

**Subject:** Preventive Services

**Revision Date:** 12/25

## DESCRIPTION

The Affordable Care Act (ACA) requires nongrandfathered health plans to cover evidence-based preventive care and screenings supported by the Health Resources and Services Administration (HRSA) department of Health and Human Services (HHS) when the services are rendered by an in-network provider and/or facility. The OSU Health Plan's preventive service policy is based on these guidelines as well as recommendations by the U.S. Preventive Services Task Force.

Because the same procedure may be done for either a preventive screening, or as a diagnostic procedure, OSU Health Plan must rely on provider billing to accurately identify the service as preventive or diagnostic. This policy provides a coded guideline for claims administration and is not an all-inclusive list. Procedure and/or diagnosis codes can be updated as recommendations change, or additional codes become available. Please refer to the [Preventive Health Care Guidelines](#) available online for additional information.

## APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

## DEFINITIONS

Modifier 33: When the primary purpose of the service is the delivery of an evidence-based service in accordance with a U.S. Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

**Preventive Health Services:** Preventive health services are:

- Services with an “A” or “B” rating from the U.S. Preventive Services Task Force;
- Immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, ACOG, American Academy of Pediatrics, American Academy of Family Physicians, and the American Medical Association;
- Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Additional preventive care and screening for women provided for in the comprehensive health plan coverage guidelines supported by the Health Resources and Services Administration, including additional breast cancer screening where required after an initial screening and patient navigation services for breast and cervical cancer screening.

## **POLICY**

OSU Health Plan covers the CPT and HCPCS codes listed in the procedure section of this policy according to the preventive benefit as outlined in the plan document when billed with modifier 33 or one of the listed ICD-10 diagnosis code(s). Frequency limitations, age restrictions, and other guidance are specified in the ‘Additional Comments’ column.

Blood draws (CPT 36415) performed for a preventive service listed in this document will also be covered as preventive.

The services listed in the procedure section of this policy are based on the following guidelines:

- U.S. Preventive Services Task Force (USPSTF) services with an “A” or “B” rating; and
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), ACOG, American Academy of Pediatrics, American Academy of Family Physicians, and the American Medical Association; and

- Preventive care and screening guidelines from the Health Resources and Services Administration (HRSA); and
- Applicable state and federal laws.

## PROCEDURE

The third-party administrator (TPA) will process the following codes according to the preventive benefit.

### Preventive Services for Pregnant Women:

<b>Service</b>	<b>Modifier 33 or Diagnosis Code(s) [ICD-10]</b>	<b>Procedure Code(s)</b>	<b>Additional Comments</b>
Anemia Screening	Pregnancy Diagnosis <sup>i</sup>	80055, 80081, 85013, 85014, 85018	
Blood Pressure Screening	Z13.6	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Included in the prenatal visits
Breast Pump			Refer to MMPP 21.0 Breast Pumps
Chlamydia Screening	Pregnancy Diagnosis <sup>i</sup> , Z01.419, Z11.3, Z11.59, Z11.8, Z11.9, Z20.2, and/or Z72.5	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 0353U, 0455U	
Depression Screening		96160, 96161	Billed during newborn well visits
Folic Acid			Refer to Pharmacy Benefit Manager (PBM)

Gestational Diabetes Screening	Pregnancy Diagnosis <sup>i</sup> and/or Z13.1	82947, 82948, 82950, 82951, 82952, 83036	
Gonorrhea Screening	Pregnancy Diagnosis <sup>i</sup> , Z01.419, Z11.2, Z11.3, Z11.9, and/or Z20.2	87590, 87591, 87592, 87801, 87850, 0353U, 0455U	
Hepatitis B Screening	Pregnancy Diagnosis <sup>i</sup>	86705, 86705, 86706, 87467, 87340, 87341, 87516, 87517	
HIV Screening	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645	
Lactation Counseling			Refer to MMPP 20.0 Lactation Counseling
Preeclampsia Prevention			Refer to Pharmacy Benefit Manager (PBM)
Prenatal Care	Pregnancy Diagnosis <sup>i</sup>	59425, 59426, 59430 H1000, H1001, H1002, H1003, H1004, H1005	
Rh (antibody) Incompatibility Testing	Pregnancy Diagnosis <sup>i</sup>	86901, 80055, 80081	
Respiratory syncytial virus (RSV)	Pregnancy Diagnosis <sup>i</sup>	90678	

Syphilis Testing	Pregnancy Diagnosis <sup>i</sup> , Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, and/or Z20.2	86592, 86593, 86780, 87164, 87166, 87285, 0065U, 0210U	
Tetanus, Diphtheria, Pertussis (TDaP) Vaccine	Pregnancy Diagnosis <sup>i</sup>	90471, 90472, 90715	Allow one dose during pregnancy, regardless of when last dosed
Urinalysis	Pregnancy Diagnosis <sup>i</sup>	81000, 81001, 81002, 81003, 81005, 81007, 81015, 81020	
Urine Culture	Pregnancy Diagnosis <sup>i</sup>	87081, 87086, 87088, P7001	Limited to one test per pregnancy

Women's Preventive Services:

<b>Service</b>	<b>Modifier 33 or Diagnosis Code(s)</b>		<b>Service</b>
Breast Cancer Counseling		99401, 99402, 99403, 99404	
Breast Cancer Screening (Mammography)	R92.30, R92.31, R92.32, R92.33, R92.34, Z12.31, Z12.39, Z80.3, Z85.3	77063, 77067	Allow one screening mammogram annually for women with no age restrictions if billed with a preventive diagnosis as primary.

Breast Cancer Screening (Related screenings)	R92.30, R92.31, R92.32, R92.33, R92.34, Z12.31, Z12.39, Z80.3, Z85.3	19081, 19082, 19083, 19084, 19085, 19086, 76641, 76642, 77046, 77047, 77048, 77049, 88305	Allow each service once annually for women of any age when billed with a preventive diagnosis as the primary code. If more than one of the same services is provided within the same benefit year, process according to the diagnostic benefit.
Breast Cancer Preventive Medications			Refer to Pharmacy Benefit Manager (PBM)
Cervical Cancer Screening (PAP Smear)	Z01.411, Z01.419, Z12.4	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Allow one per benefit year.
Contraceptive Methods			Refer to Birth Control Claim Processing guideline
Folic Acid			Refer to Pharmacy Benefit Manager (PBM)

Human Papilloma Virus (HPV) DNA Testing	Z00.00, Z01.411, Z01.419, Z11.51, Z12.4	87623, 87624, 87625, 87626, 0463U, 0502U, G0476	Allow one per benefit year.
Osteoporosis Screening (Bone Density)	Z13.820, Z78.0, Z82.62	76977, 77078, 77080, 77081, 77085, G0130	
Patient Navigation Services for Breast and Cervical Cancer Screening	R92.30, R92.31, R92.32, R92.33, R92.34, Z01.411, Z01.419, Z12.31, Z12.39, Z12.4, Z80.3, Z85.3	G0023, G0024	
Urine Incontinence Screening			Included in the preventive wellness examination.
Well Woman Visit		99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99459, G0101, G0402, G0438, G0439, G0445, S0610, S0612, S0613	Allow one per benefit year.

Adult Preventive Services (Age 18 and older):

<b>Service</b>	<b>Modifier 33 or Diagnosis Code(s) [ICD-10]</b>	<b>Procedure Code(s)</b>	<b>Additional Comments</b>
Abdominal Aortic Aneurysm	F17.20-, F17.21-, F17.22-, F17.29-, Z13.6, Z87.891	76706	Once per lifetime for men ages 65 – 75 with a history of smoking.

Alcohol Misuse Screening and Counseling	F10.1-, F10.2-, F10.9-, Z13.89	96156, 96158, 96159, 99401, 99402, 99403, 99404, 99408, 99409, G0442, G0443, H0001, H0049, H0050	
Anxiety Screening	Z13.3, Z13.89	96127, 96160, 96161, 99401, 99402, 99403, 99404	
Blood Pressure Screening	Z13.6	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Included in the preventive wellness examination.
BRCA Genetic Testing	Z80.0, Z80.3, Z80.41, Z80.42	81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	
Cardiovascular Disease (CVD) Counseling	I10, I11.0, I11.9, I15.-, I16.-, I20.- I21.-, I22.-, I23.-, I24.-, I25.-, I46.2, I69.-, Z13.6, Z79.82, Z82.4-, Z86.7-, Z95.-, Z98.61	96156, 96158, 96159, 99401, 99402, 99403, 99404, G0446, G0537, G0538	Included in E&M codes for preventive or problem-related visits. Cover at 100% when not billed in conjunction with an E&M code.
Chlamydia Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z12.4, Z20.2, Z29.81, and/or Z72.5	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 0353U, 0455U	

Cholesterol Screening	Z00.00, Z00.01, Z00.8, Z13.220, Z13.6, Z29.81, Z76.89	80061, 82465, 83718, 83719, 83721, 83722, 84478	
Colorectal Cancer Screening <sup>1</sup>			Refer to MMPP 39.0 Colorectal Cancer Screening
Depression Screening	Z13.3, Z13.89	96127, 96160, 96161, 99401, 99402, 99403, 99404, G0444	
Diabetes (Type 2) Screening	Z00.00, Z00.01, Z00.8, Z13.1, Z76.89	82947, 82948, 82950, 82951, 82952, 82962, 83036, 83037	
Domestic Violence Screening	T74.-, T76.-, Z04.41, T74.-, T76.-, Z04.41, Z04.42, Z04.71, Z04.72, Z62.-, Z63.-, Z65.-, Z69.-, Z91.4-	96156, 96158, 96159, 98960, 99401, 99402, 99403, 99404	Included in E&M codes for preventive or problem-related visits. Cover at 100% when not billed in conjunction with an E&M code.
Falls Prevention	Z91.81	97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97530, 97535	Must be primary diagnosis. Allow ages 65 and older.  All other codes/diagnoses apply to standard PT/OT guidelines.

<sup>1</sup> Includes pathology exam, anesthesia services performed in connection with the colonoscopy and biopsy/pathology related to incidental polyp removal regardless of if billed as screening or not.

Genetic Counseling for BRCA-related Cancer	Z80.0, Z80.3, Z80.41, Z80.42	99401, 99402, 99403, 99404, 96041, S0265	
Gonorrhea Infection Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z12.4, Z20.2, Z29.81, and/or Z72.5	87590, 87591, 87592, 87801, 87850, 0455U	
Healthy diet and physical activity counseling	Z71.3, Z71.89, Z71.9	96156, 96158, 96159, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402, 99403, 99404, G0270, G0271, G0446, G0447, G0473, G9886, G9887	Refer also to MMPP 4.0 Nutritional Services for diagnoses and CPT codes covered at 100% for the initial three visits in a benefit year.
Hearing Screening	Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, Z01.110, Z01.118	92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, 92652, 92653, V5008	Included in E&M codes for preventive visits. Cover once between the ages of 18 - 21 at 100% when not billed in conjunction with a preventive E&M code.
Hepatitis B Infection Screening	Z00.00, Z00.01, Z11.59, Z29.81, Z57.8	80074, 86704, 86705, 86706, 87467, 87340, 87341, 87516, 87517, G0499	
Hepatitis C Infection Screening	Any diagnosis <b>except</b> Hepatitis C (B17.10, B17.11, B18.2, B19.20,	80074, 86803, 86804, 87520, 87521, 87522, G0472	

	B19.21)		
HIV Infection Screening (Human Immunodeficiency Virus)	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645	
HIV Pre-exposure Prophylaxis	Z29.81	80069, 81025, 82565, 82575, 84520, 84525, 84540, 84545, 84702, 84703, 84704, 99401, 99402, 99403, 99404, G0011, G0012, G0013, J0738, J0739	Refer to Pharmacy Benefit Manager (PBM) for medication coverage information.
Lung Cancer Screening	F17.210, F17.211, F17.213, F17.218, F17.219, F17.290, F17.291, F17.293, F17.298, F17.299, Z12.2, Z72.0, Z87.891	G0296, 71271	Allow one per benefit year.
Obesity Screening and Counseling	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, Z13.89	96156, 96158, 96159, 97802, 97803, 97804, 98960, 99401, 99402, 99403, 99404, 99411, 99412	Included in the preventive wellness examination.

Routine Physical Exam	Z00.00, Z00.01	99385, 99386, 99387, 99395, 99396, 99397	Allow one exam per benefit year.
Sexually Transmitted Infection (STI) Counseling	Z01.419, Z11.3, Z11.4, Z11.51, Z20.2, Z20.6, Z22.4, Z29.81, Z70.1, Z70.3, Z70.8, Z72.51, Z72.52, Z72.53, Z71.7, Z71.89	96156, 96158, 96159, 99401, 99402, 99403, 99404, G0445	Included in the preventive wellness examination.
Skin Cancer Counseling			Included in E&M codes for preventive or problem-related visits.
Statins for the Prevention of Cardiovascular Disease			Refer to Pharmacy Benefit Manager (PBM)
Syphilis Infection Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z20.2, Z29.81	86592, 86593, 86780, 87164, 87166, 87285	
Tobacco Use Screening and Interventions	F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, Z87.891	96156, 96158, 96159, 99406, 99407, G9016, S9453	
Tuberculosis Infection Screening	Z11.1, Z20.1	86480, 86481, 86580, 87555, 87556, 87557	

Adult Preventive Immunizations (Age 18 and older):

<b>Service</b>	<b>Modifier 33 or Diagnosis Code(s) [ICD-10]</b>	<b>Procedure Code(s)</b>	<b>Additional Comments</b>
Administration		90380, 90381, 90460, 90461, 90471, 90472, 90473, 90474, 90480, G0008, G0009, G0010, M0201  Revenue Code 0771	Covered as preventive when billed with any of the vaccines listed in this chart.
Anthrax		90581	Refer to ACIP guidelines.
Cholera		90625	One dose up to age 64. Boosters are not covered. Refer to ACIP guidelines.
COVID-19		91304, 91318, 91319, 91320, 91321, 91322	
Haemophilus Influenza Type B (HIB)		90644, 90647, 90648, 90697, 90698, 90748	
Hepatitis A		90632, 90636	
Hepatitis B		90636, 90739, 90740, 90746, 90747, 90748	
Herpes Zoster (Shingles)		90736, 90750	Age 50 and older
Human Papilloma Virus (HPV)		90649, 90650, 90651	Allow three doses through age 45

Influenza (Flu)		90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90695, 90756, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	
Japanese encephalitis		90738	Refer to ACIP guidelines.
Measles, Mumps, Rubella (MMR)		90707, 90710	
Meningococcal (Meningitis)		90619, 90620, 90621, 90623, 90624, 90644, 90733, 90734	
Orthopoxviruses (Smallpox, Monkeypox)		90611, 90622	Refer to ACIP guidelines.
Pneumococcal (Pneumonia)		90670, 90671, 90677, 90732	
Rabies		90675, 90676	Refer to ACIP guidelines.
Respiratory syncytial virus (RSV)		90678, 90679, 90683	One dose for ages 60 and older.
Tetanus, Diphtheria, Pertussis (TDaP)		90715	

Typhoid		90690, 90691	Refer to ACIP guidelines.
Varicella (Chickenpox)		90710, 90716, 90736, 90750	
Yellow Fever		90717	Refer to ACIP guidelines.

Child and Adolescent Preventive Services (Birth – 18 years of age):

<b>Service</b>	<b>Modifier 33 or Diagnosis Code(s) [ICD-10]</b>	<b>Procedure Code(s)</b>	<b>Additional Comments</b>
Alcohol, Tobacco, and Drug Use Screening and Counseling	F10.1-, F10.2-, F10.9-, F17.2, Z13.89, Z71.5, Z71.6, Z72.0, Z77.2, Z81.2	96156, 96158, 96159, 99401, 99402, 99403, 99404, 99408, 99409, G0442, G0443, H0001, H0049, H0050	
Anemia Screening		85014, 85018, 88738	Allow once during childhood. Screening usually performed at 12 months old.
Anxiety Screening	Z13.3, Z13.89	96127, 96160, 96161, 99401, 99402, 99403, 99404	
Autism Screening	Z00.121, Z00.129, Z13.4	96110	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.

Behavioral Screening	Z13.4, Z13.89	96127	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.
Bilirubin Screening		82247, 82248	Allow once for newborn screening.
Blood Pressure Screening	Z13.6	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Included in the preventive wellness examination.
Cervical Cancer Screening (PAP Smear)	Z01.411, Z01.419, Z12.4	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Female only. Allow one per benefit year.
Chlamydia Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z12.4, Z20.2, Z29.81, and/or Z72.5	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 0353U, 0455U	
Cholesterol Screening	Z00.00, Z00.01, Z00.8, Z00.121, Z00.129, Z13.220, Z13.6, Z29.81, Z76.89	80061, 82465, 83718, 83719, 83721, 83722, 84478	

Dental Caries Prevention		99188, 0792T	Also refer to Pharmacy Benefit Manager (PBM) for oral fluoride supplementation.
Depression Screening	Z13.3, Z13.89	96127, 96160, 96161, 99401, 99402, 99403, 99404, G0444	
Developmental Screening	Z00.121, Z00.129, Z13.4	96110, 96112, 96113, G0451	Included in E&M codes for preventive or problem-related visits. Cover at 100% when billed alone.
Gonorrhea Infection Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z12.4, Z20.2, Z29.81, and/or Z72.5	87590, 87591, 87592, 87801, 87850, 0455U	
Gonorrhea Prophylactic Medication			Included in delivery
Hearing Screening	Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, Z01.110, Z01.118	92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, 92652, 92653, V5008	Included in E&M codes for preventive visits. Cover at 100% when not billed in conjunction with a preventive E&M code.
Height, Weight, and Body Mass Index (BMI)			Included in E&M codes for routine physical exams.

Hepatitis B Infection Screening	Z00.00, Z00.01, Z11.59, Z29.81, Z57.8	80074, 86704, 86705, 86706, 87467, 87340, 87341, 87516, 87517, G0499	
HIV Infection Screening (Human Immunodeficiency Virus)	Any diagnosis EXCEPT HIV diagnosis (B20, Z21)	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645	
HIV Pre-exposure Prophylaxis	Z29.81	80069, 80074, 81025, 82565, 82575, 84520, 84525, 84540, 84545, 84702, 84703, 84704, 86803, 86804, 87520, 87521, 87522, 99401, 99402, 99403, 99404, G0011, G0012, G0013, G0472, J0738, J0739	See Refer to Pharmacy Benefit Manager (PBM) for medication coverage.
Human Papilloma Virus (HPV) DNA Testing	Z00.00, Z01.411, Z01.419, Z11.51, Z12.4	87623, 87624, 87625, 87626, 0463U, G0476	Female only. Allow one per benefit year.
Hypothyroidism Screening (Newborn)	Z00.110, Z00.111	84437, 84443	
Iron Supplement			Refer to Pharmacy Benefit Manager (PBM)

Lead Screening	Z00.121, Z00.129, Z77.011	83655	
Obesity Screening and Counseling	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, Z13.89	96156, 96158, 96159, 97802, 97803, 97804, 98960, 99401, 99402, 99403, 99404, 99411, 99412	Included in the preventive wellness examination.
Oral Health Risk Assessment			Included in the preventive wellness examination.
PKU (Phenylketonuria)	Z00.110, Z00.111, Z00.121, Z00.129, Z13.228	84030, S3620	
Routine Physical Exams for Age 0 – 36 months	Z00.110, Z00.111, Z00.121, Z00.129	99381, 99382, 99391, 99392	Allow 12 visits: <ul style="list-style-type: none"> <li>• 1 visit 3-5 days after discharge</li> <li>• 1 visit at 1, 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months</li> </ul>
Routine Physical Exams for Age 4 – 18 years	Z00.121, Z00.129	99383, 99384, 99393, 99394	Allow one per benefit year
Sexually Transmitted Infection (STI) Counseling	Z01.419, Z11.3, Z11.4, Z11.51, Z20.2, Z20.6, Z22.4, Z29.81, Z70.1, Z70.3, Z70.8, Z72.51, Z72.52, Z72.53, Z71.7, Z71.89	96156, 96158, 96159, 99401, 99402, 99403, 99404, G0445	Included in the preventive wellness examination.

Sickle Cell Anemia and Trait (Hemoglobinopathies)	Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	83020, 83021, 85660, S3850	
Skin Cancer Counseling			Included in E&M codes for preventive or problem-related visits.
Syphilis Infection Screening	Z01.419, Z11.2, Z11.3, Z11.59, Z11.8, Z11.9, Z20.2, Z29.81	86592, 86593, 86780, 87164, 87166, 87285	
Tuberculosis Infection Screening	Z11.1, Z20.1	86480, 86481, 86580, 87555, 87556, 87557	
Vision Screening	Z00.121, Z00.129, Z01.00, Z01.01	99172, 99173, 99174, 99177	

Child and Adolescent Preventive Immunizations (Birth – 18 years of age):

Service	Modifier 33 or Diagnosis Code(s) [ICD-10]		Service
Administration		90380, 90381, 90460, 90461, 90471, 90472, 90473, 90474, 90480, G0008, G0009, G0010, M0201 Revenue Code 0771	Covered as preventive when billed with any of the vaccines listed in this chart.
COVID-19		91304, 91318, 91319, 91320, 91321, 91322	
Dengue	A90, A91, A92.8	90584, 90587	Ages 9 – 16, Refer to ACIP guidelines.

Diphtheria, Tetanus, Pertussis		90389, 90696, 90697, 90698, 90700, 90702, 90714, 90715, 90723	
Haemophilus Influenza Type B (HIB)		90644, 90647, 90648, 90697, 90698, 90748	
Hepatitis A		90633, 90634	
Hepatitis B		90723, 90740, 90743, 90744, 90747, 90748	
Human Papilloma Virus (HPV)		90649, 90650, 90651	Allow three doses up to age 45
Influenza (Flu)		90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90695, 90756, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	
Japanese encephalitis		90738	Refer to ACIP guidelines.

Measles, Mumps, Rubella (MMR)		90707, 90710	
Meningococcal (Meningitis)		90619, 90620, 90621, 90624, 90644, 90733, 90734	
Pneumococcal (Pneumonia)		90670, 90671, 90677, 90732	
Polio		90696, 90697, 90698, 90713, 90723	
Rabies		90675, 90676	Refer to ACIP guidelines.
Rotavirus		90680, 90681	
Respiratory syncytial virus (RSV)		90380, 90381, 90382	Allow one dose when under 8 months of age. Allow one additional dose for ages 8 months – 19 months when authorized by OSU
Typhoid		90690, 90691	Refer to ACIP
Varicella (Chickenpox)		90710, 90716, 90736,	Varicella (Chickenpox)
Yellow Fever		90717	Refer to ACIP guidelines.

## EXCLUSIONS

According to The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD), the following services are not covered (this is not an all-inclusive list):

- **Physicals and other medical services (e.g., vaccines, x-rays, labs, etc.) for administrative requirements such as immigration, licensure, adoption, marriage, employment, camp, sports, or school [e.g., ICD-10 codes Z02.0 – Z02.9]**
- **Preventive or routine maintenance treatment such as school or annual physicals received by an urgent care provider or convenient care clinic.**

The following services are always considered diagnostic (not preventive) and are subject to plan deductible, coinsurance, and/or copay:

- Metabolic Panels
- Complete Blood Count (CBC)
- Prostate-Specific Antigen (PSA)
- Electrocardiography (ECG)
- General Health Panel

## CODES

See PROCEDURE heading above for details.

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<sup>1</sup> Pregnancy Diagnoses: O00 - O9A (all O ICD-10 codes), Z03.7, Z32 - Z36, Z3A