



Patient Protection and Affordable Care Act Preventive Care Services Billing Guideline

Current as of January 1, 2021

Overview

The Patient Protection and Affordable Care Act (ACA) requires all health plans, except grandfathered¹ plans, to provide coverage for certain preventive care services at no additional cost to our members. We've developed this billing guideline to help you better understand the ACA preventive services.

The ACA preventive services listed in this document are based on recommendations from the Advisory Committee on Immunization Practices, the U.S. Preventive Services Task Force, Bright Futures, the American Academy of Pediatrics, and the U.S. Department of Health and Human Services. We'll update this document periodically to align with the ACA requirements for preventive coverage.

How to use this guideline

Members do not pay additional costs for the codes or services² listed in this guideline when they receive care from in-network providers. However, members with plans that include out-of-network or a self-referred level of benefits (for example, PPO and Blue Choice plans) who receive these services will be responsible for a cost (according to their plan benefits) when they receive them from out-of-network providers. In addition, if the member's plan includes a deductible or coinsurance, they may be responsible for those costs.

As always, before performing services, please check the member's eligibility and benefits.

What this means for members and employer accounts

Blue Cross Blue Shield of Massachusetts offers the following services at no additional cost when administered by network providers³:

- Routine adult exams⁴
- Routine GYN exams⁴
- Certain family planning services⁵
- Routine hearing exams
- Routine vision exams⁴
- Certain prenatal services
- Routine pediatric exams
- Physical therapy to prevent falls in community-dwelling adults ages 65 and older⁴
- Routine tests, procedures, and screenings
- Certain counseling services
- Immunizations
- Certain pharmacy services

Women's preventive health services recommended by the Department of Health and Human Services include the following³:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling⁵
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Additional information

To determine whether preventive care benefits apply, we consider the procedures, diagnostic codes, and any other qualifying information listed in the table. Claims are subject to payment edits that are updated regularly and generally based on CMS (including NCCI), specialty society guidelines, and drug manufacturers' package label inserts.

All diagnosis codes for preventive, screening, counseling, or wellness services should be billed in the **primary position** on the claim because our benefits are based on the primary diagnosis.

While modifier 33 may be reported, it is not used in making preventive care benefit determinations (except where indicated). If you do report it, please place it in the first modifier field of your claim.

¹ Exempt from certain rights and protections provided under the Affordable Care Act.

² In-network (PPO plans) or PCP/plan approved benefits (Blue Choice Plans).

³ The list of preventive care services and tests covered with no member cost share is subject to change when additional guidance is issued by the federal government pursuant to the Patient Protection and Affordable Care Act. Blue Cross Blue Shield of Massachusetts has updated its products, and certain plan designs may have expanded preventive benefits beyond what is required by the Affordable Care Act. Some grandfathered plan designs may have a more limited selection.

⁴ Certain limitations may apply. As always, please check member eligibility and benefits before performing services.

⁵ Some religious organizations may choose not to cover certain services. As always, please check member eligibility and benefits before performing services.

Preventive Care Service Name	Code	Comments
Adults		
Abdominal aortic aneurysm screening: men	76706	Covered when billed with diagnosis code Z13.6. Covered once per lifetime for males ages 65-75 who have ever smoked.
Aspirin counseling for prevention of cardiovascular disease	99401, 99385-99387, 99395-99397	
Blood pressure screening	99385-99387, 99395-99397	Covered as part of the preventive care visit.
Cholesterol screening	80061, 83719, 83721	
Colorectal cancer screening - includes ancillary services performed with the screening procedure	44401, 45303, 45305, 45307-45309, 45315, 45320, 45330-45333, 45335, 45338, 45339, 45346, 45378, 45380-45385, 45388, 74263, 74270, 74280 G0104-G0106, G0120-G0122, G0328, 00811, 00812, 81528, 82270, 82272, 82274, 88304, 88304, J2250, J3010	Paid as preventive only when billed with Modifier 33 or PT and diagnosis code Z12.11 for all codes except: <ul style="list-style-type: none"> G0104-G0106, G0120-G0122 Ancillary services (00811, 00812, 81528, 82270, 82272, 82274, 88304, 88305, J2250, J3010) performed with a screening procedure are paid as preventive when billed with modifier 33 or PT and diagnosis code Z12.11.
Depression screening	G0444, 99385-99387, 99395-99397	Adults, including pregnant and postpartum women.
Diabetes screening (includes gestational diabetes screening)	80422, 82947, 82948, 82950-82952	Adults who are overweight or obese, as part of Cardiovascular Risk Assessment, and pregnant women.
Healthy diet and physical activity counseling to prevent cardiovascular disease prevention	99402-99404, 97802-97804, G0108, G0270, G0271, G0109, S9140, S9141, S9452, S9455, S9460, S9465, S9470, G0446, G0447	Adults who are overweight or obese, and have additional cardiovascular risk factors, and/or abnormal blood glucose.
Falls prevention: older adults who are at increased risk for falls	97161-97164	Paid as preventive when billed with Modifier 33.
Hepatitis B screening – adolescents and adults at high risk for infection	80055, 80074, 86704-86707, 87340, 87341, 87350, 87516, 87517, 87912, G0499	

Preventive Care Service Name	Code	Comments
Adults		
Hepatitis C screening – persons at high risk for infection	80074, 86803, 86804, 87520-87522, 87902, G0472	
HIV screening – adolescents and adults	86689, 86701-86703, 87390, 87534, 87535, 87806, G0432, G0433, G0435, G0475	
HPV DNA Testing (Women)	0500T, 87623-87625, G0476	
Lung cancer screening - low-dose computed tomography	71250, 71271, G0296	Covered once annually for ages 55-80 when billed with diagnosis codes F17.200, Z12.2, Z87.891.
Obesity screening and counseling – children, adolescents and adults	97802-97804, 99385-99387, 99395-99397, 99402-99404, G0270, G0271, S9470, S9482	
Preventive Immunizations - adults and pediatric <ul style="list-style-type: none"> • Diphtheria • Diphtheria, Tetanus, Pertussis (Whooping cough) • Haemophilus Influenza type B • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus (HPV) • Inactivated Poliovirus • Influenza (flu shot) • Measles, mumps, rubella • Meningococcal • Pertussis • Pneumococcal • Rotavirus • Tetanus • Varicella (Chickenpox) 	90375, 90376, 90378, 90389, 90396, 90460, 90461, 90471-90474, 90476, 90477, 90581, 90620, 90621, 90625, 90630, 90632-90634, 90636, 90644, 90647-90651, 90653-90658, 90660-90662, 90664, 90666-90668, 90670, 90672-90676, 90680-90682, 90685-90691, 90696-, 90698, 90700, 90702, 90707, 90710, 90713-90718, 90723, 90732-90734, 90736, 90738, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90750, 90756, G0008, G0009, Q2034, Q2035, Q2038, Q2039	Doses, recommended ages, and recommended population vary. Appropriate immunizations as recommended by the Advisory Committee on Immunization Practices.
Sexually Transmitted Infection (STI) counseling	99401-99404	
Skin cancer behavioral counseling	See comments section	Covered as part of the preventive care visit.
Syphilis screening – persons at increased risk for infection (non-pregnant persons and pregnant women)	80055, 86780, 86592, 86593	Covered as preventive when billed with routine or prenatal diagnosis.
Tobacco use counseling and interventions (non-pregnant adults, pregnant women, children and adolescents)	99406, 99407	

Preventive Care Service Name	Code	Comments
Adults		
Tuberculosis screening (adults and children at increased risk)	86480, 86481, 86580	
Unhealthy alcohol use screening and counseling (adults, including pregnant women)	G0442, G0443, 99408, 99409	
Women: Preventive Services		
Anemia screening (Iron deficiency)	85013, 8014, 85018, 85025 85027, 85041, 86900, G0306, G0307	
Bacteriuria screening (pregnant women)	81000, 81007, 85013, 85014, 85018, 85025, 85027, 85041, 86900, 86901, 87081, 87084, 87086, 87088, G0306, G0307	
Breastfeeding support, supplies and counseling (pregnant and postpartum women)	Counseling Visit: 99401-99403, 99501 Supplies: A4281-A4286 Breast Pumps: E0602-E0603	Covered for rental or purchase of one manual or electric breast pump for each birth (excludes hospital grade breast pumps).
Contraception for Women: FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling	Surgical procedures and ancillary services: 00851, 00952, 58565, 58600, 58605, 58611, 58615, 58670, 58671, S6621, S6622, S6629, S6631, S6632, S6639, S6692 Contraceptive methods: 11976, 11980-11983, 57170, 58300, 58301,58340, 59200, 64435, A4261, A4264, A4266*, A4268*, A4269*, J1050, J7296-J7298, J7300, J7301, J7303*, J7304*, J7306, J7307 S4981, S4989, S4993* <i>*Items are available through a retail pharmacy. Must have pharmacy benefits through Blue Cross Blue Shield of Massachusetts.</i> Patient Education and Counseling: 59430, 98960, 98961, 98962, 99201- 99205, 99211-99215, 99241-99245, 99281-99285, 99384-99387, 99394- 99397, 99401, S0610, S0612, S0613	Ancillary services performed in conjunction with the surgical procedure are paid as preventive. FDA-approved over-the-counter female contraceptives are considered preventive when prescribed by a licensed provider and dispensed at a pharmacy with a prescription.
Preeclampsia screening	See comments section	Included as part of the screening OB-Gyn visit.
Rh incompatibility screening	80055, 80081, 86901, 86900	

Preventive Care Service Name	Code	Comments
Women: Preventive Services		
BRCA risk assessment and genetic counseling/testing	BRCA Testing: 81163-81165, 81167, 81212, 81215-81217 Counseling: 96040, 99385-99387, 99395-99397, 99401-99404	
Breast cancer mammography	77061, 77063, 77066, 77067	We cover at least one baseline screening mammogram between ages 35-39 and one mammogram per calendar year for a members ages 40 or older.
Breast cancer chemoprevention Counseling	99401-99404	
Cervical cancer screening	88141-88143, 88147, 88148, 88150, 88152-88155, 88157, 88160-88162, 88164-88167, 88172-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476, 87623-87625, P3000, P3001, Q0091	Once per calendar year.
Chlamydia infection screening	86631, 86632, 87110, 87270, 87320, 87485-87487, 87490-87492, 87800, 87810	
Intimate partner violence screening: women of reproductive age (includes ongoing support services)	99401-99404	
Gonorrhea screening (women)	87590-87592, 87850	
Osteoporosis screening for women	77080, 77081	Paid as preventive when billed with diagnosis code Z13.820 or Z78.0.
Preventive office visits (children and adults)	99381-99387, 99391-99397	

Preventive Care Service Name	Code	Comments
Children’s Preventive Health Services (through age 18)		
Alcohol, tobacco, and drug use screening	See comments section	For adolescents as part of the well visit.
Autism screening	81228, 81229, 96110, 96127, G0451	For children at 18 and 24 months.
Behavioral assessments for children ages: <ul style="list-style-type: none"> • 0 to 11 months • 1 to 4 years • 5 to 10 years • 11 to 14 years • 15 to years 	See comments section	Covered as part of the preventive care visit.
Bilirubin concentration	82247, 82248	Covered for newborns as part of screening during the inpatient stay.
Blood pressure screening for children ages: <ul style="list-style-type: none"> • 0 to 11 months • 1 to 4 years • 5 to 10 years • 11 to 14 years • 15 to years 	See comments section	Covered as part of the preventive care visit.
Depression screening	See comments section	Covered as part of the preventive care visit.
Developmental screening	96110	For children under age 3.
Dyslipidemia screening	80061, 83719, 83721	
Dental caries (tooth decay) prevention	99188, 99381, 99382, 99391, 99392	Fluoride varnish application.
Gonorrhea prophylactic medication	See comments section	For newborns; included in hospital charges.
Hearing screening for children	V5008, 92551, 92552, 92558, 92585, 92588, 92560, 92567, 92586, 92587	Paid as preventive when billed with a preventive diagnosis code.
Hematocrit or Hemoglobin screening	83020, 83021, 83030, 83033, 83051	
Hemoglobinopathies or sickle cell screening	85660, S3620	For newborns.
Hypothyroidism screening	84436, 84437, 84439, 84443, 84510	
Lead screening	83655	
Medical history for all children throughout development ages: <ul style="list-style-type: none"> • 0 to 11 months • 1 to 14 years • 5 to 10 years 	See comments section	Covered as part of the preventive care visit.

Preventive Care Service Name	Code	Comments
Children's Preventive Health Services (through age 18)		
Oral health risk assessment for young children	See comments section	Covered as part of the preventive care visit.
Phenylketonuria (PKU)	84030	Part of newborn inpatient screening for newborns stay.
Sexually transmitted infection (STI) prevention counseling and screening	86631, 86632, 87081, 87110, 87210, 87270, 87320, 87490, 87491, 87800, 87801, 87810, 87850, 99401-99404	For adolescents at higher risk.
Skin cancer behavioral counseling	See comments section	Covered as part of the preventive care visit.
Vision screening	99172-99174, 99177	

Pharmacy Services	
We'll only cover these medications when they are prescribed by a licensed clinician and when the member has pharmacy coverage with us.	
Preventive Care Service Name	Comments
Aspirin (81 mg over the counter) for the prevention of heart disease and preeclampsia	Covered for females of all ages; covered for males ages 45-70.
Generic birth control drugs and methods (or for a brand name drug or method when a generic is not available)	
Generic low to moderate dose statin medication	Covered for adults ages 40-75 years of age with no history of CVD; one or more CVD risk factors, and a calculated 10-year CVD event risk or 10% or greater.
Folic acid supplements (generic and over the counter)	Covered for women up through age 50.
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis	Brand name Truvada covered at \$0 copay until a generic version becomes available (and the generic will be \$0 copay). Only applies when there's no history of other HIV claims.
Risk reducing medications for women at increased risk of breast cancer	
Bowel preparations (prescription and over the counter)	
Generic smoking cessation	Covered for up to two 90-day supplies per calendar year.
Generic Vitamin D	Covered for ages 65 and older.

Pharmacy Services - Pediatrics	
We'll only cover these medications when they are prescribed by a licensed clinician and when the member has pharmacy coverage with us.	
Dental caries chemoprevention, oral fluoride	Covered through age 16.
Iron supplements	Covered for infants up to 12 months old.

Document history

January 2021: Updated to remove deleted code for lung cancer screening and replace with new code, effective January 1, 2021.

July 2020: Added new Preventive Care Service: Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis.

January 2020: Document created based on existing policy.