



Coding Summary for Providers

NOTE THE FOLLOWING:

- The purpose of this document is to provide a quick reference of the applicable codes for UnitedHealthcare plans that cover preventive care services in accordance with the health care reform law. This resource does not replace or supersede the Preventive Care Services Coverage Determination Guideline. If there are any differences between this summary and the Preventive Care Services Coverage Determination Guideline, then the Coverage Determination Guideline takes precedence.
- Certain UnitedHealthcare plans do NOT use the following codes for preventive care benefits. This document does NOT apply to all UnitedHealthcare members. Please use your existing process for benefit verification such as looking up member benefit information at: UnitedHealthcareOnline.com
- Codes 36415 and 36416 (where listed below) are only covered as Preventive when done for a preventive lab procedure that requires a blood draw.
- See the [Preventive Care Services Coverage Determination Guideline](#) for complete coding instructions.
- Each member's benefits are defined by his or her benefit plan documents, and any information in the following tables that is inconsistent with the applicable benefit plan documents does not constitute an additional benefit.
- Benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.
- See the Preventive Care Services Coverage Determination Guideline for a listing of applicable ICD-10 diagnosis codes effective on Oct. 1, 2015

Preventive Care Services – Health Care Reform

The following benefits are effective beginning the first plan year on or after Sept. 23, 2010
(See the Preventive Care Services Coverage Determination Guideline for details.)

Service:	Codes Required:	Limits:
Abdominal Aortic Aneurysm Screening	Procedure Code(s): 76700, 76705, 76770, 76775, G0389 Diagnosis Code(s): V15.82	Males. Age 65 – 75.
Anemia, Iron Deficiency Anemia Screening	Procedure Code(s): 85013, 85014, 85018, 36415, 36416 Diagnosis Code(s): Pregnancy (<i>see list at end of section</i>).	Pregnant Females.
Aspirin for the Prevention of Cardiovascular Disease (Counseling)	Procedure Code(s): n/a This counseling service is included in a preventive care wellness examination or focused E&M visit.	n/a
Bacteriuria Screening	Procedure Code(s): 81007 Diagnosis Code(s): Pregnancy (<i>see list at end of section</i>).	Pregnant Females.
Behavioral Counseling in Primary Care to Promote a Healthy Diet	Procedure Code(s): 97802 – 97804, 99401 – 99404, G0270, G0271, G0446, G0447, S9470 Diagnosis Code(s): V77.91, V15.82, V17.3, V17.49, 278.00, 278.01, V85.41 – V85.45, 272.0, 272.1, 272.2, 272.3, 272.4, 401.0, 401.1, 401.9, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99, 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94, 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31,	No age or gender limit.

Preventive Care Services – Health Care Reform

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Service:	Codes Required:	Limits:
	250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 440.0, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.30, 440.31, 440.32, 440.8, 440.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07	
Behavioral Counseling to Prevent Sexually Transmitted Infections	Procedure Code(s): 99401 – 99404, G0445 Diagnosis Code(s): n/a	No age or gender limit.
Cervical Cancer Screening, Pap Smear	Procedure Code(s): Code Group 1 (<i>payable regardless of diagnosis code</i>): G0101, G0123, G0124, G0141, G0143 – G0145, G0147, G0148, Q0091, P3000, P3001 Code Group 2 (<i>requires a diagnosis code from list below</i>): 88141 – 88143, 88147, 88148, 88150, 88152 – 88155, 88164 – 88167, 88174, 88175 Diagnosis Code(s) Code Group 2: V70.0, V72.31, V72.32, V76.2	Females, no age limits.
Chemoprevention of Breast Cancer (Counseling)	Procedure Code(s): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 Diagnosis Code(s): V16.3, V16.41 <i>Diagnosis code must be in primary position.</i>	Females.
Chlamydia Infection Screening	Procedure Code(s): 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 36415, 36416 Diagnosis Code(s): V70.0, V73.88, V73.98, V74.5, V75.9, OR Pregnancy (<i>see list at end of section</i>).	Females.
Cholesterol Screening (Lipid Disorders Screening)	Procedure Code(s): 80061, 82465, 83718, 83719, 83721, 84478, 36415, 36416 Diagnosis Code(s) (<i>Required for all</i>): V70.0 or V77.91 Diagnosis Codes for increased risk for coronary heart disease (<i>for Men 20-34, and all Women 20 and up</i>): V15.82, V17.3, V17.49, 278.00, 278.01, V85.41 – V85.45, 401.0, 401.1, 401.9, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99, 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94, 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 440.0, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.30, 440.31, 440.32, 440.8, 440.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07	All males age 35 and up. Males age 20-34 if at increased risk for coronary heart disease. Females age 20 and up if at increased risk for coronary heart disease. NOTE: These will only pay as preventive if there is no prior history of a lipid disorder.

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Preventive Care Services – Health Care Reform

The following benefits are effective beginning the first plan year on or after Sept. 23, 2010

(See the Preventive Care Services Coverage Determination Guideline for details.)

Service:	Codes Required:	Limits:
Colorectal Cancer Screening	<p><u>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</u> Procedure Code(s): Code Group 1 (Preventive regardless of diagnosis code):</p> <ul style="list-style-type: none"> • G0104, G0105, G0106, G0120, G0121, G0122, G0328 <p>Code Group 2 (Preventive if billed in addition to a Code Group 1 code, OR if billed with one of the Diagnosis codes below):</p> <ul style="list-style-type: none"> • Procedure Codes: 44388, 44389, 44392, 44393, 44394, 45330, 45331, 45333, 45338, 45339, 45378, 45380, 45381, 45383, 45384, 45385, 82270, 82274 • Diagnosis Code(s) (for Code Group 2): V16.0, V18.51, V18.59, V70.0, V76.41, V76.50, V76.51 <p>Code Group 3 (Pathology): 88304, 88305 (These are Preventive if billed with one of the listed diagnosis code from Code Group 2 <u>PLUS</u> one of the Procedure code from Code Group 1 or 2):</p> <p><u>Computed Tomographic Colonography (Virtual Colonoscopy):</u> (Preventive regardless of diagnosis code):</p> <ul style="list-style-type: none"> • Procedure Code(s): 74263 • Diagnosis Code(s): n/a 	No age or gender limit.
Counseling and Interventions to Prevent Tobacco Use	<p>Procedure Code(s): 99401 – 99404, 99406, 99407, G0436, G0437 Diagnosis Code(s): n/a</p>	No age or gender limit.
Diabetes Screening	<p>Procedure Code(s): 82947, 82948, 82950, 82951, 82952, 83036, 36415, 36416 Diagnosis Code(s): V70.0 or V77.1, <u>PLUS ONE OF THE FOLLOWING HYPERTENSION CODES:</u> 401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99, 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94 See Expanded Women’s Preventive Health table below for Gestational Diabetes Screening codes.</p>	No age or gender limit. This benefit only applies to patients with hypertension. NOTE: These will only pay as preventive if there is no prior history of diabetes.
Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening	<p><u>Genetic Counseling and Evaluation:</u> Procedure Code(s): 96040, 99201 – 99205, 99211 – 99215, 99385 – 99387, 99395 – 99397, S0265, G0463 Diagnosis Code(s): V10.3, V10.43, V16.3, V16.41 <i>Diagnosis code must be in primary position.</i></p> <p><u>BRCA Lab Screenings:</u> <i>*Prior authorization requirements apply to BRCA lab screening.</i> Procedure Code(s): 81211 - 81217 Diagnosis Code(s): Family History: V16.3 and V16.41</p> <p>Note: preventive benefits do not apply to BRCA Lab Screenings for those that have a personal history, or current diagnosis, of breast and/or ovarian cancer.</p>	Females. BRCA Lab Screenings: Females age 18 and up with a family history of breast or ovarian cancer.

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Preventive Care Services – Health Care Reform

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Service:	Codes Required:	Limits:
Gonorrhea Screening	Procedure Code(s): 87590, 87591, 87592, 87801, 87850 Diagnosis Code(s): V70.0, V74.5, V75.9, OR Pregnancy (see list at end of section).	Females.
Hepatitis B Virus Infection Screening	Procedure Code(s): 87340, 87341, 36415, 36416 Diagnosis Code(s): Pregnancy (see list at end of section).	Pregnant females.
Hepatitis C Virus Infection Screening <i>(as of June 1, 2014)</i>	Procedure Code(s): 86803, 86804, 36415, 36416 Diagnosis Code(s): 042, 054.10, 054.11, 054.12, 054.13, 054.19, 078.10, 078.11, 078.19, 079.4, 079.53, 079.88, 079.98, 090.0, 090.1, 090.2, 090.3, 090.40, 090.41, 090.42, 090.49, 090.5, 090.6, 090.7, 090.9, 091.0, 091.1, 091.2, 091.3, 091.4, 091.50, 091.51, 091.52, 091.61, 091.69, 091.7, 091.81, 091.82, 091.89, 091.9, 092.0, 092.9, 093.0, 093.1, 093.20, 093.21, 093.22, 093.23, 093.24, 093.81, 093.82, 093.89, 093.9, 094.0, 094.1, 094.2, 094.3, 094.81, 094.82, 094.83, 094.84, 094.85, 094.86, 094.87, 094.89, 094.9, 095.0, 095.1, 095.2, 095.4, 095.5, 095.6, 095.7, 095.8, 095.9, 096, 097.0, 097.1, 097.9, 098.0, 098.10, 098.11, 098.12, 098.13, 098.14, 098.15, 098.16, 098.17, 098.19, 098.2, 098.30, 098.31, 098.32, 098.33, 098.34, 098.35, 098.36, 098.37, 098.39, 098.40, 098.41, 098.42, 098.43, 098.49, 098.50, 098.51, 098.52, 098.53, 098.59, 098.6, 098.7, 098.81, 098.82, 098.83, 098.84, 098.85, 098.86, 098.89, 099.0, 099.1, 099.2, 099.3, 099.40, 099.41, 099.49, 099.50, 099.51, 099.52, 099.53, 099.54, 099.55, 099.56, 099.59, 099.8, 099.9, 131.00, 131.01, 131.02, 131.03, 131.09, 131.8, 131.9, 286.0, 286.1, 286.2, 286.3, 286.4, 286.52, 286.53, 286.59, 286.6, 286.7, 286.9, 304.00, 304.01, 304.02, 304.03, 304.10, 304.11, 304.12, 304.13, 304.20, 304.21, 304.22, 304.23, 304.30, 304.31, 304.32, 304.33, 304.40, 304.41, 304.42, 304.43, 304.50, 304.51, 304.52, 304.53, 304.60, 304.61, 304.62, 304.63, 304.70, 304.71, 304.72, 304.73, 304.80, 304.81, 304.82, 304.83, 304.90, 304.91, 304.92, 304.93, 555.0, 555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.8, 556.9, 585.3, 585.4, 585.5, 585.6, 608.4, 614.9, 616.10, 616.11, 647.00, 647.01, 647.02, 647.03, 647.04, 647.10, 647.11, 647.12, 647.13, 647.14, 647.20, 647.21, 647.22, 647.23, 647.24, 647.30, 647.31, 647.32, 647.33, 647.34, 648.30, 648.31, 648.32, 648.33, 648.34, 655.30, 655.31, 655.33, 655.50, 655.51, 655.53, 669.30, 669.32, 669.34, 760.2, V01.6, V01.79, V02.7, V02.8, V07.39, V07.39, V08, V12.3, V15.85, V42.0, V42.1, V42.2, V42.3, V42.4, V42.5, V42.6, V42.81, V42.82, V42.83, V42.84, V42.89, V42.9, V45.11, V56.0, V56.31, V56.32, V56.8, V58.2, V59.01, V59.02, V59.09, V59.1, V59.2, V59.3, V59.4, V59.5, V59.6, V59.8, V59.9, V65.44, V69.2, V70.0, V71.5, V73.89, V73.99, V74.5, V75.9, V83.01, V83.02, V87.46	No age or frequency limit.
HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults (Males and Females)	Procedure Code(s): 86689, 86701, 86702, 86703, G0432, G0433, G0435, S3645, 36415, 36416 Diagnosis Code(s): V02.9, V70.0, V73.89, V74.5, V75.9, OR Pregnancy (see list at end of section).	No age or gender limit.
Immunizations	Procedure Code(s): Administration: 90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010 Hepatitis A: 90632, 90633, 90634, 90636; Hemophilus influenza b: 90645, 90646, 90647, 90648; HPV: 90649, 90650 ; Influenza virus: 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90685, 90686, 90688, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039;	Preventive benefits are applied to immunizations that are within the ages listed (if any) in the FDA

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Preventive Care Services – Health Care Reform

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Service:	Codes Required:	Limits:
	<p>Pneumococcal conjugate: 90669, 90670, S0195; Rotavirus: 90680, 90681; Dtap / Dtpap-IPV, Dtap-Hib-IPV / DTP / DT / Tetanus / Polio / Tdap/ Measles, Mumps, Rubella / MMR: 90696, 90698, 90700, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90713, 90714, 90715, 90719, 90720, 90721, 90723; Varicella: 90716; Pneumococcal: 90732; Meningococcal: 90733, 90734, 90644; Zoster: 90736; Hepatitis B: 90740, 90743, 90744, 90746, 90747, 90748 Revenue Code: 0771 Diagnosis Code(s): n/a</p>	approval, or, ACIP recommendations. See the Preventive Care Services Coverage Determination Guideline for details.
Major Depressive Disorder in Children and Adolescents (Screening)	<p>Procedure Code(s): 99420, G0444 Diagnosis Code(s): V79.0 (<i>Required for 99420 only</i>) Also see section below: Screening for Depression in Adults</p>	No age or gender limit.
Metabolic Screening Panel	<p>Procedure Code(s): S3620, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, 36415, 36416 Diagnosis Code(s): n/a</p>	Age 0 – 90 days.
Newborn Screenings	<p>Procedure Code(s): Hearing Screening: V5008, 92551, 92558, 92585 - 92588 Hypothyroidism Screening: 84437, 84443, 36415, 36416 Phenylketonuria Screening: S3620, 84030, 36415, 36416 Sickle Cell Screening: S3850, 83020, 83021, 83030, 83033, 83051, 36415, 36416 Diagnosis Code(s): n/a</p>	Age 0 – 90 days.
Osteoporosis Screening	<p>Procedure Code(s): 76977, 77078, 77080, 77081, G0130 Diagnosis Code(s): V17.81, V70.0, V82.81</p>	Females, no age limit.
Prevention of Dental Caries in Preschool Children (Counseling)	<p>Procedure Code(s): n/a This service is included in the payment for a Preventive Care visit.</p>	n/a
Primary Care Interventions to Promote Breastfeeding	<p>Procedure Code(s): n/a This service is included in primary care or OB/GYN office visits. <i>Also see Expanded Women's Preventive Care table below.</i></p>	n/a
Prevention of Falls in Community-Dwelling Older Adults	<p>Procedure Code(s): n/a This service is included in the payment for a Preventive Care visit or focused E&M visit.</p>	n/a
Prostate Cancer Screening	<p>Procedure Code(s): Code Group 1: G0102, G0103, 36415, 36416 Code Group 2 (requires diagnosis code): 84152, 84153, 84154, 36415, 36416 Diagnosis Code(s): Code Group 1: n/a Code Group 2: V16.42, V70.0, V76.44</p>	Males, age 40 and up.

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Service:	Codes Required:	Limits:
RH Incompatibility Screening	Procedure Code(s): 86901, 36415, 36416 Diagnosis Code(s): Pregnancy (<i>see list at end of section</i>).	Pregnant females.
Rubella Screening By History of Vaccination or by Serology	Procedure Code(s): History of Vaccination: No codes (included in exam) Serology: 86762, 36415, 36416 Diagnosis Code(s): V70.0 or V73.3	Females.
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	Procedure Code(s): 99408, 99409, G0442, G0443 Diagnosis Code(s): n/a	No age or gender limit.
Screening for Depression in Adults	Procedure Code(s): 99420, G0444 Diagnosis Code(s): V79.0 (<i>Required for 99420 only</i>) Also see section above: Major Depressive Disorder in Children and Adolescents (Screening)	No age or gender limit.
Screening for High Blood Pressure	Procedure Code(s): n/a This service is included in a preventive care wellness examination or focused E&M visit.	n/a
Screening for Intimate Partner Violence	Procedure Code(s): n/a This service is included in a preventive care wellness exam.	n/a
Screening for Obesity in Adults	Procedure Code(s): 97802, 97803, 97804, 99401, 99402, 99403, 99404, G0446, G0447 Diagnosis Code(s) (<i>Required for 97802 – 97804 and 99401 – 99404</i>): <i>BMI 30+ and Obesity:</i> V85.30 – V85.39, V85.41 – V85.45, 278.00, 278.01	No age or gender limit.
Screening for Obesity in Children and Adolescents	Procedure Code(s): 97802, 97803, 97804, 99401, 99402, 99403, 99404, G0446, G0447 Diagnosis Code(s) (<i>Required for 97802 – 97804 and 99401 – 99404</i>): <i>Obesity:</i> 278.00, 278.01	No age or gender limit.
Screening for Visual Impairment in Children	Procedure Code(s): 99173, 99174 Diagnosis Code(s): n/a	Children less than age 5.
Screening Mammography	Procedure Code(s): G0202, 77052, 77057; Revenue code: 0403 Diagnosis Code(s): n/a	Females, no age limit.
Syphilis Screening	Procedure Code(s): 86592, 86593, 36415, 36416 Diagnosis Code(s): V70.0, V74.5, V74.9, V75.9 OR Pregnancy (<i>see list at end of section</i>).	No age or gender limit.
Wellness Examinations (well baby, well child, well adult)	Procedure Code(s): G0402, G0438, G0439, G0445, S0610, S0612, S0613, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411 – 99412, 99461 Diagnosis Code(s): n/a	No age or gender limit.

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Preventive Care Services – Health Care Reform

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Service:	Codes Required:	Limits:
Bright Futures:		
Anemia Screening in Children (Bright Futures)	Procedure Code(s): 85014, 85018, 36415, 36416 Diagnosis Code(s): V20.2, V20.31, V20.32, V78.0	Ages 0 to 21 years.
Developmental/Autism Screening (Bright Futures)	Procedure Code(s): 96110 Diagnosis Code(s): V20.2	Ages 0 to 21 years.
Dyslipidemia Screening (Bright Futures)	Procedure Code(s): 80061, 82465, 83718, 83719, 83721, 84478, 36415, 36416 Diagnosis Code(s): V20.2, V77.91	Ages 24 months to 21 years.
Hearing Tests (Bright Futures)	Procedure Code(s): 92551, 92552, 92553 Diagnosis Code(s): V20.2, V72.19	Ages 0 to 21 years.
Lead Screening (Bright Futures)	Procedure Code(s): 83655, 36415, 36416 Diagnosis Code(s): V20.2, V15.86	Ages 0 to 21 years.
TB Testing (Bright Futures)	Procedure Code(s): 86580, 99211 Diagnosis Code(s): 795.51, 795.52, V20.2, V74.1 <i>CPT code 99211 is only payable as preventive with diagnosis code 795.51, 795.52 or V74.1</i>	Ages 0 to 21 years.
Cancer Screenings: <i>The following is a list of preventive cancer screenings. These are also listed above.</i>		
Cervical Cancer Screening, Pap Smear	Procedure Code(s): Code Group 1 (payable regardless of diagnosis code): G0101, G0123, G0124, G0141, G0143 – G0145, G0147, G0148, Q0091, P3000, P3001 Code Group 2 (requires a diagnosis code from list below): 88141 – 88143, 88147, 88148, 88150, 88152 – 88155, 88164 – 88167, 88174, 88175 Diagnosis Code(s) Code Group 2: V70.0, V72.31, V72.32, V76.2	Females, no age limits.
Colorectal Cancer Screening	<u>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</u> Procedure Code(s): Code Group 1 (Preventive regardless of diagnosis code): • G0104, G0105, G0106, G0120, G0121, G0122, G0328 Code Group 2 (Preventive if billed in addition to a Code Group 1 code, OR if billed with one of the Diagnosis codes below): • Procedure Codes: 44388, 44389, 44392, 44393, 44394, 45330, 45331, 45333, 45338, 45339, 45378, 45380, 45381, 45383, 45384, 45385, 82270, 82274 • Diagnosis Code(s) (for Code Group 2): V16.0, V18.51, V18.59, V70.0, V76.41, V76.50, V76.51 Code Group 3 (Pathology): 88304, 88305 (These are Preventive if billed with one of the listed diagnosis code from Code Group 2 <u>PLUS</u> one of the Procedure code from Code Group 1 or 2). <u>Computed Tomographic Colonography (Virtual Colonoscopy)</u> (Preventive regardless of diagnosis code): • Procedure Code(s): 74263 • Diagnosis Code(s): n/a	No age or gender limit.

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Preventive Care Services – Health Care Reform

The following benefits are effective beginning the first plan year on or after Sept. 23, 2010
(See the Preventive Care Services Coverage Determination Guideline for details.)

Service:	Codes Required:	Limits:
Prostate Cancer Screening	Procedure Code(s): Code Group 1: G0102, G0103, 36415, 36416 Code Group 2: (requires diagnosis code): 84152, 84153, 84154, 36415, 36416 Diagnosis Code(s): Code Group 1: n/a Code Group 2: V16.42, V70.0, V76.44	Males, age 40 and up.
Screening Mammography	Procedure Code(s): G0202, 77052, 77057; Revenue code: 0403 Diagnosis Code(s): n/a	Females, no age limit.

Pregnancy Diagnosis Code List:

The following codes are required only where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Care Services table (below):

- V22.0 – V22.2
- V23.0 – V23.3, V23.41, V23.42, V23.49, V23.5, V23.7, V23.81 – V23.86, V23.87, V23.89, V23.9
- V91.00 – V91.03, V91.09, V91.10 – V91.12, V91.19 – V91.22, V91.29, V91.90 – V91.92, V91.99

Expanded Women's Preventive Care Services – Health Care Reform

The following benefits are effective beginning the first plan year on or after 8/1/12.

(See the Preventive Care Services Coverage Determination Guideline for details.)

Service:	Code(s):	Limits:
Well-Woman Visits <i>Also see "Wellness Examinations" section in the Preventive Care Services table above.</i>	Procedure Code(s): Well-woman visits: <i>See the Wellness Examinations section above.</i> Prenatal Office Visits: 99201 – 99205; 99211 – 99215; 99078, G0463 Prenatal Care Visits: 59425, 59426 Global Obstetrical Codes*: 59400, 59510, 59610, 59618 * <i>The routine, low-risk, prenatal visits portion of the Global Obstetrical code is covered as preventive.</i> Diagnosis Code(s): <i>See Pregnancy Diagnosis Code list above.</i>	Females.
Screening for Gestational Diabetes	Procedure Code(s): 82947, 82948, 82950, 82951, 82952, 83036, 36415, 36416 Diagnosis Code(s): <i>See Pregnancy Diagnosis Code list above.</i>	Pregnant females.
Human Papillomavirus DNA Testing	Procedure Code(s): 87620 – 87622 Diagnosis Code(s): V70.0, V72.31, V73.81, or V76.2	Females age 30 +
Counseling for Sexually Transmitted Infections	Procedure Code(s): <i>See the Wellness Examinations section of the Preventive Care Services table above.</i>	Females.
Counseling and Screening for Human Immune-deficiency Virus	Counseling: <i>See the Wellness Examinations section of the Preventive Care Services table above.</i> Screening Tests: <i>See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above.</i>	Females.
Contraceptive Methods (Including	Code Group 1: 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264, 57170, A4261, A4266, J7300, J7301	Females.

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Expanded Women's Preventive Care Services – Health Care Reform

The following benefits are effective beginning the first plan year on or after 8/1/12.

(See the Preventive Care Services Coverage Determination Guideline for details.)

Service:	Code(s):	Limits:
<p>Sterilizations)</p> <p><u>NOTE:</u> Certain health plans may qualify for an exemption from covering contraceptive methods and sterilizations.</p>	<p>Code Group 2: <i>(requires a diagnosis from list below):</i> 11976, 11981, 11982, 11983, 58300, 58301, J1050, J7302, J7306, J7307, S4981, S4989</p> <p>Code Group 2a: <i>(Preventive when billed with J1050 AND one of the Code Group 2 Diagnosis Codes below):</i> 96372</p> <p>Code Group 2 Diagnosis Code(s): V25.01, V25.02, V25.03, V25.09, V25.11, V25.12, V25.13, V25.40, V25.41, V25.42, V25.43, V25.49, V25.5, V25.8, V25.9</p> <p>Code Group 3: <i>(requires diagnosis V25.2):</i> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Code Group 3 Diagnosis Code: V25.2</p> <p>Code Group 4: <i>(Tubal ligation followup hysterosalpingogram):</i> 58340, 74740</p> <p>Code Group 4 Diagnosis Code: V26.51</p>	
<p>Breastfeeding Support, Supplies, and Counseling</p>	<p><u>Support and Counseling:</u></p> <p>Procedure Code(s): S9443, 99241 – 99245, 99341 – 99345, 99347 – 99350 <i>(Also see the codes in the Wellness Examinations section of the Preventive Care Services table above.)</i></p> <p>Diagnosis Code(s): V24.1 <i>(Code V24.1 is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350)</i></p> <p><u>Equipment & Supplies:</u> <i>(Purchase of a personal-use electric breast pump)</i></p> <p>Procedure Code(s): E0603, A4281, A4282, A4283, A4284, A4285, A4286</p> <p>Diagnosis Code(s): Pregnancy diagnosis (see list above) or V24.1</p>	<p>Females.</p> <p>One pump per birth.</p>
<p>Screening and Counseling for Interpersonal and Domestic Violence</p>	<p>Procedure Code(s): <i>See the Wellness Examinations section of the Preventive Care Services table above.</i></p> <p>Diagnosis Code(s): <i>See the Wellness Examinations section of the Preventive Care Services table above.</i></p>	<p>N/A</p>