

# DMBA Preventive Care Services

The following preventive services apply to Deseret Choice Hawaii, Deseret Premier, Deseret Protect, Deseret Select, and Deseret Value.

Preventive Service	Procedure Code(s)	ICD-10-CM Code(s)
<p><b>Routine Exams</b></p> <p>The following services are considered integral to preventive medicine comprehensive evaluation and management services (i.e., wellness examinations) and not eligible for separate reimbursement:</p> <ul style="list-style-type: none"> <li>Administration/interpretation of health risk</li> <li>Anxiety screening</li> <li>Autism screening</li> <li>Blood pressure measurement for high blood pressure screening/preeclampsia screening</li> <li>Breast cancer chemoprevention counseling with women at risk for breast cancer</li> <li>Breastfeeding primary care interventions</li> <li>Counseling related to sexual behavior/sexually transmitted infection (STI) prevention</li> <li>Counseling to prevent initiation of tobacco use</li> <li>Counseling/education to minimize exposure to ultraviolet radiation (skin cancer prevention)</li> <li>Critical congenital heart disease screening</li> <li>Discussion of aspirin prophylaxis</li> <li>Discussion/referral for genetic counseling/evaluation for BRCA testing</li> <li>Falls prevention risk assessment</li> <li>Hearing (other than newborn) and vision screening</li> <li>Intimate partner/interpersonal and domestic violence screening/referral to support services</li> <li>Maternal depression screening</li> <li>Obesity screening</li> <li>Ocular prophylaxis (newborn gonorrhea prophylactic medications)</li> <li>Oral health assessment/discussion of water fluoridation</li> <li>Tobacco use screening</li> <li>Tuberculosis (TB) risk assessment</li> <li>Unhealthy alcohol use and substance abuse screening</li> <li>Urinary incontinence screening</li> </ul>	<p><b>Newborn</b> 99460, 99462, 99463</p> <p><b>Ages 0 to 5 years (ends on 5th birthday)</b> 99381, 99382, 99391, 99392</p> <p><b>Ages 5 years and older</b> <i>Limited to one per calendar year*</i> 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397</p> <p><b>Well-woman (Gynecological)</b> <i>Limited to one per calendar year*</i> S0610, S0612, S0613</p> <p><i>* Women are eligible for one routine and one gynecological exam per year</i></p>	<p><i>Does not have diagnosis code requirements for the preventive benefit to apply</i></p>
<p><b><i>The following are billable preventive services and recommended interventions that may be ordered as a result of performing an annual preventive exam and are eligible for separate reimbursement by DMBA:</i></b></p>		
<p><b>Abdominal Aortic Aneurysm (AAA) Screening</b></p> <p><a href="#">USPSTF “B” Recommendation December 2019</a></p> <p>The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.</p>	<p><i>Limited to one per lifetime for men aged 65–75 years (ends on 76th birthday)</i> 76706</p>	<p><i>Must be billed with the following ICD-10 code:</i> Z87.891</p>

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<p><b>BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing</b></p> <p><a href="#">USPSTF “B” Recommendation August 2019</a></p> <p>USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p>	<p><b>Risk Assessment</b> Included as part of a preventive exam and not eligible for separate reimbursement.</p> <p><b>Genetic Counseling</b> Adult women 96040</p> <p><b>Genetic Testing</b> <i>Limited to one per lifetime for women.</i> <i>Preauthorization required.</i> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p>	<p><i>Must be billed with one of the following ICD-10 codes:</i></p> <p><b>Genetic Counseling</b> Z80.3, Z80.41</p>
<p><b>Breast Cancer (Mammography) Screening</b></p> <p><a href="#">USPSTF “B” Recommendation January 2016</a></p> <p>The USPSTF recommends biennial screening mammography for women aged 50–74 years.</p> <p><a href="#">HRSA Recommendation December 2019</a></p> <p>The Women’s Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.</p>	<p><i>Limited to one per calendar year for women aged 40 years and older</i> 77063, 77067, Revenue Code 0403</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>Breastfeeding Services and Supplies</b></p> <p><a href="#">HRSA Requirement October 2020</a></p> <p>The Women’s Preventive Services Initiative recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.</p>	<p><b>Counseling</b> <i>Maximum of six per calendar year</i> 98960, S9443</p> <p><b>Breast Pump</b> <i>Maximum of one every three calendar years</i> E0603</p>	<p><b>Counseling</b> <i>Must be billed with ICD-10 code Z39.1</i></p> <p><b>Breast Pump</b> <i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List B</a> or Z39.1</i></p>
<p><b>Cervical Cancer Screening</b></p> <p><a href="#">USPSTF “A” Recommendation August 2018</a></p> <p>The USPSTF recommends screening for cervical cancer every three years with cervical cytology alone in women aged 21–29 years. For women aged 30–65 years, the USPSTF recommends screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (cotesting).</p> <p><a href="#">HRSA Requirement October 2020</a></p> <p>The Women’s Preventive Services Initiative recommends cervical cancer screening for average-risk women aged 21–65 years. For women aged 21–29 years, the Women’s Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every three years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30–65 years should be screened with cytology and human papillomavirus testing every five years or cytology alone every three years. Women who are at average risk should not be screened more than once every three years.</p> <p><b>Bright Futures</b> Recommends cervical dysplasia screening for adolescents aged 21 years.</p>	<p><i>Limited to one every calendar year for women aged 21–65 years (ends on 66th birthday)</i></p> <p><b>HPV Screening</b> 87624, 87625</p> <p><b>Papanicolaou (Pap) Smear</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>

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<p><b>Colorectal Cancer Screening</b>  <a href="#">USPSTF “A” Recommendation May 2021</a>                      The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.</p> <p><a href="#">USPSTF “B” Recommendation May 2021</a>                      The USPSTF recommends screening for colorectal cancer in adults aged 45–49 years.</p>	<p><b>Fecal occult blood (FOBT) and FIT</b>  <i>Limited to one every calendar year for adults ages 45–75 years (ends on 76th birthday)</i>                      82270, 82274</p> <p><b>FIT-DNA</b>  <i>Limited to one every three calendar years for adults age 45–75 years</i>                      81528</p> <p><b>Sigmoidoscopy</b>  <i>Limited to one every five calendar years for adults age 45–75 years</i>                      45330, 45331, 45333, 45338, 45346</p> <p><b>Colonoscopy</b>  <i>Limited to one every five calendar years for adults age 45–75 years</i>                      45378, 45380, 45384, 45385, 45388</p> <p><b>Facility</b>                      0750</p> <p><b>Pathology</b>                      88305</p> <p><b>Anesthesia</b>                      00812</p> <p>See <a href="#">Medications (Retail Pharmacy)</a> for covered bowel preparation drugs.</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p> <p><b>Facility</b>                      Z12.11, Z12.12</p>
<p><b>Depression Screening</b>  <a href="#">USPSTF “B” Recommendation January 2016</a>                      The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women.</p> <p style="padding-left: 40px;">Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p><b>Perinatal Depression: Preventive Interventions</b>  <a href="#">USPSTF “B” Recommendation February 2019</a>                      The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> <p><b>Depression in Children and Adolescents Screening</b>  <a href="#">USPSTF “B” Recommendation February 2016</a>                      The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12–18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p><a href="#">Bright Futures</a>                      Recommends depression screening for adolescents between the ages of 11 and 21 years.</p>	<p><i>Limited to one per calendar year for individuals 11 years and older</i>                      G0444</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>

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<p><b>Developmental Screening/ Autism Screening</b>  <a href="#">Bright Futures</a>                      Bright Futures recommends the following:</p> <ul style="list-style-type: none"> <li>• A formal, standardized developmental screen is recommended during the 9-month visit.</li> <li>• A formal, standardized developmental screen is recommended during the 18-month visit, including a formal autism screen.</li> <li>• A formal, standardized autism screen is recommended during the 24-month visit.</li> <li>• A formal, standardized developmental screen is recommended during the 30-month visit.</li> </ul>	<p><i>Limited to four per lifetime for children 3 years and younger</i>                      96110</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>Diet Counseling for Cardiovascular Disease Prevention</b>  <a href="#">USPSTF “B” Recommendation November 2020</a>                      The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p>	<p><i>Limited to three visits per calendar year</i>                      G0446</p>	<p><i>Must be billed with one of the following ICD-10 codes</i>                      E10.10–E10.9, E11.00–E11.9, E13.00–E13.9, E66.3, E75.6, E78.00, E78.70, E78.1, E78.2, E78.79, E78.89, E78.9, E88.81, E88.89, I10, I11.0, I11.9, R73.01–R73.03, R73.09, R73.9</p>
<p><b>Fluoride: Dental Caries Prevention for Children</b>  <a href="#">USPSTF “B” Recommendation May 2014</a>  <i>Children From Birth Through Age 5 Years</i>                      The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.  <i>Children From Birth Through Age 5 Years</i>                      The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>	<p><b>Topical Varnish</b>  <i>Limited to two per calendar year for children aged 5 years and younger</i>                      99188  <b>Oral Fluoride Supplementation</b>                      See <a href="#">Medications (Retail Pharmacy)</a> for covered oral fluoride.</p>	
<p><b>Hearing Loss in Newborns Screening</b></p>	<p><i>Limited to one per lifetime for ages 0–90 days</i>                      92650, Revenue Codes 0470, 0471</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>High Blood Pressure Screening</b>  <a href="#">USPSTF “A” Recommendation October 2015</a>                      The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p><b>Office-based</b>                      Included as part of a preventive exam and not eligible for separate reimbursement.  <b>Ambulatory</b>  <i>Limited to one per calendar year for adults 18 years and older</i>                      93784</p>	<p><i>Must be billed with the following ICD-10 code:</i>                      R03.0</p>
<b>Laboratory Tests</b>		
<ul style="list-style-type: none"> <li>• Abnormal blood glucose and type 2 diabetes mellitus screening</li> </ul>	<p><i>Limited to one laboratory test per calendar year</i>                      82947, 83036</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<ul style="list-style-type: none"> <li>• Asymptomatic bacteriuria screening</li> </ul>	<p><i>Limited to two per calendar year.</i>                      87081, 87084, 87086, 87088</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List B</a></i></p>

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<ul style="list-style-type: none"> <li>Chlamydia and gonorrhea screening</li> </ul>	<i>Limited to one per calendar year</i> Chlamydia 86631, 86632, 87110, 87270, 87490, 87491, 87492 Gonorrhea 87590, 87591, 87592, 87850	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a> or <a href="#">Diagnosis List B</a>
<ul style="list-style-type: none"> <li>Cholesterol screening</li> </ul>	<i>Limited to one per calendar year</i> 80061, 82465, 83718	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>Diabetes mellitus after pregnancy screening</li> </ul>	<i>Limited to one laboratory test per calendar year</i> 82947, 83036	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>Dyslipidemia screening</li> </ul>	<i>Once between 9 and 11 years of age, and once between 17 and 21 years of age</i> 80061, 82465, 83718, 84478	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>Gestational diabetes screening</li> </ul>	<i>Limited to one laboratory test per calendar year</i> 82950, 82951, 82952	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List B</a>
<ul style="list-style-type: none"> <li>Hematocrit or hemoglobin screening</li> </ul>	<i>Limited to one per calendar year</i> 85014, 85018	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>Hepatitis B virus infection screening</li> </ul>	<b>Nonpregnant Adolescents and Adults</b> <i>Limited to one per calendar year</i> 86704, 86705, 86706, 87340, 87341, G0499 <b>Pregnant Women</b> <i>Limited to one per calendar year</i> 80055, 80081	<b>Nonpregnant Adolescents and Adults</b> Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a> <b>Pregnant Women</b> Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List B</a>
<ul style="list-style-type: none"> <li>Hepatitis C virus infection screening in adolescents and adults</li> </ul>	<i>Limited to one per calendar year</i> 86803, 86804, 87520, 87521, 87522, G0472	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>HIV screening</li> </ul>	<i>Limited to one per calendar year</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a> or <a href="#">Diagnosis List B</a>
<ul style="list-style-type: none"> <li>Newborn bilirubin screening</li> </ul>	<i>Limited to two laboratory tests under age 1 year</i> 82247, 88720	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>
<ul style="list-style-type: none"> <li>Newborn blood screening</li> </ul>	<i>Limited to one per lifetime</i> S3620	Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a>

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<ul style="list-style-type: none"> <li>RH incompatibility screening (pregnant women)</li> </ul>	<i>Limited to two per calendar year</i> 80055, 86901	<i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List B</a></i>
<ul style="list-style-type: none"> <li>Syphilis screening</li> </ul>	<i>Limited to one per calendar year</i> 86592, 86780	<i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a> or <a href="#">Diagnosis List B</a></i>
<ul style="list-style-type: none"> <li>Tuberculosis (TB) testing</li> </ul>	<i>Limited to one per calendar year</i> 86580	<i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i>
<p><b>Lung Cancer Screening</b>  <a href="#">USPSTF “B” Recommendation December 2013</a></p> <p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55–80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<i>Limited to one per calendar year for adults aged 55–80 years</i> 71271, Revenue Code 0352	<i>Must be billed with the following ICD-10 code:</i> Z12.2
<p><b>Medications (Retail Pharmacy)</b></p> <ul style="list-style-type: none"> <li>Aspirin to help prevent cardiovascular disease, colorectal cancer, and preeclampsia for individuals younger than 60 years                             <ul style="list-style-type: none"> <li>Generic OTC 81 mg and 325 mg strengths when filled with a valid prescription</li> </ul> </li> <li>Bowel preparation medications for colorectal cancer screening for adults aged 45–75 years                             <ul style="list-style-type: none"> <li>Generic Rx and OTC bowel preparation medications for colonoscopy (e.g., Colyte, Golytely, Halflytely, and Moviprep)</li> </ul> </li> <li>Breast cancer preventive medications for women 35 years of age and older who are at an increased risk (Rx) (e.g., Tamoxifen, Raloxifene)</li> <li>Fluoride supplements to help prevent cavities (dental caries) in children aged five years or younger                             <ul style="list-style-type: none"> <li>Generic OTC and Rx fluoride</li> </ul> </li> <li>Folic Acid supplement to help prevent birth defects in women aged 55 or younger                             <ul style="list-style-type: none"> <li>Generic OTC and Rx folic acid</li> </ul> </li> <li>Statins for the prevention of cardiovascular disease in adults aged 40–75 who are at risk                             <ul style="list-style-type: none"> <li>Generic low to moderate intensity statins (Rx) (e.g., Lovastatin, Pravastatin, Simvastatin)</li> </ul> </li> <li>Tobacco Cessation Products (nonpregnant adults)                             <ul style="list-style-type: none"> <li>Generic nicotine replacement products: patches, gum, and lozenges</li> <li>Generic Bupropion</li> <li>Brand-name Chantix, Nicotrol (inhaler), and Nicotrol NS (nasal spray)</li> </ul> </li> <li>Vaccines: Children and Adults                             <ul style="list-style-type: none"> <li>Refer to <a href="#">CDC Guidelines</a> for details</li> </ul> </li> </ul>	<i>Must be filled at a pharmacy with a valid prescription.</i>	

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<p><b>Obesity Screening and Behavioral Interventions</b>  <a href="#">USPSTF “B” Recommendation September 2018</a>                      The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.                      Obesity in Children and Adolescents: Screening  <a href="#">USPSTF “B” Recommendation June 2017</a>                      The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>	<p><i>Limited to three visits per calendar year</i>                      G0447</p>	<p><i>Must be billed with one of the following ICD-10 codes:</i>                      Z04.6, Z13.1, E66.01 – E66.1, E66.8 – E66.9</p>
<p><b>Osteoporosis Screening</b>  <a href="#">USPSTF “B” Recommendation June 2018</a>                      The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.                      The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>	<p><i>Limited to one per lifetime for adult women</i>                      76977, 77078, 77080, 77081</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>Tobacco Use Interventions (Rx)</b>  <a href="#">USPSTF “B” Recommendation April 2020</a>                      The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.                      The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant persons.</p>	<p><i>See <a href="#">Medications (Retail Pharmacy)</a> for covered tobacco cessation products.</i></p>	
<p><b>Tobacco Use Prevention: Counseling and Interventions</b>  <a href="#">USPSTF “A” Recommendation January 2021</a>  <i>Nonpregnant adults</i>                      The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.  <a href="#">USPSTF “A” Recommendation January 2021</a>  <i>Pregnant persons</i>                      The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p>	<p><i>Limited to eight visits per calendar year</i>                      99406, 99407</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>Tuberculosis (TB) Screening</b>  <a href="#">USPSTF “B” Recommendation September 2016</a>                      The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.  <a href="#">Bright Futures</a>                      Bright Futures recommends tuberculosis testing if the risk assessment is positive for individual’s aged prenatal to 21 (ends on 22nd birthday).</p>	<p><i>Limited to one per calendar year</i>                      86580</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>

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<p><b>Unhealthy Alcohol Use in Adolescents and Adults</b></p> <p><a href="#">USPSTF “B” Recommendation November 2018</a></p> <p>The USPSTF recommends screening for unhealthy alcohol use in primary care settings for adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p><a href="#">Bright Futures</a></p> <p>Recommends alcohol and drug use assessments for adolescents between the ages of 11 and 21 years.</p>	<p><i>Limited to three per calendar year for individuals 11 years and older</i></p> <p>99408, 99409</p>	<p><i>Must be billed with one of the ICD-10 codes in <a href="#">Diagnosis List A</a></i></p>
<p><b>Vaccines: Children and Adults</b></p> <p><i>Children</i></p> <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Diphtheria, Tetanus, Pertussis</li> <li>• Haemophilus Influenzae Type B</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus</li> <li>• Inactivated Poliovirus</li> <li>• Influenza</li> <li>• Measles, Mumps, Rubella</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Rotavirus</li> <li>• Varicella</li> </ul> <p><i>Adults</i></p> <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Herpes Zoster</li> <li>• Human Papillomavirus</li> <li>• Influenza</li> <li>• Measles, Mumps, Rubella</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Tetanus, Diphtheria, Pertussis</li> <li>• Varicella</li> </ul>	<p>DMBA follows the guidelines published by the <a href="#">Centers for Disease Control and Prevention</a>.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>

### Diagnosis List A

Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8–28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.83	Encounter for blood-alcohol and blood-drug test
Z11.1	Encounter for screening for respiratory tuberculosis
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus (HIV)
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z11.7	Encounter for testing for latent tuberculosis infection
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs

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Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.1	Encounter for screening for diabetes mellitus
Z13.220	Encounter for screening for lipoid disorders
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
Z13.40	Encounter for screening for unspecified developmental delays
Z13.41	Encounter for autism screening
Z13.42	Encounter for screening for global developmental delays (milestones)
Z13.5	Encounter for screening for eye and ear disorders
Z13.6	Encounter for screening for cardiovascular disorders
Z13.820	Encounter for screening for osteoporosis
Z23	Encounter for immunization
Z32.2	Encounter for childbirth instruction
Z71.3	Dietary counseling and surveillance
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.6	Tobacco abuse counseling
Z71.7	Human immunodeficiency virus (HIV) counseling
Z71.82	Exercise counseling
Z71.83	Encounter for nonprocreative genetic counseling
Z86.32	Personal history of gestational diabetes

### Diagnosis List B

O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.511	Supervision of elderly primigravida, first trimester

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O09.512 Supervision of elderly primigravida, second trimester  
O09.513 Supervision of elderly primigravida, third trimester  
O09.519 Supervision of elderly primigravida, unspecified trimester  
O09.521 Supervision of elderly multigravida, first trimester  
O09.522 Supervision of elderly multigravida, second trimester  
O09.523 Supervision of elderly multigravida, third trimester  
O09.529 Supervision of elderly multigravida, unspecified trimester  
O09.611 Supervision of young primigravida, first trimester  
O09.612 Supervision of young primigravida, second trimester  
O09.613 Supervision of young primigravida, third trimester  
O09.619 Supervision of young primigravida, unspecified trimester  
O09.621 Supervision of young multigravida, first trimester  
O09.622 Supervision of young multigravida, second trimester  
O09.623 Supervision of young multigravida, third trimester  
O09.629 Supervision of young multigravida, unspecified trimester  
O09.70 Supervision of high-risk pregnancy due to social problems, unspecified trimester  
O09.71 Supervision of high-risk pregnancy due to social problems, first trimester  
O09.72 Supervision of high-risk pregnancy due to social problems, second trimester  
O09.73 Supervision of high-risk pregnancy due to social problems, third trimester  
O09.811 Supervision of pregnancy resulting from assisted reproductive technology, first trimester  
O09.812 Supervision of pregnancy resulting from assisted reproductive technology, second trimester  
O09.813 Supervision of pregnancy resulting from assisted reproductive technology, third trimester  
O09.819 Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester  
O09.821 Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester  
O09.822 Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester  
O09.823 Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester  
O09.829 Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester  
O09.891 Supervision of other high-risk pregnancies, first trimester  
O09.892 Supervision of other high-risk pregnancies, second trimester  
O09.893 Supervision of other high-risk pregnancies, third trimester  
O09.899 Supervision of other high-risk pregnancies, unspecified trimester  
O09.90 Supervision of high-risk pregnancy, unspecified, unspecified trimester  
O09.91 Supervision of high-risk pregnancy, unspecified, first trimester  
O09.92 Supervision of high-risk pregnancy, unspecified, second trimester  
O09.93 Supervision of high-risk pregnancy, unspecified, third trimester  
O36.80X0 Pregnancy with inconclusive fetal viability, not applicable or unspecified  
O36.80X1 Pregnancy with inconclusive fetal viability, fetus 1  
O36.80X2 Pregnancy with inconclusive fetal viability, fetus 2  
O36.80X3 Pregnancy with inconclusive fetal viability, fetus 3  
O36.80X4 Pregnancy with inconclusive fetal viability, fetus 4  
O36.80X5 Pregnancy with inconclusive fetal viability, fetus 5  
O36.80X9 Pregnancy with inconclusive fetal viability, other fetus  
Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester  
Z34.01 Encounter for supervision of normal first pregnancy, first trimester  
Z34.02 Encounter for supervision of normal first pregnancy, second trimester  
Z34.03 Encounter for supervision of normal first pregnancy, third trimester  
Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester  
Z34.81 Encounter for supervision of other normal pregnancy, first trimester  
Z34.82 Encounter for supervision of other normal pregnancy, second trimester  
Z34.83 Encounter for supervision of other normal pregnancy, third trimester  
Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester  
Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester  
Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester  
Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester