



Patient Protection and Affordable Care Act Preventive Care Services Billing Guideline

Current as of July 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. Covered for men 60 and older with a history of abdominal aortic aneurysm screening. |
| 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, 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 50-80 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. |
| Congenital hypothyroidism screening | See comments section | For newborns; included in hospital charges |
| 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 | Emtricitabine/tenofovir is available at no additional cost for members who aren't currently filling other HIV medications. Members taking other HIV medications, or who are switching from an HIV medication to emtricitabine/tenofovir, will have to pay their usual out-of-pocket costs. This applies to new prescriptions and refills. |
| 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

July 2021: Abdominal aortic aneurysm screening: Updated to clarify that this also applies to men 60 and older with a history of abdominal aortic aneurysm screening.

May 2021: Revised Prevention of HIV infection to list the generic, instead of Truvada. We planned to implement this change when the generic of Truvada became available.

March 2021: Lowered the age on lung cancer screening - low-dose computed tomography to age 50 per USPSTF revised recommendations.

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.