

**Adult Aortic Aneurysm Screening**

<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	N/A

**Asymptomatic Bacteriuria in Adults, Screening**

<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	Append 33 modifier if service performed is considered preventive.
87081	Culture, presumptive, pathogenic organisms, screening only	Append 33 modifier if service performed is considered preventive.

**Breast Cancer Screening (Biennial 50-74)**

<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
77051	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)	Append 33 modifier if service performed is considered preventive.

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)	N/A
77055	Mammography; unilateral	Append 33 modifier if service performed is considered preventive.
77056	Mammography; bilateral	Append 33 modifier if service performed is considered preventive.
77057	Screening mammography, bilateral (2-view film study of each breast)	N/A
G0202	Screening mammography, producing direct digital image, bilateral, all views	N/A
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Append 33 modifier if service performed is considered preventive.
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Append 33 modifier if service performed is considered preventive.

<b>Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment, and BRCA Mutation Testing Based on Family Risk Factors</b>		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
S0265	Genetic counseling, under physician supervision, each 15 minutes	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

<b>Cervical Cancer Screening if Sexually Active</b>		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Append 33 modifier if service performed is considered preventive.
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Append 33 modifier if service performed is considered preventive.
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	Append 33 modifier if service performed is considered preventive.
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	Append 33 modifier if service performed is considered preventive.

88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Append 33 modifier if service performed is considered preventive.
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	Append 33 modifier if service performed is considered preventive.
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Append 33 modifier if service performed is considered preventive.
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	Append 33 modifier if service performed is considered preventive.
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Append 33 modifier if service performed is considered preventive.
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Append 33 modifier if service performed is considered preventive.
88175	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	Append 33 modifier if service performed is considered preventive.
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	N/A
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	N/A
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	N/A
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	N/A

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	N/A
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	N/A
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	N/A
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	N/A
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	N/A
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	N/A
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	N/A
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	N/A

<b>Chlamydial Infection, Screening</b>		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
87110	Culture, chlamydia, any source	Append 33 modifier if service performed is considered preventive.
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Append 33 modifier if service performed is considered preventive.
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Append 33 modifier if service performed is considered preventive.

<b>Colorectal Cancer Screening</b>		
<b>Fecal Occult</b>		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	Preventive when submitted with appropriate preventive diagnosis codes.
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.	Preventive when submitted with appropriate preventive diagnosis codes.
S3890	DNA analysis, fecal, for colorectal cancer screening	Preventive when submitted with appropriate preventive diagnosis codes.

#### Flex Sigmoidoscopy

Code	Narrative	Additional Requirements
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Preventive when submitted with appropriate preventive diagnosis codes.
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45339	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	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.

#### Barium Enema

Code	Narrative	Additional Requirements
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Preventive when submitted with appropriate preventive diagnosis codes.
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Preventive when submitted with appropriate preventive diagnosis codes.
G0122	Colorectal cancer screening; barium enema	Preventive when submitted with appropriate preventive diagnosis codes.
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
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**Colonoscopy**

<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Preventive when submitted with appropriate preventive diagnosis codes.
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Preventive when submitted with appropriate preventive diagnosis codes.
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
44389	Colonoscopy through stoma; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45378	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)	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45383	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	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.

		performed is considered preventive.
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Append PT modifier if test was initially for screening purposes. Append 33 modifier if service performed is considered preventive.
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Preventive when submitted with appropriate preventive diagnosis codes.

#### Anesthesia for Lower Intestinal Endoscopic Procedures

Code	Narrative	Additional Requirements
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

#### Congenital Hypothyroidism Screening (newborns)

Code	Narrative	Additional Requirements
S3620	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)	N/A

#### Gonorrhea Screening

Code	Narrative	Additional Requirements
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Append 33 modifier if service performed is considered preventive.
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	Append 33 modifier if service performed is considered preventive.
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Append 33 modifier if service performed is considered preventive.

#### Hepatitis B Virus Infection, Screening

Code	Narrative	Additional Requirements
80055	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 (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Append 33 modifier if service performed is considered preventive.

#### HIV Screening (At Risk and All Pregnant Women)

Code	Narrative	Additional Requirements
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86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	Append 33 modifier if service performed is considered preventive.
86701	Antibody; HIV-1	Append 33 modifier if service performed is considered preventive.
86702	Antibody; HIV-2	Append 33 modifier if service performed is considered preventive.
86703	Antibody; HIV-1 and HIV-2, single assay	Append 33 modifier if service performed is considered preventive.
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	Append 33 modifier if service performed is considered preventive.
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	Append 33 modifier if service performed is considered preventive.
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	Append 33 modifier if service performed is considered preventive.
S3645	HIV-1 antibody testing of oral mucosal transudate	Append 33 modifier if service performed is considered preventive.

### Iron-Deficiency Anemia, Screening

Code	Narrative	Additional Requirements
80055	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 (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Append 33 modifier if service performed is considered preventive.

### Lipid Disorders in Adults, Screening (Men at risk for CAD: 20-35 / Women: 20-45)

Code	Narrative	Additional Requirements
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
82465	Cholesterol, serum or whole blood, total	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
83719	Lipoprotein, direct measurement; VLDL cholesterol	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.



83721	Lipoprotein, direct measurement; LDL cholesterol	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
84478	Triglycerides	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

**Screening for Osteoporosis**

Code	Narrative	Additional Requirements
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

**Phenylketonuria, Screening (newborns)**

Code	Narrative	Additional Requirements
84030	Phenylalanine (PKU), blood	Append 33 modifier if service performed is considered preventive.
S3620	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)	N/A

**Rh (D) Incompatibility, Screening**

Code	Narrative	Additional Requirements
80055	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)	Append 33 modifier if service performed is considered preventive.

and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)

**Sickle Cell Disease, Screening (newborns)**

Code	Narrative	Additional Requirements
85660	Sickling of RBC, reduction	Append 33 modifier if service performed is considered preventive.

**Syphilis Infection Screening (At Risk and All Pregnant Women)**

Code	Narrative	Additional Requirements
80055	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 (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Append 33 modifier if service performed is considered preventive.
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Append 33 modifier if service performed is considered preventive.

**Tobacco Use and Tobacco-Caused Disease, Counseling**

#1 The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.

#2 The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.

Code	Narrative	Additional Requirements
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Append 33 modifier if service performed is considered preventive.
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Append 33 modifier if service performed is considered preventive.
G0436	Smoking and tobacco use cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Append 33 modifier if service performed is considered preventive.
G0437	Smoking and tobacco use cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minute	Append 33 modifier if service performed is considered preventive.

**Type 2 Diabetes Mellitus in Adults, Screening with sustained blood pressure**

The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.

Code	Narrative	Additional Requirements
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82947	Glucose; quantitative, blood (except reagent strip)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
82950	Glucose; post glucose dose (includes glucose)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
83036	Hemoglobin; glycosylated (A1C)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

**Visual Impairment in Children Younger than 5 Years, Screening**  
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.

Code	Narrative	Additional Requirements
99173	Screening test of visual acuity, quantitative, bilateral	N/A

**PREVENTIVE MEDICINE SERVICES --- Although not specifically identified by the USPSTF, the preventive medicine services listed below encompass many of the specific USPSTF topics listed above. In addition, these evaluation and management (E/M) services are specifically identified by CPT as preventive medicine.**

<b>Alcohol Misuse Screening and Behavioral Counseling Intervention</b> The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse.	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<b>Aspirin for the Prevention of Cardiovascular Disease</b> <b>(Men 45-79)</b> The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. <b>(Women 55-79)</b> The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<b>Breastfeeding, Primary Care Interventions to Promote</b> The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<b>Daily Supplement of Folic Acid</b> The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	Service included in Preventive E/M (see Preventive Medicine codes listed below)

<p><b>Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water)</b>  The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Depression (Adults) Screening (When staff-assisted depression care supports are in place)</b>  The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Diet, Behavioral Counseling in Primary Care for Adults with Hyperlipidemia and Other Risk Factors</b>  The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Discuss Chemoprevention When at High Risk for Breast Cancer</b>  The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Gonorrhea, Prophylactic Eye Medication, (Newborns)</b>  The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.</p>	Service included in Newborn Care
<p><b>Hearing Loss in Newborns, Screening</b>  The USPSTF recommends screening for hearing loss in all newborn infants.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>High Blood Pressure Screening (18 and older)</b>  The USPSTF recommends screening for high blood pressure in adults aged 18 and older.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Major Depressive Disorders in Adolescents, Screening</b>  The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Obesity in Adults, Screening Intensive Counseling, and Behavioral Interventions</b>  The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
<p><b>Obesity in Children and Adolescents, Screening</b>  The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)

**Sexually Transmitted Infections, Counseling (at risk adolescents and adults)**

The USPSTF recommends high-intensity behavioral counseling to **prevent** sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.

Service included in Preventive E/M (see Preventive Medicine codes listed below)

**PREVENTIVE MEDICINE SERVICES --- Although not specifically identified by the USPSTF, the below preventive medicine services encompass many of the specific USPSTF topics listed above. In addition, these evaluation and management services are specifically identified by CPT as preventive medicine.**

**Pediatric and Adult Preventive Exams**

There is no specific language in the USPSTF recommendations outlining routine preventive exams. HRSA/Bright Futures guidelines recommend pediatric physical examinations (through age 21).

<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</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)	N/A
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)	N/A
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)	N/A
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)	N/A
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	N/A
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,	N/A

	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	N/A
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)	N/A
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)	N/A
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)	N/A
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)	N/A
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	N/A
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	N/A
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	N/A

	procedures, established patient; 65 years and older	
G0438	Annual Wellness Visit; includes a personalized prevention plan of service (PPS) Initial Visit	N/A
G0439	Annual Wellness Visit; includes a personalized prevention plan of service (PPS) Subsequent Visit	N/A

### Preventive Medicine Counseling Risk Factor Reduction

There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above-mentioned services are included in a routine exam.

Code	Narrative	Additional Requirements
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	N/A
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	N/A
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	N/A
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	N/A

### Behavior Change Interventions, Individual

There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above-mentioned services are included in a routine exam.

Code	Narrative	Additional Requirements
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Append 33 modifier if service performed is considered preventive.
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Append 33 modifier if service performed is considered preventive.

### Preventive Medicine Group Counseling

There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above-mentioned services are included in a routine exam.

Code	Narrative	Additional Requirements
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	N/A
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	N/A

**Other Preventive Exams**

There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above-mentioned services are included in a routine exam.

Code	Narrative	Additional Requirements
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	Append 33 modifier if service performed is considered preventive.
99429	Unlisted preventive medicine service	N/A

**Advisory Committee on Immunization Practices (ACIP) --- The immunizations below were identified using ACIP guidelines.**

Immunizations		
Code	Narrative	Additional Requirements
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	N/A
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	N/A
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	N/A
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	N/A
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	N/A
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	N/A
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	N/A
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	N/A
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	N/A
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	N/A
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	N/A
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	N/A
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	N/A
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	N/A



90660	Influenza virus vaccine, live, for intranasal use	N/A
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	N/A
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	N/A
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	N/A
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	N/A
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	N/A
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	N/A
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	N/A
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	N/A
90703	Tetanus toxoid adsorbed, for intramuscular use	N/A
90704	Mumps virus vaccine, live, for subcutaneous use	N/A
90705	Measles virus vaccine, live, for subcutaneous use	N/A
90706	Rubella virus vaccine, live, for subcutaneous use	N/A
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	N/A
90708	Measles and rubella virus vaccine, live, for subcutaneous use	N/A
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	N/A
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	N/A
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	N/A
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	N/A
90716	Varicella virus vaccine, live, for subcutaneous use	N/A
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	N/A
90719	Diphtheria toxoid, for intramuscular use	N/A

90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	N/A
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	N/A
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	N/A
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	N/A
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	N/A
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	N/A
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	N/A
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	N/A
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	N/A
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	N/A
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	N/A
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	N/A
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	N/A
90749	Unlisted vaccine/toxoid	N/A
G9142	Influenza A (H1N1) vaccine, any route of administration	N/A
J3530	Nasal vaccine inhalation	N/A
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	N/A
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	N/A
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	N/A
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUZONE)	N/A
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	N/A

S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from 5 years to 9 years of age who have not previously received the vaccine	N/A
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**Immunization Administration**

Code	Narrative	Additional Requirements
90460	Immunization administration through 18 years of age via any route of administration, counseling by physician or other qualified health care professional; first vaccine/toxoid component	N/A
90461	Immunization administration through 18 years of age via any route of administration, counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	N/A
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	N/A
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)	N/A
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	N/A
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)	N/A
G0008	Administration of influenza virus vaccine	N/A
G0009	Administration of pneumococcal vaccine	N/A
G0010	Administration of hepatitis B vaccine	N/A
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	N/A

**The Health Resources and Services Administration (HRSA) Pediatric Guidelines (Bright Futures)**

**Hearing Screening**

Code	Narrative	Additional Requirements
92551	Screening test, pure tone, air only	N/A
92560	Bekesy audiometry; screening	N/A
V5008	Hearing screening	N/A

**Sexually Transmitted Infections (used Centers for Disease Control and Prevention [CDC] as source)**

Code	Narrative	Additional Requirements
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80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	Append 33 modifier if service performed is considered preventive.
82120	Amines, vaginal fluid, qualitative	Append 33 modifier if service performed is considered preventive.
86593	Syphilis test, non-treponemal antibody; quantitative	Append 33 modifier if service performed is considered preventive.
86628	Antibody; Candida	Append 33 modifier if service performed is considered preventive.
86692	Antibody; hepatitis, delta agent	Append 33 modifier if service performed is considered preventive.
86695	Antibody; herpes simplex, type 1	Append 33 modifier if service performed is considered preventive.
86696	Antibody; herpes simplex, type 2	Append 33 modifier if service performed is considered preventive.
86704	Hepatitis B core antibody (HBcAb); total	Append 33 modifier if service performed is considered preventive.
86705	Hepatitis B core antibody (HBcAb); IgM antibody	Append 33 modifier if service performed is considered preventive.
86706	Hepatitis B surface antibody (HBsAb)	Append 33 modifier if service performed is considered preventive.
86707	Hepatitis Be antibody (HBeAb)	Append 33 modifier if service performed is considered preventive.
86708	Hepatitis A antibody (HAAb); total	Append 33 modifier if service performed is considered preventive.
86709	Hepatitis A antibody (HAAb); IgM antibody	Append 33 modifier if service performed is considered preventive.
86729	Antibody; lymphogranuloma venereum	Append 33 modifier if service performed is considered preventive.
86780	Antibody; Treponema pallidum	Append 33 modifier if service performed is considered preventive.
86803	Hepatitis C antibody;	Append 33 modifier if service performed is considered preventive.
87110	Culture, chlamydia, any source	Append 33 modifier if service performed is considered preventive.
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	Append 33 modifier if service performed is considered preventive.
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Append 33 modifier if service performed is considered preventive.
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Append 33 modifier if service performed is considered preventive.
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	Append 33 modifier if service performed is considered preventive.
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	Append 33 modifier if service performed is considered preventive.
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	Append 33 modifier if service performed is considered preventive.

87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	Append 33 modifier if service performed is considered preventive.
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	Append 33 modifier if service performed is considered preventive.
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	Append 33 modifier if service performed is considered preventive.
87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	Append 33 modifier if service performed is considered preventive.
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	Append 33 modifier if service performed is considered preventive.
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	Append 33 modifier if service performed is considered preventive.
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Append 33 modifier if service performed is considered preventive.
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	Append 33 modifier if service performed is considered preventive.
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	Append 33 modifier if service performed is considered preventive.
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	Append 33 modifier if service performed is considered preventive.
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	Append 33 modifier if service performed is considered preventive.
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification	Append 33 modifier if service performed is considered preventive.
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	Append 33 modifier if service performed is considered preventive.
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Append 33 modifier if service performed is considered preventive.

87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	Append 33 modifier if service performed is considered preventive.
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	Append 33 modifier if service performed is considered preventive.
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Append 33 modifier if service performed is considered preventive.
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	Append 33 modifier if service performed is considered preventive.
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	Append 33 modifier if service performed is considered preventive.
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Append 33 modifier if service performed is considered preventive.
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	Append 33 modifier if service performed is considered preventive.
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	Append 33 modifier if service performed is considered preventive.
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	Append 33 modifier if service performed is considered preventive.
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Append 33 modifier if service performed is considered preventive.
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Append 33 modifier if service performed is considered preventive.
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening	N/A
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening	N/A
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	N/A

**NJ MINIMUM STANDARDS --- Although the USPSTF does not specifically recommend the services listed below, guidelines for the NJ Minimum Standards specifically identify these services as preventive.**

Preventive Gyn Exams		
Code	Narrative	Additional Requirements
S0610	Annual gynecological examination, new patient	N/A

S0612	Annual gynecological examination, established patient	N/A
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	N/A
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)	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.
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)	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.
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	Preventive when submitted with appropriate preventive diagnosis codes.

procedures, established patient; 65 years and older

### Nutritional Counseling for Weight Management

Benefits are provided for nutrition counseling visits/sessions for the purpose of weight management when performed and billed by a network physician, specialist, or a Registered Dietitian (RD) (in an office setting)

Code	Narrative	Additional Requirements
S9452	Nutrition classes, nonphysician provider, per session	Append 33 modifier if service performed is considered preventive.
S9470	Nutritional counseling, dietitian visit	Append 33 modifier if service performed is considered preventive.
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Append 33 modifier if service performed is considered preventive.
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Append 33 modifier if service performed is considered preventive.
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Append 33 modifier if service performed is considered preventive.
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	Append 33 modifier if service performed is considered preventive.
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	Append 33 modifier if service performed is considered preventive.
S9449	Weight management classes, nonphysician provider, per session	Append 33 modifier if service performed is considered preventive.

### Lead Poisoning Screening

This blood test detects elevated lead levels in the blood. Children are covered for:

- One (1) test between 9-12 months of age
- One (1) test at twenty-four (24) months of age

Code	Narrative	Additional Requirements
83655	Lead	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

### Hemoglobin/Hematocrit Testing

This blood test measures the size, shape, number, and content of red blood cells. Children are covered for:

- One (1) test between 0-12 months of age
- One (1) test between one (1) and four (4) years of age
- One (1) test between five (5) and twelve (12) years of age
- One (1) test between thirteen (13) and seventeen (17) years of age

Code	Narrative	Additional Requirements
85014	Blood count; hematocrit (Hct)	Append 33 modifier if service performed is considered preventive.



85018	Blood count; hemoglobin (Hgb)	Append 33 modifier if service performed is considered preventive.
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### Rubella Titer Testing

The rubella titer blood test checks for the presence of rubella antibodies. If no antibodies are present, the rubella immunization should be given. The rubella titer blood test is recommended when it is unsure whether the child has ever been immunized.

Children are covered for one (1) test and immunization between eleven (11) and seventeen (17) years of age.

Adults are covered for one (1) test and immunization between eighteen (18) and forty-nine (49) years of age.

Code	Narrative	Additional Requirements
86762	Antibody; rubella	Append 33 modifier if service performed is considered preventive.

### Urinalysis Testing

#### Pediatric

This test detects numerous abnormalities. Children are covered for:

- One (1) test every 365 days between 0-24 months of age
- One (1) test every calendar year between two (2) and seventeen (17) years of age

#### Adult

This test detects numerous abnormalities. Adults are covered for:

- One (1) test every calendar year, beginning at eighteen (18) years of age

Code	Narrative	Additional Requirements
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Append 33 modifier if service performed is considered preventive.
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Append 33 modifier if service performed is considered preventive.
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Append 33 modifier if service performed is considered preventive.
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Append 33 modifier if service performed is considered preventive.
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	Append 33 modifier if service performed is considered preventive.
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	Append 33 modifier if service performed is considered preventive.
81015	Urinalysis; microscopic only	Append 33 modifier if service performed is considered preventive.
81020	Urinalysis; 2 or 3 glass test	Append 33 modifier if service performed is considered preventive.
81099	Unlisted urinalysis procedure	Append 33 modifier if service performed is considered preventive.

**Complete Blood Count (CBC)**

This blood test checks the red and white blood cell levels, hemoglobin, and hematocrit.

- One (1) test every calendar year at eighteen (18), nineteen (19), twenty (20), and twenty-one (21) years of age
- One (1) test every three (3) calendar years between twenty-two (22) and thirty-nine (39) years of age
- One (1) test every calendar year, beginning at forty (40) years of age

Code	Narrative	Additional Requirements
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Append 33 modifier if service performed is considered preventive.
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Append 33 modifier if service performed is considered preventive.
G0306	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count	Append 33 modifier if service performed is considered preventive.
G0307	Complete (CBC), automated (Hgb, HCT, RBC, WBC, without platelet count)	Append 33 modifier if service performed is considered preventive.

**Prostate-Specific Antigen (PSA) Screening**

This blood test may be used to detect tumors of the prostate.

- One (1) test every calendar year, beginning at fifty (50) years of age

Code	Narrative	Additional Requirements
84152	Prostate specific antigen (PSA); complexed (direct measurement)	Append 33 modifier if service performed is considered preventive.
84153	Prostate specific antigen (PSA); total	Append 33 modifier if service performed is considered preventive.
84154	Prostate specific antigen (PSA); free	Append 33 modifier if service performed is considered preventive.
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	N/A

**Thyroid Function Testing**

This test detects hyperthyroidism and hypothyroidism.

- One (1) series of tests every calendar year, beginning at eighteen (18) years of age

Code	Narrative	Additional Requirements
84436	Thyroxine; total	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
84439	Thyroxine; free	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
84442	Thyroxine binding globulin (TBG)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
84443	Thyroid stimulating hormone (TSH)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
84480	Triiodothyronine T3; total (TT-3)	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.

84481	Triiodothyronine T3; free	Preventive when submitted with appropriate preventive diagnosis codes. Append 33 modifier if service performed is considered preventive.
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**CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) --- Although the USPSTF does not specifically recommend the services below, the 2011 Medicare Preventive Guidelines specifically identify these services as preventive.**

<b>Initial Preventive Physical Exam (IPPE)</b>		
Also known as the "Welcome to Medicare Physical Exam" or "Welcome to Medicare Visit." All Medicare beneficiaries whose first Part B coverage began on or after January 1, 2005		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	Eligible one time only.

<b>EKG Screening for Initial Preventive Physical Exam (IPPE)</b>		
The screening EKG is an optional service that may be performed as a result of a referral from an IPPE.		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	Eligible one time only.
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	Eligible one time only.
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	Eligible one time only.

<b>Diabetes Self-Management Training (DSMT)</b>		
Medicare members at risk for complications from diabetes, recently diagnosed with diabetes, or previously diagnosed with diabetes (physician must certify that DSMT is needed).		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Eligible one time only. Append 33 modifier if service performed is considered preventive.
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Eligible one time only. Append 33 modifier if service performed is considered preventive.

<b>Glaucoma Screening</b>		
Members with diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over.		
<b>Code</b>	<b>Narrative</b>	<b>Additional Requirements</b>
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Preventive when submitted with appropriate preventive diagnosis codes.
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Preventive when submitted with appropriate preventive diagnosis codes.

### Prostate Cancer Screening - Digital Rectal Exam (DRE)

All male Medicare members 50 or older (coverage begins the day after 50th birthday).

Code	Narrative	Additional Requirements
G0102	Prostate cancer screening; digital rectal examination	N/A