screen for abnormal blood glucose

The following types of services are considered Diagnostic:

- The diagnosis of existing symptoms or abnormalities
- Treatment for specific health conditions, ongoing care, or other tests to manage a health condition

Examples of diagnostic services:

- A 60-year-old woman obtains a mammogram after noticing a lump in her breast
- A patient diagnosed with diabetes is referred for nutritional counseling to manage their condition
- A patient goes to their doctor for their annual physical and receives a blood test to check iron and liver function, and a urinalysis is requested

Limitations and Exclusions

1. Services not reimbursable at the preventive level may be reimbursable under another portion of the medical plan.
2. Breastfeeding equipment and supplies not listed underneath the “Breastfeeding Equipment and Supplies” section. This includes, but is not limited to
 - a. Batteries
 - b. Breastfeeding ointments, creams
 - c. Breast milk storage supplies including bags, freezer packs, etc.
 - d. Breast pump cleaning supplies
 - e. Breast pump traveling cases
 - f. Infant scales
 - g. Nursing bras
 - h. Nursing covers, scarfs
3. Immunizations that are not published in the Center for Disease Control’s Morbidity and Mortality Weekly Report (MMWR) and/or are not on the list of “Vaccines Licensed for Use in the United States” by the United States Food and Drug Administration (FDA).
4. Prescription coverage may vary depending on the terms and conditions of the plans. A prescription may be required for coverage under the pharmacy benefit. The plan may also require that the generic drug be tried first before the brand version. Age limits, restrictions, and other requirements may apply. Members can verify their pharmacy benefits by calling the customer service number on the back of their ID card.
5. For OTC purchases, members will need to obtain a prescription from their provider and take it to the pharmacy to be filled.
6. If there is a medication not included, the member should consult their doctor for therapeutic alternatives first before submitting coverage exceptions to BCBS.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member’s benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between a MEDICAL POLICY and a member’s benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.

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Policy Update History:

Approval Date	Description
6/23/17	New policy, replaces medical policy ADM1001.030
7/14/17	Removed codes 99174 and 99177.