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The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	AAA	65-75	B	76706	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	
The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	alcohol		B	99408, 99409	Z71.41	
The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends prima-ry care clinicians prescribe oral fluoride supplementation start-ing at age 6 months for children whose water supply is fluoride deficient. See Prev Meds Section	fluoride	6 months up to age 5 years	B	99381, 99382, 99391, 99392		See other row(s) with keyword fluoride

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The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.	Depression Screening: adolescents	12-18	B	96127*, 99384, 99385, 99394, 99395		
The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.	Depression Screening	18 years and older	B	99385, 99386, 99387, 99395, 99396, 99397		
The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	anxiety	8-18	B	99383, 99384, 99385, 99393, 99394, 99395		
The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	anxiety		B	99385, 99386, 99387, 99395, 99396, 99397		
The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	hyperten-sion screening, blood pressure		A	99385, 99386, 99387, 99395, 99396, 99397		

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The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	tobacco	17 years and younger	B	99383, 99384, 99393, 99394		
The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke. See Prev Meds Section	tobacco screening		A	99385, 99386, 99387, 99395 99396, 99397		

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The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	drug	18 years and older	B	99385, 99386, 99387, 99395 99396, 99397		
Bright Futures (a set of recommendations made by the American Academy of Pediatrics. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf	Bright Futures	0-21		96127*, 96110, 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395		
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years	visual acuity	<5	B	99381, 99382, 99383, 99391, 99392, 99393		

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The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	skin cancer behavioral counseling	6 months up to 24 years	B	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395		
The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	Falls prevention: older adults	65 years and older	B	99387, 99397		
The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum.	Intimate Partner Violence		B	99383, 99384, 99385, 99386, 99393, 99394, 99395, 99396		
Counseling for Sexually Transmitted Infections, HIV, Contraception and interpersonal and domestic violence	Domestic violence and STI			99381, 99382, 99383, 99391, 99392, 99393		
HRSA recommends screening women for urinary incontinence annually.	Incon-tinence Screening			99385, 99386, 99387, 99395, 99396, 99397		

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The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	hyperten-sive disorders pregnant		B	99385, 99386, 99387, 99395, 99396, 99397		
The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections (STIs)	STI	adolescents to adults	B	99401, 99402, 99403, 99404, 99411, 99412	Z71.89	decision made to allow 3 hours
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years	vision screen by optometry, visual acuity	<5	B	92002, 92004, 92012, 92014, S0620, S0621	Z01.00, Z01.01	

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The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke. See Prev Meds Section	tobacco screening, tobacco intervention		A	99406, 99407, 99411, 99412	F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, F17.203, F17.208, F17.209, F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, F17.299	
HRSA recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.	Obesity prevention			97802, 97803, 97804, 99386, 99396	Z71.3	

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The USPSTF recommends screening pregnant persons for asymptomatic bacteriuria using urine culture.	bacteriuria		B	87086, 87081, 87084	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	

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USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	BRCA		B	99401, 99402, 99403, 99404, 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81406	Z80.3, Z80.41, Z85.3, Z85.43	Medical Policy in place for BRCA1 and BRCA2 codes, see web

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•Initial Breast Cancer Screening	•Breast Mammo-gram			•77063, 77067	Z80.3, Z12.39, Z12.31	
•Additional Breast Cancer Screening Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging (e.g., magnetic resonance imaging (MRI), ultra-sound, mammography) and pathology evaluation are indicated, these services also are recommended to complete the screening process for malignancies.	•MRI (w/ and w/o contrast) Ultrasound Mammo-gram Biopsy Pathology			•19030, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 10021, 19100, 19101, 76641, 76642, 77046, 77047, 77048, 77049, 77053, 77054, 77063, 77067, 88305, C8903, C8905, C8906, C8908, G0279		
The USPSTF recommends provideing interventions or referrals, during pregnancy and after birth, to support breastfeeding.	breastfeed-ing		B	99211, S9443	Z39.1	

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Breast Pumps	Breast pump			E0602, E0603, A4281, A4282, A4283, A4284, A4285, A4286, A4287		
The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	Cervical / pap	21 - 29 years 30 - 65 years	A	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z12.4, Z87.410	

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The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	HPV	30 - 65 years		87623, 87624, 87625	Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z11.51	
USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	chlamydia		B	86631, 86632, 87110, 87270, 87490, 87491, 87810, 87494	Z11.3, Z11.8, Z20.2, Z72.51, Z72.52, Z72.53	

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USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See Prev Meds Section	colorectal screening, colon, colo-noscopy, bowel prep	"50 - 75 (including age 75) 45-49 "	"A B "	00812, 44389, 44390, 44391, 44392, 44394, 44401, 45330, 45331, 45333, 45334, 45338, 45346, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 81528, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0104, G0105, G0121, G0328, S0285, 0421U, 0464U •Rev code 00370 (when billed without a HCPCS proc cd), •Rev code 00710 (when billed without a HCPCS proc cd)	Z12.11, Z12.12	
USPSTF recommends screening for congenital hypothyroidism (CH) in newborns	hypothyroid-ism	Under age 1 year	A	84436, 84437, 84439, 84443	Z13.29	

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The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	hyperlipi-demia, car-diovascular		B	97802, 97803, 97804	E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z71.3	7 hours total
The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	obesity		B	97802, 97803, 97804	E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z71.3	
The USPSTF recommends that clincians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions	pregnant and po-spartum persons, perinatal depression		B	99401, 99402, 99403, 99404, 99411, 99412		
USPSTF recommends screening for gonorrhea in all sexually active women 24 yars or younger and in women 25 years or older who are at increased risk for infection.	gonorrhea		B	87590, 87591, 87850	Z11.3, Z11.8, Z20.2, Z72.51, Z72.52, Z72.53	

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The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	gonococcal ophthalmia neonatorum		A	GPI 86101025004210		
USPSTF recommends screening for hearing loss in all newborn infants.	hearing		B	92587, 92588	Z00.121, Z00.129, Z01.10, Z01.118	

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The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	HIV	adolescent to adult	A	80081, 86701, 86702, 86703, 87389, 87390, 87391, G0432, G0433, G0435	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09. A2, O09.A3, Z11.4, Z20.6, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z71.7	

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The USPSTF recommends that clinicians prescribe preexposure prophylaxis (PrEP) using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV. •See Prev Meds Tab (formerly OTC Drugs) •See ACA Prevention Copay Waiver Criteria (on myprime.com or bcbsks.com medical policy page)	HIV PrEP (preexposure prophylaxis)		A	Preventive Code PREP on stand-alone drug inquiry. Kidney Function Testing: 82565 HIV Testing: 80081, 86701, 86702, 86703, 87389, 87390, 87391, G0432, G0433, G0435 Other labs covered as preventive for HIV PrEP: Pregnancy - see rec Urine Pregnancy Test; Hep B/Hep C - see recs for Hepatitis B and Hepatitis C STI Screening - see recs for STI behavior counseling, HPV, chlamydia, gonorrhea, and syphilis	Z11.4, Z20.6, Z71.7	

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USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women	iron deficiency anemia		B	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09. A2, O09.A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Allow 1 OB panel 80055 or 1- 80081 for rows with key-words iron deficiency anemia, hepatitis B (pregnant), Rh and pregnant syphilis per benefit period.

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U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	hepatitis B (pregnant)		A	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09. A2, O09.A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Allow 1 OB panel 80055 or 1- 80081 for rows with key-words iron deficiency anemia, hepatitis B (pregnant), Rh and pregnant syphilis per benefit period.

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The U.S. Preventive Services Task Force (USPSTF) strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care	Rh		A	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09. A2, O09.A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Allow 1 OB panel 80055 or 1- 80081 for rows with key-words iron deficiency anemia, hepatitis B (pregnant), Rh and pregnant syphilis per benefit period.

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The USPSTF recommends early, universal screening for syphilis infection during pregnancy; if an individual is not screened early in pregnancy, the USPSTF recommends screening at the first available opportunity.	pregnant syphilis		A	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09. A2, O09.A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Allow 1 OB panel 80055 or 1- 80081 for rows with key-words iron deficiency anemia, hepatitis B (pregnant), Rh and pregnant syphilis per benefit period.
The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	syphilis		A	86592, 86780	Z11.3, Z11.8, Z20.2, Z72.51, Z72.52, Z72.53	

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The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening men aged 35 and older for lipid disorders	lipid	OVER 35	A	80061, 82465, 83718	Z13.220	1/yr
The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease	lipid	20-35	B	80061, 82465, 83718	Z13.220	1/yr
The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	lipid	over 45	A	80061, 82465, 83718	Z13.220	1/yr
The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease	lipid	20-45	B	80061, 82465, 83718	Z13.220	1/yr

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The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment. The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years and older.	osteoporosis	< 65 ≥ 65	B	77080, 77085	Z13.820	
The USPSTF recommends screening for phenylketonuria (PKU) in newborns	PKU	newborn	A	84030	Z13.228	

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The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	Rh		B	86850	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	

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The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	STI	adolescents to adults	B	99401, 99402, 99403, 99404	Z71.89	decision made to allow 3 hours
The U. S. Preventive Services Task Force (USPSTF) recommends screening for sickle cell disease in newborns	sickle	newborn	A	83020, 83021	Z13.0	
The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	diabetes, prediabetes		B	82947, 82950, 83036	Z13.1	
The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention. See Prev Meds Section	chemoprevention		B	99401, 99402 Tamoxifen generics, Evista(raloxifene) as prescribed for prevention	Z80.3	

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The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	obesity	6	B	97802, 97803, 97804	Z68.54	
Bright Futures and the American Academy of Pediatrics recommendations include screening tests for hematocrit or hemoglobin as necessary based on risk assessment at age 12 months. *Bright Futures recommendations are a part of the Health Care Resources Administration (HRSA) recommendations.	H&H	12 months		85014, 85018 or 85027	Z13.0	
Bright Futures and the American Academy of Pediatrics recommendations include screening tests for lead exposure as necessary based on risk assessment at age 12 months and possibly again at 24 months. *Bright Futures recommendations are a part of the Health Care Resources Administration (HRSA) recommendations.	Lead	12 and 24 months		83655	Z77.011	

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The U.S. Preventive Services Task Force (USPSTF) recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia See Prev Meds Section	iron	6-12 months	B	OTC iron supp		
The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid. See Prev Meds Section	folic acid		A			
Uniform Screening Panel	panel					
HRSA Women Recommendations						
* CPT/HCPCS codes are only valid as recommendation if the code itself is effective at the date of service.						
Contraception(non-oral) See Prev Meds Section	Hormone releasing vaginal ring(Nuvaring)			G9B, J7295	Z30.013, Z30.014, Z30.015, Z30.018, Z30.019, Z30.40, Z3044	

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	Intrauter-ine Device (IUD)			58300, 58301, J7296, J7297, J7298, J7300, J7301, J7299 S4981, S4989, Q0090, X1C	Z30.014, Z30.018, Z30.019, Z30.40, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49	
	Implantable systems			11976, 11981, 11982, 11983, J7306, J7307, G8B	Z30.017, Z30.40, Z30.46, Z30.49	
	Cervical Cap/ Diaphragm			57170, A4261, A4266, X1B	Z30.018, Z30.019, Z30.40, Z30.49	
	Contracep-tive Patch			J7304, G8F	Z30.016, Z30.018, Z30.019, Z30.40, Z30.45, Z30.49	
	Contracep-tive Injection			J1050, 96372, G8C	Z30.013, Z30.018, Z30.019, Z30.40, Z30.42, Z30.49	
	Tubal Ligation			"00840, 00851, 58600, 58605, 58611, 58661, 58670, 58671, Rev Codes 370, 710, 360; for 25x, 270, 636, 637, and 300-See list of drugs, lab and sup-plies approved for this procedure. "	Z30.2	

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	Transcervical Sterilization			00952, 58340, 58345, 58565, 74740, A4264, Rev Codes 370, 710, 360, for 25x, 270, 636, 637 and 300 see list of drugs and supplies on separate section	Z30.2	
	Natural Family Planning Digital App			A9293	Z30.8	
Oral Contraceptives See Prev Meds Section	Oral contraceptive / intravaginal			Therapeutic Class Codes G8A(not including GPI IDs starting with 2540),G9A, G9B		Pay generic without cost share.
Emergency Contraception See Prev Meds section	Emergency Contraception			G8A with GPI Ids starting with 2540.		

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Screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation (USPSTF), and at the first prenatal visit for pregnant women identified to be at high risk for diabetes (HRSA).	Gestational Diabetes			82947, 82950, 83036	O09.00, O09.01,O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	

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HRSA recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, oral glucose tolerance test).	Type 2 Diabetes, history of gestational diabetes			82947, 82950, 83036	Z13.1	
Urine Pregnancy Test	Pregnancy test	Pregnancy test is medically necessary at change of birth control type.		81025	Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.2, Z30.40, Z30.44, Z30.45, Z30.46, Z30.430, Z30.431, Z30.432, Z30.433	
Counseling for Contraception Options				99401, 99402, 99403, 99404	Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.40, Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.431, Z30.9	allowing one counseling session for adherence, removal, management of side-effects of contraception per year.
The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	Tb	Adults	B	86480, 86580	Z11.1	

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Bright Futures and the American Academy of Pediatrics recommends Tuberculin Screening on recognition of high risk factors.	Tb	1, 6, 12, 18 months; then annually.		86480, 86580	Z11.1	
Lab Draw	lab draw and handling fee			36415, 36416, 99000		covered without cost share when billed with an eligible HCR diagnosis
The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	Hep C	18 to 79 years		86803, 86804, 87521, G0472	Z11.59	
The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	Lung Cancer	50-80	B	71271	Z87.891, 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, Z12.2	both codes are by report and will be reviewed by MR for medical necessity based on policy language

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The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption See Prev Meds Tab (formerly OTC Drugs)	fluoride varnish	6 mons- through age 5		99188, D1206		See other row(s) with keyword fluoride
The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. Bright Futures expands the age range to newborn to 21 years. See Bright Futures Row for more information.	Hep B non pregnant		A	86706, 87340, 87341	Z11.59	See key word Hepatitis B (pregnant)
The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. See Prev Meds Tab (formerly OTC Drugs)	low dose Aspirin		B	Prev code A on stand alone drug inquiry		prescription required

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The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment	Blood Pressure	18 and over	A	93784, 93786, 93788, 93790, A4670	R03.0, Z01.30, Z01.31	
The USPSTF recommends that clinicians prescribe a statin for the primary prevention of Cardiovascular Disease for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertnsion, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. •See Prev Meds Tab (formerly OTC Drugs) •See ACA Prevention Copay Waiver Criteria (on myprime.com or bcbsks.com medical policy page)	Statin Preventive Medication	40 to 75	B	"Preventive Code H on stand alone drug inquiry"		

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The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	pregnancy weight counseling interven-tion		B	97802, 97803, 97804	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.9	

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Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Recommended Adult Schedule			
Tetanus, Diptheria, pertussis (Td/ Tdap)	90714	Tetanus and diptheria toxoids(Td) adsorbed, perservative free when administered to individuals 7 years or older for IM use	
	90715	Tetanus and diptheria toxoids and acellular pertussis vaccine(Tdap) when administered to individuals 7 years or older for IM use	
Human Papillomaviirus(HPV)	90649	Human Pailloma virus(HPV) vaccine, types 6,11,16, 18 (quadrivalent) 3 dose schedule for intramuscular use	ages 9-26; 3 doses schedule
	90650	Human Papillomavirus(HPV) vaccine, types 16, 18 (bivalent) 3 dose schedule for intramuscular use	
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use	
Zoster	90736	Zoster(shingles) vaccine (HZV), live for subcutaneous injection [Zostavax®]	Age 60 and over; 1 dose
	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use [Shingrix®]	Age 50 and over; 2 doses (at) and 2 to 6 months)
Measles, Mumps, rubella (MMR)	90707	Measles, mumps, and rubella virus vaccine (MMR), live, for SQ use	
	90710	Measles,mumps, rubella, and varicella vaccine(MMVR) live for subcutaneous use	Ages 19-49; one or 2 doses: ages 50->65 one dose
Influenza	90616	Influenza virus vaccine, trivalent (TIRV), MRNA, 37.5 MCG/0.38mL dosage, for intramuscular use	
	90639	Influenza virus vaccine, quardrivalent (QIRV), MRNA; 50 MCG/0.5mL dosage, for intramuscular	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90630	Influenza virus vaccine, quadrivalent, (IIV4) split virus, preservative free, for intradermal use	One dose annually
	90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for IM use.	
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	
	90660	Influenza virus vaccine, live for intranasal use	
	90661	Influenza virus vaccine, trivalent (ccIIV3), de-rived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	One dose annually
	90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin(HA) protein only, preservative and antibiotic free, for intramuscular use	
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Approved for use in adults 18 years of age and older
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for IM use	
	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for IM use	One dose annually

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Vaccine type	CPT code	CPT description	Indication per CDC
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for IM use	
	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	approved for use in persons 4 years of age and older.
Pneumococcal (polysaccharide)	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Ages 18 and older
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Ages 18 and older
	90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	Ages 18 and older

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Vaccine type	CPT code	CPT description	Indication per CDC
	90732	Pneumococcal polysaccharide vaccine, 23-valent adult or immunosuppresed patient dosage, when administered to individuals 2 years or older	
Hepatitis A	90632	Hepatitis A vaccine, adult dosage, for intramuscular use	All Adults Ages 19->65; 2 doses
	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	
Hepatitis A and B	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	All Adults Ages 18->65; 3 doses
Hepatitis B	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use [Heplisav®]	
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(3 dose schedule) for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use	All Adults Ages 18->65; 3 doses
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(4 dose schedule) for intramuscular use	
	90759	Hepatitis B vaccine, 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	
Meningococcal	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use.	1 or 2 doses given to high-risk adults.
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	
	90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B(MenB), 3 dose schedule, for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men-B-FHbp, for intramuscular use	Routine vaccination recommended for use in individuals 10-25. Two doses given 6 months apart.
	90624	Meningococcal Pentavalent Vaccine, Men B-4C Recombinant Proteins And Outer Membrane Vesicle And Conjugated Men A, C, W, Y-Diphtheria Toxoid Carrier, For Intramuscular Use	
	90733	Meningococcal polysaccharide vaccine(any groups for subcutaneous use	one or more doses all adults
	90734	Meningococcal conjugate vaccine, serogroups A,C,Y and W-135, quadrivalent (MCV4 or MenACWY), for Intramuscular use	
RSV (Respiratory Syncytial Virus)	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	One dose for adults 50 years and older, as well as adults in their second or third trimester of pregnancy

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Vaccine type	CPT code	CPT description	Indication per CDC
	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intra-muscular use	
	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	Active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older.
Smallpox and monkeypox	90611	Smallpox and monkey-pox vaccine, attenuat-ed vaccinia virus, line, non-replicating, pre-servative free, 0.5 mL dosage, suspensin, for subcutaneous use	
	90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for per-cutaneous use	
Recommended childhood vaccinations			
"Diptheria, Tetanus, Pertussis, Polio, Haemophilus, Influenza B, and Hep-atitis B "	90697	Diphtheria, tetanus toxoids, acellular pertus-sis vaccine, inactivated poliovirus vaccine, Hae-mophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	Recommended doses at 2 months, 4 months, and 6 months - total of three doses.

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Vaccine type	CPT code	CPT description	Indication per CDC
Influenza vaccine	90630	Influenza virus vaccine, quadrivalent, (IIV4) split virus, preservative free, for intradermal use	annual
	90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	
	90653	Influenza vaccine, in-activated (IIV), subunit, adjuvanted, for intra-muscular use	annual
	90654	Influenza virus vaccine, split virus, preservative free for intradermal use	at least annually; 2 doses are sometimes required if under age 9 receiving Influenza vaccine for the 1st time. Hib is given at 2 mon, 4 mon, 6 mon, and 12-15 months.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for IM use.	
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for IM use.	
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for IM use.	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	at least annually; 2 doses are sometimes required if under age 9 receiving Influenza vaccine for the 1st time. Hib is given at 2 mon, 4 mon, 6 mon, and 12-15 months.
	90672	Influenza virus vaccine, quadrivalent, live for intranasal use	
	90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin(HA) protein only, preservative and antibiotic free, for intramuscular use	
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for IM use.	
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for IM use	
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for IM use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	approved for use in persons 4 years of age and older.
	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for IM use	
	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	
Tetanus, Diptheria, Pertussis(Tdap, Dtap)	90696	Diptheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated(Dtap-IPV) when administered to children 4-6 for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
	90698	Diptheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B and poliovirus vaccine, inactivated(Dtap-Hib-IPV) for IM use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90700	Diptheria, tetanus toxoids, and acellular pertussis vaccine(Dtap) when administered to individuals younger than 7 years, for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
	90714	Tetanus and diptheria toxoids(Td) adsorbed, perservative free when administered to individuals 7 years or older for IM use	
	90715	Tetanus and diptheria toxoids and acellular pertussis vaccine(Tdap) when administered to individuals 7 years or older for IM use	
	90723	Diptheria, tetanus toxoid, and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated(DtaP-HepB-IPV) for IM use	
Rotavirus	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use	2, 4, and 6 months.

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Vaccine type	CPT code	CPT description	Indication per CDC
	90681	Rotavirus vaccine,human, attenuated, 2 dose schedule, live for oral use	
Hepatitis B			Birth, between 1-2 months, between 6-18 months: age 7-18; 3 dose schedule if not previously vaccinated
	90743	Hepatitis B vaccine, adolescent (2 dose schedule) for IM use	
	90744	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule) for IM use	
	90748	Hepatitis B and Hemophilis influenza b vaccine(HepB-Hib) for IM use	
Smallpox and monkepox	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, line, non-replicating, preservative free, 0.5 mL dosage, suspensin, for subcutaneous use	
Meningococcal	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use.	Routine vaccination recommended anytime after age 11 with a booster dose at age 16. Recommended for persons at increased risk of disease beginning at 2 months.

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Vaccine type	CPT code	CPT description	Indication per CDC
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	
	90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B(MenB), 3 dose schedule, for intramuscular use	
	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and MenB-FHbp, for intramuscular use	Routine vaccination recommended for use in individuals 10-25. Two doses given 6 months apart.
Pneumococcal	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Administered at 2, 4, 6 months and then again between 12 and 15 months.
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Ages 6 weeks of age and older

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Vaccine type	CPT code	CPT description	Indication per CDC
	90732	Pneumococcal polysacharide vaccine, 23-valent, adult or immunosuppressed patient dosage when administered to individuals 2 years or older, for subcutaneous or IM use.	Minimum age 12 months, 2 doses through age 18 years
Measles, Mumps, rubella (MMR)	90707	Measles, mumps, and rubella virus vaccine(M-MR), live for subcutaneous use	
	90710	Measles,mumps, rubella, and varicella vaccine(MMVR) live for subcutaneous use	Minimum age 12 months, 2nd dose around ages 4-6; ages after 6 to catch-up
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use	
Hepatitis A	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use	Administered at 2, 4, 6 months and if 4 dose schedule again between 12 and 15 months.
	90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for IM use	

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Vaccine type	CPT code	CPT description	Indication per CDC
Hemophilis influenza type b	90647	Hemophilius influenza b vaccine(Hib), PRP-OMP conjugate(3 dose schedule) for IM use	3 doses by age 4 years starting at age 2 months. Final dose after age 4. Can be given as combo vaccine Dtap-IPV or alone.
	90648	Hemophilius influenza b vaccine(Hib), PRP-T conjugate(4 dose schedule) for IM use	
Inactivated poliovirus	90696	Diptheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated(Dtap-IPV) when administered to children 4-6 for IM use	
	90698	Diptheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B and poliovirus vaccine, inactivated(Dtap-Hib-IPV) for IM use	
	90713	Poliovirus vaccine, inactivated(IPV), for subcutaneous or IM use	3 dose schedule starting at age 11
Human Papillomavirus(HPV)	90649	Human Papillomavirus(HPV) vaccine, types 6,11,16, 18 (quadrivalent) 3 dose schedule for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90650	Human Papillomavirus(HPV) vaccine, types 16, 18 (bivalent) 3 dose schedule for intramuscular use	ages 9-26; 3 doses schedule
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	
RSV	90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	
	90381	1 mL dosage, for intramuscular use	
	90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.7 mL dosage, for intramuscular use	
Traveler's Vaccination Recommendations			
Varicella Vaccine	90716	Varicella virus vaccine, live, for subcutaneous use	
Measles, Mumps, Rubella (MMR) vaccination	90707	Measles, mumps, and rubella virus vaccine(MMR), live for subcutaneous use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90710	Measles,mumps, rubella, and varicella vaccine(MMVR) live for subcutaneous use	
Hepatitis A Vaccine	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use	
	90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for IM use	
	90632	Hepatitis A vaccine, adult dosage, for intramuscular use	
Hepatitis A and B Vaccine	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	
Hepatitis B vaccine	90743	Hepatitis B vaccine, adolescent (2 dose schedule) for IM use	
	90744	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule) for IM use	
	90748	Hepatitis B and Hemophilis influenza b vaccine(HepB-Hib) for IM use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(3 dose schedule) for intramuscular use	
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use	
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(4 dose schedule) for intramuscular use	
Meningococcal vaccination	90733	Meningococcal polysaccharide vaccine(any groups for subcutaneous use	
Immunization Administration codes			
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular); 1 vaccine (single or combination vaccine/toxoid)	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90472	*each additional vaccine(single or combination vaccine/toxoid) list separately in addition to code for primary procedure.	
	90473	Immunization administration by intranasal or oral route; 1 vaccine(single or combination vaccine/toxoid)	
	90474	*each additional vaccine(single or combination vaccine/toxoid)(list separately ina ddition to code for primary procedure)	
	G0008	Administration of influenza virus vaccine	
	G0009	Administration of pneumococcal vaccine	
	G0010	Administration of hepatitis B vaccine	

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Vaccine type	CPT code	CPT description	Indication per CDC
	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional: first vaccine/toxoid component. (new code 01/01/2011)	
	90461	*each additional vaccine/toxoid component (list separately in addition to the code for primary procedure). (new code 01/01/2011)	
	96380	Administration of a seasonal RSV monoclonal antibody (such as nirsevimab/Beyfortus) via intramuscular injection, which includes counseling by a physician or other qualified healthcare professional. This code is for pediatric patients (infants/children) during their first or second RSV season.	

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Vaccine type	CPT code	CPT description	Indication per CDC
	96381	Administration of respiratory syncytial virus (RSV) monoclonal antibody (specifically nirsevimab-alip/Beyfortus) via intramuscular injection. It is used when the injection is given without counseling from a physician or other qualified health care professional on the same day.	
COVID-19 Vaccination/Administration Codes			
	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coranavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, single dose	

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Vaccine type	CPT code	CPT description	Indication per CDC
	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use.	
	91318	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	91319	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	
	91320	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	

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Vaccine type	CPT code	CPT description	Indication per CDC
	91321	acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use	
	91322	acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use	
	91323	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 10 Mcg/0.2 Ml Dosage, For Intramuscular Use	

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS
0636	90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED
0270	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND
0279	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND
0250	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0272	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0636	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0250	A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
0259	A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
0272	A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT
0272	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0278	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0279	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0272	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL
0278	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL
0636	J0290	INJECTION, AMPICILLIN SODIUM, 500 MG
0636	J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
0259	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0250	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
0636	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
	J0462	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG
0636	J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
0636	J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG
0259	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0636	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0250	J0694	INJECTION, CEFOXITIN SODIUM, 1 GM
0636	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
0636	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
0636	J1171	Injection, HYDROMORPHONE, 0.1 mg
0250	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1260	INJECTION, DOLASETRON MESYLATE, 10 MG
0636	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG
0250	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0259	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0636	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0258	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
0259	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
0636	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
	J1612	INJECTION, GLUCAGON (GVOKE), 0.01 MG

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
0259	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
0636	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
0636	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
0259	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0636	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0250	J1815	INJECTION, INSULIN, PER 5 UNITS
0250	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0259	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1956	INJECTION, LEVOFLOXACIN, 250 MG
0250	J2002	Injection, LIDOCAINE HCL in 5% DEXTROSE, 1 mg
0259	J2002	Injection, LIDOCAINE HCL in 5% DEXTROSE, 1 mg
0636	J2002	Injection, LIDOCAINE HCL in 5% DEXTROSE, 1 mg
0250	J2003	Injection, LIDOCAINE HCL, 1 mg
0259	J2003	Injection, LIDOCAINE HCL, 1 mg
0636	J2003	Injection, LIDOCAINE HCL, 1 mg
0250	J2004	Injection, LIDOCAINE HCL with EPINEPHRINE, 1 mg
0259	J2004	Injection, LIDOCAINE HCL with EPINEPHRINE, 1 mg
0636	J2004	Injection, LIDOCAINE HCL with EPINEPHRINE, 1 mg
0250	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0259	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0636	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0636	J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG

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****Diagnosis and Age are still taken into consideration** These codes used in conjunction with HCR Preventive Colonoscopy/Sigmoidoscopy effective on 01/27/12 for all dates of service back to 10/1/10**

REV_CD	PROC_CD	HCPCS_CD _DS
0250	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0251	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0259	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0636	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0250	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0251	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0259	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0636	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0251	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0259	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0636	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0251	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0259	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0636	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0259	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER
0259	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0636	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0259	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0636	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG

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REV_CD	PROC_CD	HCPCS_CD _DS
0259	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0636	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0636	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
0259	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
0250	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0259	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
0255	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0259	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0636	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0636	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3370	INJECTION, VANCOMYCIN HCL, 500 MG
0259	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
0636	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
0250	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0258	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0259	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0270	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0636	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0250	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0258	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0258	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
0258	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0259	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0636	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0636	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
0636	J7070	INFUSION, D5W, 1000 CC
0250	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0258	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0259	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0270	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0636	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0250	J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,
0250	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG,
0636	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0258	S5010	5% DEXTROSE AND 45% NORMAL SALINE, 1000 ML
250	J2704	Injection, propofol, 10 mg (use for Diprivan)
258	J2704	Injection, propofol, 10 mg (use for Diprivan)
259	J2704	Injection, propofol, 10 mg (use for Diprivan)
636	J2704	Injection, propofol, 10 mg (use for Diprivan)

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REV_CD	PROC_CD	HCPCS_CD _DS
0300	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
0300	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARSION METHODS
	84702	GONADOTROPIN, CHORIONIC (Hcg), QUANTITATIVE
0300	85014	BLOOD COUNT;HEMATOCRIT(HCT)
0300	85018	BLOOD COUNT; HMEOGLOBIN(HGB)
	85025	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUND) AND AUTOMATED DIFFERENTIAL WBC COUNT
0300	85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUNT)
	87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
	87591	NEISSERIA GONORRHEOEAE, AMPLIFIED PROBE TECHNIQUE
	88302	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
0636	90714	TETANUS AND DIPHTHERIA TOXOIDS(Td)ADSORBED, PRESERVATIVE FREE
	A4550	SURIGICAL TRAYS
0250	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0636	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
	J0462	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG
0250	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0250	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
0636	J0744	INJECTION,CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
0636	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
0636	J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
0250	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
0636	J1171	Injection, HYDROMORPHONE, 0.1 mg

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REV_CD	PROC_CD	HCPCS_CD _DS
0250	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
	J1612	INJECTION, GLUCAGON (GVOKE), 0.01 MG
0636	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
0636	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
0259	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0250	J1790	INJECTION, DROPERIDOL, UP TO 5 MG
0250	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1956	INJECTION, LEVOFLOXACIN, 250 MG
0259	J2002	Injection, LIDOCAINE HCL in 5% DEXTROSE, 1 mg
0259	J2003	Injection, LIDOCAINE HCL, 1 mg
0259	J2004	Injection, LIDOCAINE HCL with EPINEPHRINE, 1 mg
0250	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0259	J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG
0250	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0250	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0250	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0250	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0636	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0259	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
0250	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
0250	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
0250	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
0636	J2930	INJECTION, METHYLPREDNSILONE SODIUM SUCCINATE, UP TO 40 MG
0250	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
0250	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0258	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0636	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0258	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
0250	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0250	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINSTERED THROUGH DME UNIT DOSE, 1 MG
0250	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0028	INJECTION, FAMOTIDINE, 20 MG
0250	S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG

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These are the drugs and supplies to be covered with no member cost sharing when billed as outpatient transcervical sterilization

REV_CD	PROC_CD	HCPCS_CD _DS
0300	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
0300	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARSION METHODS
	84702	GONADOTROPIN, CHORIONIC (Hcg), QUANTITATIVE
0300	85014	BLOOD COUNT;HEMATOCRIT(HCT)
0300	85018	BLOOD COUNT; HMEOGLOBIN(HGB)
	85025	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATE-LET COUND) AND AUTOMATED DIFFERENTIAL WBC COUNT
0300	85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATE-LET COUNT)
	87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
	87591	NEISSERIA GONORRHEOEAE, AMPLIFIED PROBE TECHNIQUE
	88302	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
0636	90714	TETANUS AND DIPHTHERIA TOXOIDS(Td)ADSORBED, PRESERVATIVE FREE
	A4550	SURIGICAL TRAYS
0250	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0636	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
0250	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0250	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
0636	J0744	INJECTION,CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
0636	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
0636	J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
0250	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
0636	J1171	Injection, HYDROMORPHONE, 0.1 mg
0250	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0636	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG

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REV_CD	PROC_CD	HCPCS_CD _DS
0636	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
0259	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0250	J1790	INJECTION, DROPERIDOL, UP TO 5 MG
0250	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1956	INJECTION, LEVOFLOXACIN, 250 MG
0259	J2002	Injection, LIDOCAINE HCL in 5% DEXTROSE, 1 mg
0259	J2003	Injection, LIDOCAINE HCL, 1 mg
0259	J2004	Injection, LIDOCAINE HCL with EPINEPHRINE, 1 mg
0250	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0259	J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG
0250	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0250	J2251	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2252	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, 1 MG
0250	J2253	INJECTION, MIDAZOLAM (SEIZALAM), 1 MG
0250	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0250	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0636	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0259	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
0250	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
0250	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
0250	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
0636	J2930	INJECTION, METHYLPREDNSILONE SODIUM SUCCINATE, UP TO 40 MG

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REV_CD	PROC_CD	HCPCS_CD _DS
0250	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
0250	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0258	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0636	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0258	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
0250	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0250	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME UNIT DOSE, 1 MG
0250	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0028	INJECTION, FAMOTIDINE, 20 MG
0250	S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG
0250	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0028	INJECTION, FAMOTIDINE, 20 MG
0250	S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG

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Drug Type	Drug specific	CPT/HCPCS or Therapeutic Class Code (check code validity based on service date)	Date coverage begins	Note
ASPIRIN	None	Preventive Code A on Stand Alone drug inquiry	06/01/2015 Coverage for low dose aspirin for preeclampsia. 10/01/2010 As associated with Aspirin for the prevention of myocardial infarction and ischemic stroke	
BOWEL PREPARATION	Minimum age 50 yrs	Preventive Code B on Stand Alone drug inquiry	11/1/2016	Prime will administer age requirements. Paper and embedded BCBSKS claims will not. From FAQ 4/2016
BREAST CANCER PRIMARY PREVENTION	Minimum age 35 yrs	Preventive Code T on Stand Alone drug inquiry		Prime will administer age requirements. Paper and embedded BCBSKS claims will not.
FLUORIDE				
Dental Products & Combinations	6 months - 16 yrs	Preventive Code V on Stand Alone drug inquiry		Prime will administer age requirements. Paper and embedded BCBSKS claims will not.
Supplements & Combinations	6 months -5 yrs	Preventive Code V on Stand Alone drug inquiry		Prime will administer age requirements. Paper and embedded BCBSKS claims will not.
FOLIC ACID SUPPLEMENTS	None	Preventive Code V on Stand Alone drug inquiry	10/01/2010	Jan 2017 USPSTF reiterated recommendation; reiterated again in Aug 2023
IRON SUPPLEMENTS	0 to 12 months	Preventive Code V on Stand Alone drug inquiry	10/01/2010	Prime will administer age requirements. Paper and embedded BCBSKS claims will not.

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Drug Type	Drug specific	CPT/HCPCS or Therapeutic Class Code (check code validity based on service date)	Date coverage begins	Note
SINGLE AGENT STATINS	40-75 years	Preventive Code H on Stand Alone drug inquiry		Prime will administer age requirements. Paper and embedded BCBSKS claims will not.
TOBACCO CESSATION	None	Preventive Code S on Stand Alone drug inquiry	10/01/2010	
VACCINES **See Immunizations section**				
CONTRACEPTIVES **Barrier Method Types** **•Cervical Caps** **•Diaphragms** **•Female Condom** **•Spermicide** **•Sponge** **•Phexxi Gel** **Emergency Method Types** **•Emergency Ella** **•Emergency Progestin** **Hormonal Method Types** **•Injectable Progestin** **•Oral Combined** **•Oral Extended Continuous** **•Oral Progestin** **•Transdermal Combined** **•Vaginal Combined**	None	Preventive Code C on Stand Alone drug inquiry (OTC)	08/01/2012	•Added Phexxi Gel effective 1/1/2023. scb

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Drug Type	Drug specific	CPT/HCPCS or Therapeutic Class Code (check code validity based on service date)	Date coverage begins	Note
HIV PrEP (preexposure prophylaxis)	None	Preventive Code PREP on stand-alone drug inquiry. Truvada = J0750 Descovy = J0751 Apretude = J0739, 96372 Yeztugo = J0738	07/01/2020	04/03/2025 - added 96372 to pay preventive with J0739 effective 08/31/2024. scb 02.05.25 - Code J0739 (Apretude) added across the board to BCBSKS benefit plans effective 8/31/24; effective at Prime 2/1/25. scb Code J0750 (Truvada) effective 07.01.20; Code J0751 (Descovy) effective 02.01.24 scb Preventive Medication Guide will be updated to reflect HIV PrEP on 01.01.2021. ljn 02.01.2026 J0738 (Yeztugo) effective