

# Health Care Reform

## Preventive Services Grid

President Obama signed the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010. Under the health care reform legislation, certain preventive services will be covered in full for all Excellus BlueCross BlueShield commercial members.

This grid outlines the mandated preventive services and indicates codes for which modifier 33 is required.\* Any copayments, coinsurances or deductibles called for under the member's benefit plan are not applicable for these services. However, if the preventive care is provided during an office visit, please be aware that a copayment for the visit may apply if:

- The preventive care is not the primary purpose of the office visit;
- The preventive service is billed with other services that require copayment.

It is important to verify benefits and eligibility when delivering any of the preventive services included in the mandate. Please visit the website, [excellusbcs.com/provider](http://excellusbcs.com/provider), or contact Provider Service to verify benefits and eligibility prior to rendering services.

If you have questions, please contact Provider Service.

### Customer Service

Central New York and Central New York Southern Tier: 1 (800) 920-8889  
Rochester: Managed Care: 1 (800) 462-0116 Traditional/Indemnity: 1 (800) 942-4254  
Utica and Watertown: 1 (800) 311-3536

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## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Abdominal Aortic Aneurysm Screening</b>	G0389		Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	Male 65-75
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99408		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	
	99409		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
G0442		Annual alcohol misuse screening, 15 minutes		
<b>Asymptomatic Bacteriuria Screening in Pregnant Women</b>	87081	X	Culture, presumptive, pathogenic organisms, screening only	
	87084	X	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	
	87086	X	Culture, bacterial; quantitative colony count, urine	
	87088	X	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	
<b>Bone Density (Osteoporosis Screening)</b>	76977	X	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Female 60 & Older
	77078	X	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	Female 60 & Older
	77080	X	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	Female 60 & Older
	77081	X	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Female 60 & Older
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	Female 60 & Older
	G0130	X	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Female 60 & Older

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Breast and Ovarian Cancer Susceptibility Genetic Risk Assessment</b>	96040		Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
<b>Breast Cancer Screening</b>	77051	X	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	Female 40 & older
	77052		Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	Female 40 & older
	77055	X	Mammography; unilateral	Female 40 & older
	77056	X	Mammography; bilateral	Female 40 & older
	77057		Screening mammography, bilateral (2-view film study of each breast)	Female 40 & older
	G0202		Screening mammography, producing direct digital image, bilateral, all views	Female 40 & older
	G0204		Diagnostic mammography, producing direct digital image, bilateral, all views	Female 40 & older
	G0206		Diagnostic mammography, producing direct digital image, unilateral, all views	Female 40 & older
	Rev 403		Other Imaging Services-Screening Mammography	Female 40 & older
<b>Breast Feeding, Primary Care Interventions</b>	98960	X	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	Female

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## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Cervical Cancer Screening</b>	88141	X	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Female
	88142	X	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Female
	88143	X	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Female
	88147	X	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	Female
	88148	X	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	Female
	88150	X	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	Female
	88152	X	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	Female
	88153	X	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	Female
	88154	X	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Female
	88164	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Female
	88165	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Female
	88166	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	Female
	88167	X	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Female
	88174	X	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Female
	88175	X	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	Female
	G0101		Cervical or vaginal cancer screening; pelvic and clinical breast examination	Female
	G0123		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Female
	G0124		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Female
	G0141		Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Female

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<b>Cervical Cancer Screening</b>	G0143		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	Female
	G0144		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	Female
	G0145		Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	Female
	G0147		Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	Female
	G0148		Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Female
	P3000		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	Female
	P3001		Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	Female
	Q0091		Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Female
<b>Chlamydia Screening</b>	86631	X	Antibody; Chlamydia	Female
	86632	X	Antibody; Chlamydia, IgM	Female
	87110	X	Culture, chlamydia, any source	Female
	87270	X	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Female
	87320	X	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	Female
	87490	X	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Female
	87491	X	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Female
	87800	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	Female
	87801	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	Female
	87810	X	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Female

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## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Colorectal Cancer Screening-lab/path, Sigmoidoscopy and Colonoscopy</b>	00810	X	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	50-75
	45330		Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	50-75
	45331	X	Sigmoidoscopy, flexible; with biopsy, single or multiple	50-75
	45332	X	Sigmoidoscopy, flexible; with removal of foreign body	50-75
	45333	X	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	50-75
	45334	X	Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	50-75
	45335	X	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	50-75
	45338	X	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	50-75
	45339	X	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	50-75
	45378	X	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	50-75
	45379	X	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	50-75
	45380	X	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	50-75
	45381	X	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	50-75
	45382	X	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	50-75
	45383	X	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	50-75
	45384	X	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	50-75
	45385	X	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	50-75
	82270	X	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)	50-75
	82274	X	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	50-75

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Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Colorectal Cancer Screening-lab/path, Sigmoidoscopy and Colonoscopy</b>	88305	X	Level IV - Surgical pathology, gross and microscopic examination, Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain /meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor /biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tubes and ovaries, for prolapse, Vagina, biopsy, Vulva/labia, biopsy	50-75
	G0104		Colorectal cancer screening; flexible sigmoidoscopy	50-75
	G0105		Colorectal cancer screening; colonoscopy on individual at high risk	50-75
	G0106		Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	50-75
	G0120		Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	50-75
	G0121		Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	50-75
	G0328		Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	50-75
<b>Congenital Hypothyroidism Screening in Newborns</b>	84436	X	Thyroxine; total	Less than 1 year
	84437	X	Thyroxine; requiring elution (e.g., neonatal)	Less than 1 year
	84439	X	Thyroxine; free	Less than 1 year
	84443	X	Thyroid stimulating hormone (TSH)	Less than 1 year

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## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Dental Caries in Preschool Children, Prevention</b>	99381		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	Less than 6 years
	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	Less than 6 years
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	Less than 6 years
	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling /anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	Less than 6 years
<b>Depression Screening (Adults)</b>	99201	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
	99202	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
	99203	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	

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Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Depression Screening (Adults)</b>	99204	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
	99205	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
	99211	X	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	
	99212	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
	99213	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
	99214	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	

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<b>Depression Screening (Adults)</b>	99215	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	
	99386		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	
	99387		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	
	99395		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	
	99396		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	
	99397		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
	G0444		Annual depression screening 15 minutes	
<b>Type II Diabetes Screening</b>	82947	X	Glucose; quantitative, blood (except reagent strip)	
	82950	X	Glucose; post glucose dose (includes glucose)	
	83036	X	Hemoglobin; glycosylated (A1C)	

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<b>Behavioral Counseling in Primary Care to Promote Healthy Diet</b>	97802	X	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
	97803	X	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
	97804	X	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	G0108	X	Diabetes outpatient self-management training services, individual, per 30 minutes	
	G0109	X	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	
	G0270	X	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment re.g.,imen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	
	G0271	X	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment re.g.,imen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	
	S9140	X	Diabetic management program, follow-up visit to non-MD provider	
	S9141	X	Diabetic management program, follow-up visit to MD provider	
	S9452	X	Nutrition classes, nonphysician provider, per session	
	S9455	X	Diabetic management program, group session	
	S9460	X	Diabetic management program, nurse visit	
	S9465	X	Diabetic management program, dietitian visit	
S9470	X	Nutritional counseling, dietitian visit		
<b>Gonorrhea Screening</b>	87590	X	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Female
	87591	X	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	Female
	87800	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	Female
	87801	X	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	Female
	87850	X	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Female

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Hearing Loss Screening for Newborns</b>	92586	X	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	
	92587	X	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	
<b>Hepatitis B Virus Infection Screening for Pregnant Women</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	
	87340	X	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	
<b>High Blood Pressure Screening</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
<b>HIV Screening</b>	86689	X	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	
	86701	X	Antibody; HIV-1	
	86702	X	Antibody; HIV-2	
	86703	X	Antibody; HIV-1 and HIV-2, single assay	
	87390	X	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>HIV Screening</b>	87534	X	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	
	87535	X	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	
	G0432	X	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	
	G0433	X	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	
	G0435	X	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	
<b>Iron Deficiency Anemia Screening for Pregnant Woman</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	
	85013	X	Blood count; spun microhematocrit	
	85014	X	Blood count; hematocrit (Hct)	
	85018	X	Blood count; hemoglobin (Hgb)	
	85025	X	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	
	85027	X	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
<b>Lipid Screening</b>	80061		Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	
	82465		Cholesterol, serum or whole blood, total	
	83718		Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	
	84478		Triglycerides	
<b>Major Depressive Disorder Screening for Children and Adolescents</b>	99201	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Major Depressive Disorder Screening for Children and Adolescents</b>	99202	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
	99203	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
	99204	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
	99205	X	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
	99211	X	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	
	99212	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Major Depressive Disorder Screening for Children and Adolescents</b>	99213	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
	99214	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	
	99215	X	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	
	99383		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; late childhood (age 5 through 11 years)	
	99384		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	
	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Major Depressive Disorder Screening for Children and Adolescents</b>	99394		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
	G0444		Annual depression screening, 15 minutes	
<b>Obesity Screening (Adult)</b>	99386		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	
	99387		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	
	99396		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	
	99397		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	
<b>Phenylketonuria Screening (Children)</b>	84030	X	Phenylalanine (PKU), blood	Less than 1 year
<b>RH (D) Incompatibility Screening in Pregnant Women</b>	80055	X	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	
	86901	X	Blood typing; Rh (D)	
<b>Childhood Obesity Screening and Interventions</b>	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	

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Revised: 5/7/2013



## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Childhood Obesity Screening and Interventions</b>	99383		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	
	99384		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	
	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	
	99394		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling /anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	
<b>Sexually Transmitted Infections Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
	G0445		High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Sickle Cell Disease Screening</b>	83020	X	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)	Less than 1 year
	83021	X	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)	Less than 1 year
	S3620	X	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	Less than 1 year
<b>STD Testing Based on Risk (other than Chlamydia and HIV)</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
<b>Syphilis Infection Screening</b>	80055	X	Obstetric panel this panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	
	86592	X	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	
	86780	X	Antibody; Treponema pallidum	
<b>Tobacco Use and Tobacco Caused Disease Counseling</b>	99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
	99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Tobacco Use and Tobacco Caused Disease Counseling</b>	99411		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	
	99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
	99420	X	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
	G0436		Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	
	G0437		Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	
<b>Tuberculosis Screening</b>	86580	X	Skin test; tuberculosis, intradermal	
<b>Visual Impairment Screening in Children Younger than age 5</b>	99173		Screening test of visual acuity, quantitative, bilateral	Less than 6 years
<b>Pediatric Immunizations</b>	90460		Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	Less than 19 years
	90461		Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	Less than 19 years
	90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
	90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	
	90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90633		Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	
	90634		Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	
	90644		Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	
	90645		Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Pediatric Immunizations</b>	90646		Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	
	90647		Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	
	90648		Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	
	90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Female
	90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	Female
	90655		Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
	90657		Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	
	90664		Influenza virus vaccine, pandemic formulation, live, for intranasal use	
	90666		Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	
	90667		Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	
	90668		Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	
	90670		Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
	90672		Influenza virus vaccine, quadrivalent, live for intranasal use	2-19
	90680		Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	
	90681		Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	
	90696		Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	
	90698		Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	
	90700		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	
	90702		Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	
	90703		Tetanus toxoid adsorbed, for intramuscular use	
	90704		Mumps virus vaccine, live, for subcutaneous use	
	90705		Measles virus vaccine, live, for subcutaneous use	
	90706		Rubella virus vaccine, live, for subcutaneous use	
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use		
90708		Measles and rubella virus vaccine, live, for subcutaneous use		
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use		

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Pediatric Immunizations</b>	90712		Poliovirus vaccine, (any type[s]) (OPV), live, for oral use	
	90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
	90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	
	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
	90716		Varicella virus vaccine, live, for subcutaneous use	
	90719		Diphtheria toxoid, for intramuscular use	
	90720		Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	
	90721		Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
	90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	
	90732		Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
	90733		Meningococcal polysaccharide vaccine [any group(s)], for subcutaneous use	
	90734		Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetavalent), for intramuscular use	
	90735		Japanese encephalitis virus vaccine, for subcutaneous use	
	90738		Japanese encephalitis virus vaccine, inactivated, for intramuscular use	
	90740		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	
	90743		Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	
	90744		Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	
	90747		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	
	90748		Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	
	G0009		Administration of pneumococcal vaccine	
	G0010		Administration of hepatitis B vaccine	
	G9141		Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	
	Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	
Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)		

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Pediatric Immunizations</b>	Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	
	Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	
	Q2039		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	
<b>Adult Immunizations</b>	90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
	90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	
	90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90632		Hepatitis A vaccine, adult dosage, for intramuscular use	
	90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
	90644		Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	
	90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Female
	90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	Female
	90654		Influenza virus vaccine, split virus, preservative-free, for intradermal use	
	90656		Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
	90658		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	
	90660		Influenza virus vaccine, live, for intranasal use	
	90662		Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	
	90664		Influenza virus vaccine, pandemic formulation, live, for intranasal use	
	90666		Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	
	90668		Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Adult Immunizations</b>	90669		Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	
	90670		Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
	90672		Influenza virus vaccine, quadrivalent, live for intranasal use	19-49
	90703		Tetanus toxoid adsorbed, for intramuscular use	
	90704		Mumps virus vaccine, live, for subcutaneous use	
	90705		Measles virus vaccine, live, for subcutaneous use	
	90706		Rubella virus vaccine, live, for subcutaneous use	
	90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	
	90708		Measles and rubella virus vaccine, live, for subcutaneous use	
	90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
	90714		Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	
	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
	90716		Varicella virus vaccine, live, for subcutaneous use	
	90718		Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	
	90719		Diphtheria toxoid, for intramuscular use	
	90720		Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	
	90721		Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
	90723		Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	
	90732		Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
	90733		Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
	90734		Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
	90736		Zoster (shingles) vaccine, live, for subcutaneous injection	60 & Older
	90740		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	
	90746		Hepatitis B vaccine, adult dosage, for intramuscular use	
	90747		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	
	90748		Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	
G0008		Administration of influenza virus vaccine		
G0009		Administration of pneumococcal vaccine		
G0010		Administration of hepatitis B vaccine		

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Adult Immunizations</b>	G9141		Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	
	Q2034		Influenza virus vaccine, split virus, for intramuscular use (AGRIFLU)	18 & Older
	Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	
	Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	
	Q2037		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	
	Q2038		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUZONE)	
	Q2039		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	
<b>Pediatric Preventive Health Care "Bright Futures"</b>	99381		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; infant (age younger than 1 year)	
	99382		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	
	99383		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	
	99384		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; adolescent (age 12 through 17 years)	
	99391		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	
	99392		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	

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Revised: 5/7/2013



## Health Care Reform Preventive Service Grid

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Pediatric Preventive Health Care "Bright Futures"</b>	99393		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	
	99394		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	
<b>Adult Preventive Exam</b>	99385		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	
	99386		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; 40-64 years	
	99387		Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; 65 years and older	
	99395		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	
	99396		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	
	99397		Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	
	G0438		Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	
	G0439		Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	Female
	S0610		Annual gynecological examination, new patient	Female
	S0612		Annual gynecological examination, established patient	Female

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

### Women's Health Preventive Services

The following Women's Health Preventive Services are mandated as of an employer group's first renewal on or after **August 1, 2012**. They have been highlighted in "blue" for ease of reference.

Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Gestational Diabetes Screening</b> (only once during pregnancy)	82947	X	Glucose; quantitative, blood (except reagent strip)	
	82950	X	Glucose; post glucose dose (includes glucose)	
	82951	X	Glucose: tolerance test (GTT), 3 specimens (includes glucose)	
	83036	X	Hemoglobin; glycosylated (AIC_)	
<b>Human Papillomavirus Testing</b> (once every three years)	87620		Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	Female 30 & Older
	87621		Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Female 30 & Older
<b>Breast Feeding Support, Supplies and Counseling</b>	E0603		Breast pump, electric (AC and/or DC), any type	
	A4281		Tubing for breast pump, replacement	
	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	
<b>Contraceptive Methods (generic) and Counseling</b>	A4261		Cervical cap for contraceptive use	
	A4264		Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
	A4266 NDC Code 974020		Diaphragm for contraceptive use	

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Revised: 5/7/2013

## Health Care Reform Preventive Service Grid

### Women's Health Preventive Services

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Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Contraceptive Methods (generic) and Counseling</b>	A4268 NDC code 974015		Contraceptive supply, condom, female, each	Female
	A4269 NDC Code 553000		Contraceptive supply, spermicide (e.g., foam, gel), each	Female
	J1050	X	Injection, medroxyprogesterone acetate, 1 mg	Female
	J7300		Intrauterine copper contraceptive	Female
	J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52mg	Female
	J7303		Contraceptive supply, hormone containing vaginal ring, each	Female
	J7304		Contraceptive supply, hormone containing patch, each	Female
	J7306		Levonorgestrel (contraceptive) implant system, including implants and supplies	Female
	J7307		Etonogestrel (contraceptive) implant system, including implant and supplies	Female
	S4993		Contraceptive pills for birth control	Female
	S4981		Insertion of levonorgestrel-releasing intrauterine system	Female
	S4989		Contraceptive Intrauterine Device (e.g., Progestacert IUD), including implants and supplies	Female
	11980		Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Female
	11981	X	Insertion, non-biodegradable drug delivery implant	Female
	57170		Fitting and insertion of pessary or other intravaginal support device	Female
	58300		Insertion of intrauterine device (IUD)	Female
	58301		Removal of intrauterine device (IUD)	Female
	58565		Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent	Female
	58600		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Female
	58605		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	Female
58611		Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Female	
58615		Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	Female	

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## Health Care Reform Preventive Service Grid

### Women's Health Preventive Services

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Procedure Category	Code	Modifier 33*	Code Description	Age/Gender Restriction
<b>Contraceptive Methods (generic) and Counseling</b>	58670		Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	Female
	58671		Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	Female
	58720		Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Female
	59430		Post-Partum Care Only (Separate procedure)	Female
	00851		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	Female
<b>HIV Counseling and Testing for Sexually Active Women (annually)</b>	86689	X	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	Female
	86701	X	Antibody; HIV-1	Female
	86702	X	Antibody; HIV-2	Female
	86703	X	Antibody; HIV-1 and HIV-2, single assay	Female
	87390	X	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	Female
	87534	X	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	Female
	87535	X	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	Female
	G0432	X	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	Female
	G0433	X	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	Female
	G0435	X	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	Female
<b>Prenatal Care</b>	59425		Antepartum care only, 4-6 visits	Female
	59426		Antepartum care only, 7 or more visits	Female

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