

<p>SUBJECT: CLINICAL POLICIES – PREVENTIVE SERVICES</p> <p>POLICY NUMBER: HS-CP-MA-P1</p> <p>EFFECTIVE DATE: March 25,2026</p> <p>SERVICE/PRODUCT LINE: MEDICARE- MEDICAL</p>	<p>Product Line (check all that apply):</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Group HMO</p> <p><input type="checkbox"/> Individual HMO</p> <p><input type="checkbox"/> PPO</p> <p><input type="checkbox"/> POS</p> <p><input checked="" type="checkbox"/> Medicare</p> <p><input type="checkbox"/> N/A</p>
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These guidelines are used in conjunction with the independent judgment of a qualified licensed physician and do not constitute the practice of medicine or medical advice. This Clinical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This Clinical Policy is not intended to recommend treatment for members. Members should consult with their treating provider in connection with diagnosis and treatment decisions.

When coverage criteria are not fully established by Medicare including but not limited to National Coverage Decisions (NCD), Local Coverage Decisions (LCD), Medicare Manuals and National Coverage Articles, Sharp Health Plan develops Clinical Policies that serve as recommendations for medical necessity decisions. Sharp Health Plan utilizes evidence-based guidelines from nationally recognized professional organizations, peer reviewed medical and scientific literature and evidence-based consensus statements, which are all based on generally accepted standards of care.

I. BENEFIT STATEMENT: Any service reviewed and approved by this Sharp Health Plan Clinical Policy must be a covered benefit according to the member’s evidence of coverage (EOC). Since benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in this clinical policy, decisions are subject to all terms and conditions of the applicable benefit plan. Benefit determinations should be based in all cases on the member’s contract benefits in effect at the time of service. All reviewers must first identify member eligibility, and all decisions of this clinical policy are subject to current state and/or federal law. This Clinical Policy does not constitute plan authorization, nor is it an explanation of benefits. In the event of a conflict, a member’s benefit plan, EOC, always supersedes the information in the Clinical Policies.

II. REGULATORY:

CFR Title 42 Public health Chapter IV-Centers for Medicare & Medicaid Services, Department Of Health And Human Services Subchapter B-Medicare Program Part 410-Supplemental Medical Insurance (SMI) Benefits Subpart 1-Payment of SMI Benefits 410.152 Amounts of payment.

(k) Cost sharing for in-network preventative services. MA organizations may not charge deductibles, copayments, or coinsurance for in-network Medicare-covered preventative services (as defined in 410.152 (l)). Amount of payment: Preventative services. Except as provided otherwise in this paragraph, Medicare Part B pays 100 percent of the Medicare payment amount established under the applicable payment methodology for the service furnished by a provider or supplier for the following

preventive services:

- (1) Pneumococcal, influenza, hepatitis B, and COVID-19 vaccine and administration.
- (2) Screening mammography.
- (3) Screening pap tests and screening pelvic exam.
- (4) Prostate cancer screening tests (excluding digital rectal examinations).
- (5) Colorectal cancer screening tests (excluding barium enemas).
 - (i) For the colorectal cancer screening tests described in [§ 410.37\(j\)](#), Medicare Part B pays at the specified percentage as follows:
 - (A) 80 percent for CY 2022.
 - (B) 85 percent for CY 2023 through 2026.
 - (C) 90 percent for 2027 through 2029.
 - (D) 100 percent beginning January 1, 2030.
 - (ii) [Reserved]
- (6) Bone mass measurement
- (7) Medical nutrition therapy (MNT) services.
- (8) Cardiovascular screening blood tests.
- (9) Diabetes screening tests.
- (10) Ultrasound screening for abdominal aortic aneurysm (AAA).
- (11) Additional preventative services identified for coverage through the national coverage determination (NCD) process.
- (12) Initial Preventative Physical Examination (IPPE).
- (13) Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS).

The Medicare Improvements for Patients and Providers Act of 2008 authorizes the Centers for Medicare & Medicaid Services (CMS), which administers Medicare, to extend coverage to USPSTF-recommended services that are “reasonable and necessary” for the prevention or early detection of an illness or disability, recommended with a grade A or B by the United States Preventative Services Task Force, and “appropriate” for Medicare beneficiaries. The ACA retained this authority in CMS while further specifying that coverage of USPSTF-recommended services must be without cost sharing.

III. DESCRIPTION:

The following Clinical Policy- Preventative Services – applies to the Medicare Advantage Plan (Sharp Advantage) administered by Sharp health Plan (Plan) and / or its delegates. The purpose of this policy is to outline the Plan requirements for coverage of preventative services. Preventative services include exams, shots, lab test, and screenings. They also include programs for health monitoring, and counseling and education to help you take care of your own health.

The Plan is committed to ensuring that members receive timely and appropriate preventive health assessments. Preventive Services are health assessments, including the physical examination of an asymptomatic, healthy member, consistent with The Guide to Clinical Preventive Services, a report of the U. S. Preventive Services Task Force (USPSTF) Advisory Committee for Immunization Practices (ACIP), and other clinical preventive service guidelines as applicable or stated by law. Covered preventive services that were given an ‘A’ or ‘B’ rating from the USPSTF and are considered important for implementing the ACA include but are not limited to those below. The source is noted if it is a recommendation not included in the USPSTF ‘A’ and ‘B’ recommendations. Preventive Services covered be updated as new recommendations and guidelines are issued, revised, or removed by the applicable regulating authority.

IV. DEFINITIONS:

- A. Preventative Services- are those performed on a person who has:
 - 1. Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities.
 - 2. Had screening done within the recommended interval with the findings considered normal.
 - 3. Had diagnostic service results that were normal, after which the physician recommendation was for future preventive screening studies using the preventive services intervals.
 - 4. Had a therapeutic service provided at the same encounter and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy).
- B. Diagnostic Services-are those performed on a person who has or has had:
 - 1. Symptom(s) that required further diagnosis.
 - 2. Abnormalities on previous preventive or diagnostic studies that require repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals.
 - 3. Abnormalities on previous preventive or diagnostic studies that require further diagnostic studies.

V. MEDICAL NECESSITY: Summary of Preventive Care Services include, but are not limited to the following services and/or screenings:

- A. **All Members:** Member's Primary Care Physician (PCP) is responsible for basic medical care management and the provision an initial and periodic preventive health assessments unless, otherwise indicated. At a minimum the initial health assessment includes:
 - 1. Medical history,
 - 2. Height / Weight,
 - 3. Blood pressure,
 - 4. Body Mass Index (BMI) assessment,
 - 5. Simple vision test,
 - 6. Hearing assessment,
 - 7. Discussion Fall prevention,
 - 8. Review of current prescriptions including opioid use for pain,
 - 9. Review of potential risk for depression and level of safety,
 - 10. Domestic violence screening and counseling,
 - 11. Cognitive assessment for impairment (e.g. signs dementia, delirium),
 - 12. An offer to talk about creating advance directives,
 - 13. Preventive health screens and tests considered necessary in the best clinical judgment of the practitioner and consistent with Plan policy,
 - 14. Discussion of age, risk, and gender appropriate preventive measures,

15. Follow-up appointments as needed.
16. In Addition, Include:
 - a) Age and/or gender appropriate Preventive Medicine visits (Wellness Visits).
 - b) Routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). See #30 for part B injections.
 - c) Non-routine immunizations (shared clinical decision) may be covered if meets criteria in ACIP clinical guideline.
 - d) Age gender and/or risk status appropriate counseling and/or screening for:
 - (1) Abdominal Aortic Aneurysm* - Once in a lifetime if you have a family history of abdominal aortic aneurysms, or male 65-75 and have smoked at least 100 cigarettes in lifetime.
 - (2) Alcohol misuse screening - Once each year if primary care doctor or other health care provider determines member misusing alcohol. If screen positive for misuse, can receive up to 4 brief, face-to-face counseling sessions each year.
 - (3) Annual Wellness Visit* - Initial preventative physical exam visit includes a personalized prevention plan of service, subsequent wellness visit is yearly. (HCPCS code G0136 effective 1/01/26 administration of a standardized, evidence-based assessment of physical activity and nutrition, 5-15 minutes, not more often than every 6 months).
 - (4) Anxiety Disorders in Adults: Screening: adults 64 years or younger, including pregnant and postpartum persons
 - (5) Bone Mass Measurement - Every 2 years or more frequently if medically necessary for one of the following:
 - a) Qualified provider determines member estrogen-deficient and at clinical osteoporosis risk.
 - b) Vertebral abnormalities
 - c) Members getting (or expecting to get) glucocorticoid therapy for more than 3 months.
 - d) Members with primary hyperparathyroidism
 - e) Monitoring to assess FDA-approved osteoporosis drug therapy response
 - (6) Cardiovascular disease screening lipid panel (blood tests) once every 5 years*. This panel must include: total cholesterol, high-density lipoprotein (HDL) cholesterol, and triglyceride levels that help detect conditions that may lead to a heart attack or stroke.
 - (7) Cardiovascular intensive behavioral therapy - visit one time each year with primary care doctor or other health care provider in a primary care setting. This may include discussion of aspirin use if appropriate, blood pressure check, and diet.
 - (8) Cervical & Vaginal cancer screenings. Covers Pap tests and pelvic exams *, including clinical breast exam to check for breast cancer once every 24 months

for low-risk women. If member is at high risk for cervical or vaginal cancer or if of child bearing age and had an abnormal Pap test in the past 36 months these screening tests are covered every 12 months. Human Papillomavirus (HPV) tests as part of Pap test once every 5 years for age 30-65 without HPV symptoms.

(9) Colorectal cancer screenings**:

1. Blood-based biomarker screening (e.g. multi-target stool DNA tests) once every 3 years if you meet all of the following:
 - (a) Adults between age 45-85,
 - (b) Show no symptoms of colorectal disease and
 - (c) At average risk for developing colorectal cancer (e.g. no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease; no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).
2. Screening Colonoscopy once every 24 months if member at high risk for colorectal cancer. If member not at high-risk test covered once every 120 months, or 48 months after a previous flexible sigmoidoscopy. If member had a positive non-invasive stool-based screening test (fecal occult or stool DNA test); follow-up screening colonoscopy is covered as a screening test (no cost).

There is a cost share if a polyp or other tissue is found and removed on colonoscopy.
3. Fecal occult blood tests for age 45 years and older every 12 months.

Flexible sigmoidoscopy screening for age 45 years and older once every 48 months. If member not at high risk and after previous screening colonoscopy is covered after 120 months. There is a cost share if a polyp or other tissue is found and removed on flexible sigmoidoscopy.

(10) Depression screening annually in primary care setting that can provide follow-up treatment and /or referrals once per year.

(11) Diabetes blood glucose laboratory test screening includes glucose fasting or nonfasting, A1C or other glucose tests approved by Medicare*, 2 screenings each year, if provider determines member at risk for developing diabetes (e.g. high blood pressure, history of abnormal cholesterol and triglyceride levels, obesity, or history of high blood sugar).

Also covered if 2 or more of the following conditions apply:

- a) 65 years of age and older,
- b) overweight,
- c) family history of diabetes (parents or siblings),
- d) Personal history of gestational diabetes (diabetes during pregnancy) or

delivery of a baby weighing more than 9 pounds.

(12) Diabetes self-management training if diagnosed with diabetes-Initial outpatient training up to 10 hours (1 hour of individual and 9 hours of group training). In addition, up to 2 hours of follow-up training in each calendar year that falls after the year of initial training.

(13) Diabetes Prevention Program – Initial year (up to 10 hours training) if all of the following conditions apply: once in a lifetime with prediabetes

- a) Within 12 months of first session if you have (hemoglobin A1c test result between 5.7 and 6.4%, fasting plasma glucose of 110-125mg/dL, or 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerant test)
- b) Body mass index (BMI) of 25 or more (BMI of 23 or more if you're Asian)
- c) No history of type 1 or type 2 diabetes
- d) Never been diagnosed with End-Stage Renal Disease
- e) Never participated in the Medicare Diabetes Prevention Program

Subsequent years up to 2 hours follow-up training each calendar year after completion the initial 10 hours.

HCPCS code G9871 effective 1/01/26 added; behavioral counseling for diabetes prevention, can be held online, 60 minutes.

(14) Glaucoma screening-Once every 12 months if meet at least 1 of the following high risk criteria for developing the eye disease glaucoma

- a) has diabetes,
- b) family history,
- c) African American age 50 or older, or
- d) Hispanic or Latino age 65 and older).

(15) Hepatitis B Virus (HBV) screening – Once per year if your doctor orders the test and you are at high risk for HBV infection or you're pregnant and do not get a hepatitis B shot.

(16) Hepatitis C screening – Yearly screenings if your doctor orders the test and you are at high risk (e.g. Illicit drug use, blood transfusion before 1992, born between 1945-1965). If you are not considered high risk, a one-time screening is allowed.

(17) HIV screenings – Once per year if you are age 15-65 or younger than 15 or older than 65 and are at increased risk for HIV. You can get screening up to 3 times during pregnancy (when diagnosed, during third trimester, and at labor).

(18) High blood pressure age 18 and older with office blood pressure measurement (OBPM). Recommend obtaining blood pressure measurements outside of clinical setting for diagnostic confirmation before starting treatment.

(19) Lung Cancer screenings – Low dose computed tomography once each year if you

meet all of the following conditions:

- a) Age 50-77
- b) No signs or symptoms of lung cancer (you're asymptomatic)
- c) Current smoker or quit within the last 15 years
- d) Tobacco smoking history of at least 20 "pack years" per day for 20 years
- e) Ordered by health care provider

(20) Mammograms *- The following are covered:

- a) Baseline once in member lifetime (ages 35-39)
- b) Screening once every 12 months (age 40 or older)
- c) Diagnostic more frequently than once a year, if medically necessary.

(21) Medical Nutrition* - Medical nutrition therapy services covered (first year 3 hours, subsequent years 2 hours) if you have diabetes or kidney disease or had a kidney transplant in the last 36 months. Only a registered dietician (or nutrition professional) can provide medical therapy services. Services may include:

- a) Initial nutrition and lifestyle assessment
- b) Individual and/or group nutritional therapy services
- c) Help managing the lifestyle factors that affect your diabetes
- d) Follow-up visits to check on progress in managing diet

If you get dialysis in a dialysis facility medical nutrition therapy services are part of covered dialysis care. If you are in a rural area telehealth from a registered dietician or other nutritional professional in a different location is covered. If you have diabetes, you may also qualify for diabetes self-management training.

(22) Obesity - Obesity screenings and behavioral counseling that include a dietary assessment to help you lose weight by focusing on diet and exercise if you have a body mass index (BMI) of 30 or more. Counseling provided by primary care doctor or other primary care provider in a primary care setting (e.g. doctors office), where they can coordinate your personalized prevention plan.

(23) Osteoporosis screening* for all woman over 65 years of age and screening in postmenopausal women younger than 65 years who are at increased risk once every 24 months.

(24) Preexposure prophylaxis (PrEP) with effective FDA approved oral or injectable PrEP medication to persons who are at high risk of HIV acquisition. Up to 8 individual counseling sessions (including HIV risk assessment, HIV risk reduction, and medication adherence) every 12 months. Up to 8 HIV screenings every 12 months and a one-time hepatitis B virus screening.

(25) Prostate Cancer screenings *- Digital rectal exams and prostate specific antigen (PSA) blood tests once every 12 months for men over 50 years and older.

(26) Sexually transmitted infection screenings & counseling - Sexually transmitted infection screenings for chlamydia, gonorrhea, syphilis, and/or Hepatitis B once

every 12 months if at increased risk for a sexually transmitted infection or at certain times during pregnancy. 2 behavioral counseling sessions are covered each year. Counseling is not covered as a preventative service if in an inpatient setting (e.g. skilled nursing facility).

- (27) Statin prescription for primary prevention CVD for adults aged 40-75 who have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- (28) Latent tuberculosis screening in asymptomatic adults at increased risk.
- (29) Tobacco Use – 8 smoking and tobacco-use cessation counseling sessions in a 12-month period.
- (30) Vaccinations: Covered under Part B*
1. Coronavirus (COVID-19) vaccine – The following is covered:
 - a) Most Updated formula) Moderna or Pfizer-BioNTech Covid 19, or Novavax.
 - b) Immunocompromised members- 3 dose series of updated (2024-2025 formula) Moderna or Pfizer-BioNTech Covid 19 vaccine or 2-dose series of updated (2024-2025) Novavax Covid-19 vaccine. If you had doses of a Moderna or Pfizer-BioNTech Covid-19 vaccine in the past, you can get 2 or 3 doses of the updated formula depending on how many doses you had in the past.
 - c) Some adults who have completed their primary vaccine series have the option to get a Novavax vaccine Adjuvanted, 2024-2025 formula.
 2. Hepatitis B shots - These are covered if you are at medium or high risk for hepatitis B (e.g. hemophilia, end-stage renal disease, diabetes, live with someone who has hepatitis, health care worker and have frequent contact with blood or bodily fluids)
 3. Influenza - Seasonal flu shots once per flu season and additional flu shots if its medically necessary.
 4. Pneumococcal shots – Pneumococcal shot (vaccine) as a single dose vaccine or a 2-dose series once in lifetime.
 5. Respiratory Syncytial Virus (RSV) – This is covered if you are at high risk of having serious complications from RSV (e.g. underlying chronic heart or lung disease like COPD and congestive heart failure, Weakened immune systems, diabetes, and living in nursing homes or long-term care).

*Exams and procedures covered at zero copay when received through a network provider.

**Colorectal cancer screenings which are paid at 85% for CY 2023 through 2026.

B. Preventive vs. Diagnostic Services:

1. Certain services can be done for both preventive and diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be adjudicated under the Preventive Care Services benefit.
2. Diagnostic services will be adjudicated under the applicable non-preventive medical benefit.

VI. NOT MEDICALLY NECESSARY:

- A. Services not under the preventive care benefit may be reviewed under another portion of the medical, dental, vision or pharmacy benefit plan.
- B. The drugs, medications, vitamins, supplements, or over the counter contraceptive barrier methods that are recommended or prescribed for preventive measures are processed under the pharmacy preventive care benefit. Examples include, but are not limited to:
 1. Aspirin for any indication, including but not limited to, aspirin for prevention of cardiovascular disease.
 2. Chemoprevention for any indication, including but not limited to, chemoprevention for breast cancer.
 3. Supplements, including but not limited to oral fluoride supplementation, and folic acid supplementation.
 4. Tobacco cessation products or medications.
- C. An off-label use for immunization is not medically necessary.
- D. Examinations, screenings, testing, or immunizations are not medically necessary when:
 1. Required solely for the purpose of travel (travel immunizations).
 2. Related to judicial or administrative proceedings or orders.
 3. Conducted for purposes of medical research, unless covered under an approved Clinical Trial.
 4. Required to obtain or maintain a license of any type.
 5. Required for adoption, insurance, education.
- E. Services that are investigational or experimental, are not medically necessary under preventive services but may be reviewed under SHP Medical Policy HS-CP-E1 titled Experimental and Investigational Treatment.

VII. PROCESS/PROCEDURES:

- B. Requests for preventive services are to be reviewed by the delegated PMG or by the Plan through their regular and appropriate utilization management process and administered consistent with Plan benefit.
- C. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. This Policy provides assistance in determining coverage under the member's benefit plan.
- D. The terms of a member's benefit plan summary defined in the evidence of coverage document may differ from the standard benefit plans upon which this guideline is based. In the event of a conflict, the member's specific benefit document supersedes these guidelines.

VIII. CODES: The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all-inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Inclusion of a code in this section does not guarantee that it will be reimbursed. The member specific benefit plan document and applicable laws that may require coverage for a specific service determine benefit coverage for health services.

CPT Codes	Description
GO438, G0402	Initial annual wellness visit; includes a personalized prevention plan of service.
G0439	Subsequent annual wellness visit; includes a personalized prevention plan of service.
99497, 99498	Advance care planning
GO442, G0443	Annual Alcohol Misuse counseling
76977, 77078, 77080, 77081, 77085, G0130	Bone (Mineral) Density Studies
76706	Ultrasound screening study for abdominal aortic aneurysm in men ages 65 to 75 years who have ever smoked.
86803, 86804, G0472	Screening for hepatitis C virus infection in persons at high risk for infection and one-time screening for adults born between 1945 and 1965.
G9873, G9871, G9874, G9875, G9876, G9877, G9878, G9879	Diabetes Prevention Program (MDPP)
G0108, G0109	Diabetes Self-Management Training
97802, 97803, 97804, G0270, G0271	Medical Nutrition Therapy (MNT)
G0117, G0118,	Glaucoma screening
G0296	Counseling to discuss lung cancer screening low dose CT scan,
71271, G0296	Lung cancer screening low dose CT scan,
G0102, G0103,	Prostate cancer screening
00812, 81528, 82270, G0104, G0105, G0106, G0120, G0121, G0327, G0328	Colorectal Cancer Screening Tests
86689, 86701, 86702, 86703, 87389, 87390, 87391, 87391, 87806, G0432, G0433, G0435, G0475, S3645	Screening for HIV infection in older adults who are at increased risk
0353U, 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800	Chlamydia and Gonorrhea screening
86592, 86593, 86780	Screening for syphilis infection in persons who are at increased risk for infection
87340, 87341	Hepatitis B screening
82947, 82948, 82950, 82951, 82952, 83036	Diabetes screening, screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are

	overweight or obese
77063, 77067	Screening Mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older.
G0476, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175	Screening for cervical cancer For women aged 30 to 65 years screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus testing alone, or every 5 years with human papillomavirus testing in combination with cytology.
80061, 82465, 83718, 83719, 83721, 84478	Cholesterol Screening (Lipid Disorders Screening)
G0104, G0106, G0105, G0120, G0121, G0122, G0328, 81528	Screening for colorectal cancer starting at age 50 years and continuing until age 75 years; includes sigmoidoscopy, colonoscopy, FOBT, FIT, Fecal DNA
G0445	Sexually transmitted infection behavioral counseling
S0610, S0612, S0613	Annual gynecological exams
99381, 99382, 99383, 99384, 99385, 99386, 99387 99391, 99392, 99393, 99394, 99395, 99396, 99397	Preventive medicine services (evaluation and management). Preventive care wellness exam includes prevention of falls in older adults, screening for domestic violence, sexually transmitted disease, urinary incontinence, immunizations, hearing tests, psychosocial-behavioral assessment,
99401, 99402, 99403, 99404	Preventive medicine, individual counseling; includes counseling to prevent skin cancer, prevention of falls in older adults, contraceptive methods, sexually transmitted disease counseling including HIV,
99411, 99412	Preventive medicine, group counseling
76977, 77078, 77080, 77081, 77085, G0130	Osteoporosis Screening in women 65 and older
99408, 99409, G0442, G0443	Screening for unhealthy alcohol use
93784, 93786, 93788 or 93790	Screening for high blood pressure
96127, G0444	Screening for Depression in the general adult population
G0446	Intensive Behavioral Therapy for Cardiovascular Disease
97802, 97803, 97804, G0270, G0271, S9470	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Medical Nutrition Therapy or Counseling;
99401, 99402, 99403, 99404	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Preventive Medicine Individual Counseling
0403T, G0446, G0447, G0473	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Behavioral Counseling or Therapy
97802, 97803, 97804	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Medical Nutrition Therapy
99401, 99402, 99403, 9940	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Preventive Medicine Individual Counseling
G0446, G0447, G0473	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Behavioral Counseling or Therapy
99401, 99402, 99403, 99404,	Behavioral Counseling to Prevent Sexually Transmitted Infections

G0445	
99406, 99407 99401, 99402, 99403, 99404	Tobacco Smoking Cessation in Adults
G0297	Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
86480, 86481, 86580	Screening for latent tuberculosis infection (LTBI) in populations at increased risk or asymptomatic adults 18 years and older at increased risk for tuberculosis.
86580	Tuberculosis (TB) Testing
80061, 82465, 83718, 83719, 83721, 83722, 84478	Dyslipidemia Screening
90620, 90621, 90644, 90733, 90734	Preventive vaccines-meningococcal recombinant, conjugate, or polysaccharide vaccines
90632, 90633, 90634, 90636	Hepatitis A vaccines
90647, 90648	Haemophilus influenzae b vaccine (Hib)
90630, 90653-58, 90660-62, 90664, 90666-68, 90672-74, 90682, 90685-89, 90756, Q2034-39	Influenza vaccines
90732	Pneumococcal polysaccharide vaccine (PPSV23)
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13)
90671	Pneumococcal conjugate vaccine, 15 valent (PCV 15)
90677	Pneumococcal conjugate vaccine, 15 valent (PCV 20)
90680, 90681	Rotavirus (RV1, RV5)
90696	Diphtheria, tetanus toxoids, acellular pertussis, and polio inactive (DTap-IPV)
90698	Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)
90700	Diphtheria, tetanus, acellular pertussis (DTap)
90702	Diphtheria and tetanus (DT)
90707, 90710	Measles, Mumps, Rubella (MMR)
90713	Polio (IPV)
90714	Tetanus and diphtheria (Td)
90715	Tetanus, diphtheria toxoids and acellular pertussis (Tdap)
90716	Varicella (VAR) ('chicken pox')
90723	Diphtheria, tetanus and acellular pertussis, hepatitis B, and polio inactive (DTaP-HepB-IPV)
90736, 90750	Zoster / Shingles (HZV/ZVL, RZV)
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule,
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule

90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule
90748	Hepatitis B and Haemophilus influenza b vaccine (HibHepB)
ICD-10 Codes	Description
Z12.5	Prostate cancer screening
Z20.6	Contact with and (suspected) exposure to HIV
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z20.89	Contact with and (suspected) exposure to other communicable diseases
Z20.9	Contact with and (suspected) exposure to unspecified communicable diseases
Z72.51	High-risk heterosexual behavior
Z72.52	High-risk homosexual behavior
Z72.53	High-risk bisexual behavior
Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
Z77.9	Other contact with and (suspected) exposure hazardous to health
Z79.899	Other long-term (current) drug therapy

IX. REFERENCES:

1. Medicare Preventative Services, The Centers for Medicare & Medicaid Services www.cms.gov/medicare/coverage/preventive-services-coverage Accessed 1/27/26
2. Medicare Benefit Policy Manual-Chapter 15: Section 50.4.4.2-Immunizations Accessed 1/27/26
3. U.S. Preventative Services Task Force Recommendations <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations> Accessed 1/27/26
4. Medicare Managed Care Manual Chapter 4- Benefits and beneficiary Protections (rev. 121, issued: 04-22-16. Accessed 1/27/26
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X. REVISION HISTORY:

Date	Modification (Original, Reviewed or Revised)
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Approved by:  _____
Cary Snames, DO, CMO/VP

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