

Subject:	Preventive Care Services (Commercial Plans)		
Policy Number:	PO-RE-110v2		
Effective Date:	08/01/2024		06/15/2026

I. Policy Description

Healthfirst recognizes the importances of preventive care in promoting overall health and well-being. To support our members in maintaining good health and preventing illnesses, we provide coverage for a range of preventive services in accordance with this policy.

The information below applies to the following lines of business.

- Qualified Health Plan (QHP)
- Essential Plan

Reimbursement Guidelines

1. Coverage for preventive services are specified using the codes listed below is available to all eligible Healthfirst Commercial Plan members as defined in their benefit package.
2. Preventive services must be provided by a licensed healthcare provider.
3. Reimbursement rates for preventive services will be based on the provider’s contract with Healthfirst or the Healthfirst standard fee schedule.
4. Members may be responsible for any cost sharing amount as outlined in their plan.
5. Claims for preventive services must be submitted with appropriate documentation and coding to ensure accurate reimbursement.

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for the covered preventive benefits and whether or not cost share applies.

Preventive Care Services

Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications, refer to the pharmacy plan administrator.

Service	Code(s)	Preventive Benefit Instructions
Abdominal Aortic Aneurysm Screening	<p>Procedure Code(s): Ultrasound Screening Study for Abdominal Aortic Aneurysm: 76706</p> <p>Diagnosis Code(s): F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p>	<p>Age: 65 through 75 (ends on 76th birthday).</p> <p>Frequency: Once</p> <p>Requires at least one of the diagnosis codes listed in this row.</p>

Service	Code(s)	Preventive Benefit Instructions
Bacteriuria Screening	<p>Procedure Code(s): 81007, 87086, 87088</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p>Age: No age limit</p> <p>Frequency: As needed Requires Pregnancy Diagnosis Codes</p>

Service	Code(s)	Preventive Benefit Instructions
Chlamydia Infection Screening	<p>Procedure Code(s): Chlamydia Infection Screening: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810, 87801,</p> <p>Blood Draw: 36415, 36416 Blood draw requires 86631 or 86632 AND with one of the Diagnosis Codes listed in this row OR with a Pregnancy Diagnosis Code</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes or one of the following diagnosis codes: Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.4, Z11.8, Z11.9,</p>	<p>Age: No age limit</p> <p>Frequency: as needed</p>

	Z20.2, Z20.6, Z72.51, Z72.52, Z72.53, Z29.81	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
Gonorrhea Screening	<p>Procedure Code(s): 87590, 87591, 87592, , 87850</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes or Screening: Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p>	<p>Age: No age limit</p> <p>Frequency: As needed</p> <p>Requires either a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Hepatitis B Virus Infection Screening</p> <p>Also refer to Reimbursement Policy Titled PO-RE-050 Hepatitis Testing</p>	<p>Procedure Code(s): Hepatitis B Virus Infection Screening: 86704, 86706, 87340, 87341, 87467, G0499</p> <p>Blood Draw: 36415, 36416 Blood draw requires one of the diagnosis codes below</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes or Screening: Z00.00, Z00.01 Z00.121, Z00.129 Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z11.59, Z29.81, Z57.8, Z72.51, Z72.52, Z72.53</p>	<p>Age: No age limit</p> <p>Frequency: As needed</p> <p>Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Hepatitis C Virus Infection Screening</p> <p>Also refer to Reimbursement Policy Titled PO-RE-050 Hepatitis Testing</p>	<p>Procedure Code(s): Hepatitis B Virus Infection Screening: 86803, 86804, G0472</p> <p>Blood Draw: 36415, 36416</p> <p>No diagnosis requirement for preventive benefit to apply.</p>	<p>Age: No age limit</p> <p>Frequency: As needed</p>

Service	Code(s)	Preventive Benefit Instructions
<p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p>	<p>Procedure Code(s): HIV (Human Immunodeficiency Virus) Screening: 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645</p> <p>Blood Draw: 36415, 36416 Blood draw requires one of the listed HIV screening codes AND with one of the following:</p>	<p>Age: No age limit</p> <p>Frequency: as needed</p> <p>HIV – Human Immunodeficiency Virus – Screening: Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p>

	<p>a. one of the Diagnosis Codes listed in this row, OR b. with a Pregnancy Diagnosis Code</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z29.81, Z72.51, Z72.52, Z72.53 or pregnancy diagnosis code</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
RH Incompatibility Screening	<p>Procedure Code(s): RH Incompatibility Screening: 86850, 86901</p> <p>Blood Draw: 36415, 36416 Blood draw requires 86901 AND a Pregnancy Diagnosis Code</p> <p>Diagnosis Code(s): Requires a Pregnancy Diagnosis code</p>	<p>Age: No age limit</p> <p>Frequency: As needed</p>

Service	Code(s)	Preventive Benefit Instructions
Syphilis Screening	<p>Procedure Code(s): Syphilis Screening: 0064U, 0065U, 0210U, 86592, 86593, 86780</p> <p>Blood Draw: 36415, 36416</p>	<p>Age: No age limit</p> <p>Frequency: As needed Syphilis Screening:</p>

	<p>Blood draw requires one of the listed Syphilis Screening procedure codes AND one of the following:</p> <ul style="list-style-type: none"> a. one of the listed diagnosis codes in this row OR b. Pregnancy Diagnosis Code <p>Diagnosis Code(s): Pregnancy: Pregnancy Diagnosis Codes Or Screening: Z00.00, Z00.01, Z00.121, Z00.129, Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p>	<p>Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row</p>
--	---	---

Service	Code(s)	Preventive Benefit Instructions
<p>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</p>	<p>Procedure Code(s): Genetic Counseling and Evaluation for BRCA: 96041, S0265</p> <p>E&M Visit: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417, G0463</p> <p>BRCA Lab Screening: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p>	<p>Age: 18 and older (begins on 18th birthday)</p> <p>Screening frequency: Once Counseling frequency: As needed</p>

	<p>Blood Draw: 36415, 36416 Blood draw requires one of the listed BRCA Lab Screening procedure codes, AND one of the diagnosis codes listed below</p> <p>Diagnosis Code(s): Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
<p>Screening for Pre-Diabetes and Type 2 Diabetes</p>	<p>Procedure Code(s): Nutrition Therapy: 97802, 97803, 97804, G0270, G0271,</p> <p>Prevention Counseling: 99401, 99402, 99403, 99404</p> <p>Behavioral Counseling: 0403T, G9886, G0447, G0473</p> <p>Diabetes Screening: 82947, 82948, 82950, 82951, 82952, 83036, Blood Draw: 36415, 36416</p> <p>Nutrition Therapy, and Counseling Diagnosis Code(s): R73.03 (prediabetes)</p> <p>Diabetes Screening Diagnosis Code(s):</p>	<p>Pre-Diabetes Preventive Interventions Age: Limited to age 35-70 years (ends on 71st birthday).</p> <p>If a Diabetes Diagnosis Code is present in any position, the preventive benefit does not apply; see the Diabetes Diagnosis Code List.</p>

	<p>Z00.00, Z00.01, Z13.1 AND with one of the following: E66.01, E66.09, E66.1, E66.3, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, 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, Z86.32</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
<p>Cervical Cancer Screening; Pap Smear</p>	<p>Procedure Code(s): Screening: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p>No screening diagnosis codes required for preventive benefit to apply</p> <p>Pap Smear: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>Pap Smear Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p>Age: 21 through 65 (ends on 66th Birthday)</p> <p>Frequency: One every three years</p>

Service	Code(s)	Preventive Benefit Instructions
Cholesterol Screening (Lipid Disorders Screening):	<p>Procedure Code(s): 80061, 82465, 83718, 83719, 83721, 83722, 84478 Risk Assessment: G0537, G0538</p> <p>Blood Draw: 36415, 36416 For ages 40-75 blood draw requires one of the listed Cholesterol Screening procedure codes AND one of the Required Diagnosis Codes listed below</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z3.220</p>	<p>Age: 40 through 75 (ends on 76th Birthday)</p> <p>Frequency: As needed</p>

Service	Code(s)	Preventive Benefit Instructions
Colorectal Cancer Screening Sigmoidoscopy:	<p>Procedure Code(s): Screening: G0104</p> <p>No diagnosis required for preventive benefit for screening</p> <p>Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 Sigmoidoscopy Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, , Z83.710, Z83.711, Z83.718, Z83.719, Z83.79</p> <p>Pathology: 88304, 88305</p> <p>Pathology and Anesthesia diagnosis codes: Z00.00, Z00.01,</p>	<p>Age: 45-75 years (ends on 76th birthday).</p> <p>Frequency: Only allowed 1 every 5 years</p>

	<p>Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 AND Billed with G0104, G0106, 45330, 45331, 45333 or 45338</p> <p>Anesthesia: 00811, 00812, 99152, 99153, 99156, 99157, G0500</p> <p>Preop consultation: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Preop Diagnosis codes: Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z89.79</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
<p>Colorectal Cancer Screening Colonoscopy:</p>	<p>Procedure Code(s): Screening: G0105, G0121,</p> <p>No diagnosis required for preventive benefit to apply for above screening</p> <p>Screening: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, , Z83.710, Z83.711,</p>	<p>Age: 45-75 years (ends on 76th birthday).</p> <p>Frequency: Only allowed 1 every 10 years</p>

	<p>Z83.718, Z83.719, Z83.72, Z83.79</p> <p>Pathology: 88304, 88305</p> <p>Pathology Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79 AND billed with G0105, G0120, G0121, G0122</p> <p>Anesthesia: 00811, 00812, 99152, 99153, 99156, 99157, G0500</p> <p>Anesthesia Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79, AND billed with G0104, G0106, 45330, 45331, 45333, 45338</p> <p>Pre-op Consult: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Pre-op diagnosis codes: Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> <p>Colonoscopy Pre-op Consult: S0285</p>	
--	---	--

	Diagnosis not required for pre-op consult for preventive benefit to apply.	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
Colorectal Cancer Screening	Procedure Code(s): 81528, 0464U No diagnosis code requirement	Age: 45-75 years (ends on 76th birthday). Frequency: Once every 3 years

Service	Code(s)	Preventive Benefit Instructions
Colorectal Cancer Screening Fecal Occult Blood Testing:	Procedure Code(s): Screening: G0328 No screening diagnosis required for preventive benefit to apply Pathology: 82270, 82274 Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, , Z83.710, Z83.711, Z83.718, Z83.719, Z73.82, Z83.79 or billed with G0328	Age: 45-75 years (ends on 76th birthday). Frequency: Annually (series of 3)

Service	Code(s)	Preventive Benefit Instructions
Colorectal Cancer Screening: Computed Tomographic Colonography	Procedure Code(s): 74263	Age: 45-75 years (ends on 76th birthday). Frequency: every 2 years for those at high risk (regardless of

	No diagnosis code required for preventive benefit to apply.	age), or every 10 years for those who are at average risk 4 years after a flexible sigmoidoscopy
--	---	--

Service	Code(s)	Preventive Benefit Instructions
Wellness Examinations (well baby, well child)	<p>Procedure Code(s): 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99401, 99402, 99403, 99404, 99411, 99412, 99461, G0445, G0402, G0438, G0439,</p> <p>No wellness examination diagnosis code required for preventive benefit to apply</p>	<p>Age: up to age 19 (ends on 19th birthday)</p> <p>Frequency: as needed, no limit</p>

Service	Code(s)	Preventive Benefit Instructions
Behavioral Counseling (all ages, all genders)	<p>Procedure Code(s): G0445</p> <p>No behavioral counseling diagnosis code required for preventive benefit to apply</p>	<p>Age: all ages</p> <p>Frequency: 6 per year</p>

Service	Code(s)	Preventive Benefit Instructions
Wellness Examinations (Well Adult)	<p>Procedure Code(s): Exam: 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0402, G0438, G0439</p>	<p>Age: 19 and older</p> <p>Frequency: no visit limit</p>

	No wellness examination diagnosis code required for preventive benefit to apply	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
Wellness Examinations Women	Procedure Code(s): Exam: S0610, S0612, S0613 No diagnosis code required	Age: 19 and older Frequency: no visit limit

Service	Code(s)	Preventive Benefit Instructions
Immunizations	Procedure Code(s) Administration: 0-18 years: 90460, 90461, All ages: 90471, 90472, 90473, 90474, G0008, G0009, G0010 Diphtheria and Tetanus (DT) 0-6 years: 90702 Diphtheria, Tetanus, and Pertussis (DTaP) 0-6 years: 90700 Diphtheria, Tetanus, and Pertussis, Hepatitis B, and Inactivated Poliovirus (DTaP-HepB-IPV) 0-6 years: 90723 Diphtheria, Tetanus, and Pertussis, Inactivated Poliovirus (DTaP-IPV): 4-6 years: 90696	

	<p>Diphtheria, Tetanus, and Pertussis, Inactivated Poliovirus, and Haemophilus influenzae type b (DTaP-IPV/Hib) 0-4 years: 90698</p> <p>Diphtheria, Tetanus, and Pertussis, Inactivated Poliovirus, Haemophilus influenzae B, Hepatitis B (DTaP-IPV-Hib-HepB) 0-4 years: 90697</p> <p>Haemophilus influenzae type b All ages: 90647, 90648</p> <p>Hepatitis A 0-18 years: 90633, 90634 18+ years: 90632, 90636</p> <p>Hepatitis B (HepB) All ages, series of 3: 90740 All ages, series of 4: 90747 10-18 years, series of 2: 90743 0-18 years, series of 3: 90744 18+ years, series of 3: 90746 18+ years, 2 dose schedule: 90739</p> <p>Haemophilus B, Hepatitis B (Hib-HepB) All ages: 90748</p> <p>Haemophilus B, Meningococcal C (HiB-MenCY_ 2-15 months: 90644</p>	
--	---	--

	<p>Human Papilloma Virus (HPV) 9-26 years, series of 3: 90649 9-26 years, series of 3: 90650 9-45 years, series of 3: 90651</p> <p>Influenza All ages: 90666, 90667, 90668, 90689, Q2039</p> <p>6+ months: 90686, 90688, 90674, 90756</p> <p>6 months – 35 months: 90655, 90657, 90685, 90687</p> <p>2 years - 49 years: 90660, 90664, 90672</p> <p>3+ years: 90658, Q2035, Q2036, Q2037, Q2038</p> <p>4+ years: 90661</p> <p>18+ years: 90673, 90682, Q2034</p> <p>18 years – 64 years: 90630, 90654</p> <p>65+ years: 90653, 90662, 90694</p> <p>Meningococcal groups A, C, W, Y (MenACWY): All ages: 90734</p> <p>Meningococcal: All ages: 90619</p>	
--	--	--

	<p>10 years and older: 90620, 90621</p> <p>Measles, Mumps, Rubella (MMR) All ages: 90707</p> <p>Measles, Mumps, Rubella, Varicella (MMRV) 0-12 years: 90710</p> <p>Meningococcal Polysaccharide Caccine (MPSV4) All ages: 90733</p> <p>Pneumococcal All ages: 90670 2 years+: 90732</p> <p>Polio All ages: 90713</p> <p>Rotavirus 0-8 months: 90680, 90681</p> <p>Respiratory Syncytial Virus (RSV) All ages: 90678, 90679 0-24 months: 90380, 90381</p> <p>Tetanus, Diphtheria (TD) 7 years+: 90714</p> <p>Tetanus, Diphtheria, Pertussis (TDaP) 7 years+: 90715</p> <p>Varicella (chickenpox) All ages: 90716</p> <p>Zoster/Shingles: 50+ years: 90750</p>	
--	--	--

	60+ years: 90736	
--	------------------	--

Service	Code(s)	Preventive Benefit Instructions
Newborn Screenings	<p>Procedure Code(s): Hearing: 92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008</p> <p>Hypothyroidism: 84437, 84443</p> <p>Phenylketonuria: 84030</p> <p>Sickle Cell: 83021, 83030, 83033, 83051, S3850</p> <p>Blood Draw: 36415, 36416</p> <p>For ages 0-90 days, blood draw requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>	<p>Age Limits: 0-90 days (ends on 91st day)</p> <p>Frequency: once</p>

Service	Code(s)	Preventive Benefit Instructions
Metabolic Screening Panel (newborns)	<p>Procedure Code(s): Screening: 82017, 82136, 82261, 82775, 83020, 83498, 83516, S3620</p>	<p>Age Limits: 0-90 days (ends on 91st day)</p> <p>Frequency: no visit limit</p>

	<p>Blood Draw: 36415, 36416</p> <p>Blood draw requires one of the listed Metabolic Screening Panel Procedure Codes</p>	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
<p>Osteoporosis Screening</p> <p>osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>	<p>Procedure Code(s): 77085, 77086, 76977, 77080, 77081, G0130</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z82.62</p>	<p>No Age limit</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</p>	<p>Procedure Code(s): 99408, 99409, G0442, G0443</p> <p>No diagnosis code required for preventive benefit to apply</p>	<p><u>No age limit</u></p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Screening for Depression in Adults:</p>	<p>Procedure Code(s): 96127, 96161, G0444, G0136</p> <p>Diagnosis Code(s): Z13.31, Z13.32 (only required for 96127)</p>	<p>Age Limits: 18 and older (starts on 18th birthday)</p> <p><u>Frequency:</u> as needed</p>

--	--	--

Service	Code(s)	Preventive Benefit Instructions
Screening for Depression in Children & Adolescents	<p>Procedure Code(s): 96127, 96161, G0444, G0136</p> <p>Diagnosis Code(s): Z13.31, Z13.32 (only required for 96127)</p>	<p>Age Limits: 12 to 18 years (Starts on 12th birthday, ends on 18th birthday)</p> <p>Frequency: <u>as needed</u></p>

Service	Code(s)	Preventive Benefit Instructions
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions	<p>Procedure Code(s): Medical Nutrition Therapy or Counseling: 97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, G0447, G0473 G9886, 0403T</p> <p>Risk Assessment: G0537, G0538</p> <p>Behavioral Counseling: G0446, G0447, G0473</p> <p>Diagnosis Code(s): Z13.220, Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E66.01, E66.09,</p>	No Age limit

	<p>E66.1, E66.3, , E66.811, E66.812, E66.813, E66.89, E66.9, , E88.810, E88.811, E88.818, E88.819, E88.82, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, 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, I10, I1.A0, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2, R73.01, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9 I25.10, I25.110, I25.111, , I25.118, I25.119, I25.700, I25.701, , I25.708, I25.709, I25.710, I25.711, , I25.718, I25.719, I25.720,</p>	
--	--	--

	<p>I25.721, , I25.728, I25.729, I25.730, I25.731, , I25.738, I25.739, I25.750, I25.751, , I25.758, I25.759, I25.760, I25.761, , I25.768, I25.769, I25.790, I25.791, , I25.798, I25.799, I25.810, I25.811, I25.812 I16.0 I16.1, I16.9 OR Diabetes: Diabetes Diagnosis Code List Or Atherosclerosis: Atherosclerosis Diagnosis Code List</p> <p>Diagnosis not required for G0446, G0447, G0473</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
<p>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</p>	<p>Procedure Code(s): Therapy and Counseling: 0403T, 97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, G0446, G0447, G0473, G9886</p> <p>Diagnosis Code(s): BMI 30.0-39.0: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 BMI 40+: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45,</p>	<p>Age Limit: 18 years and older</p> <p>Frequency: as needed</p>

	<p>Obesity: E66.01, E66.09, E66.1, E66.8, E66.9</p> <p>Diagnosis not required for G0446, G0447</p>	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
<p>High Body Mass Index in Children and Adolescents Screening for Obesity in Children and Adolescents</p>	<p>Procedure Code(s): Therapy and Counseling: 0403T, 97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, G0446, G0447, G0473, G9886</p> <p>Diagnosis Code(s): Obesity: E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.55, Z68.56</p> <p>Diagnosis not required for G0446, G0447,</p>	<p>Age: 18 years and under (ends on 18th birthday)</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Behavioral Counseling to Prevent Sexually Transmitted Infections</p>	<p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411 99412, G0445</p> <p>No diagnosis required for preventive benefit to apply</p>	<p>Age: No age limit</p> <p>Frequency: G0445, six per year</p>

Service	Code(s)	Preventive Benefit Instructions
Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons	<p>Procedure Code(s): Behavioral Interventions: 99406, 99407</p> <p>Preventive Medicine, Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age: 18 and older (including pregnant women)</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents	<p>Procedure Code(s): Smoking and Tobacco Use Cessation Counseling Visit: 99406, 99407</p> <p>Preventive Medicine, Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age: under age 18 (ends on 18th birthday)</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
---------	---------	---------------------------------

<p>Screening for Visual Impairment in Children</p>	<p>Procedure Code(s): 99173, 99174, 99177</p> <p>No diagnosis codes required for preventive benefit</p>	<p>Age: Up to age 21 years (ends on 22nd birthday).</p> <p>Frequency: as needed</p>
---	--	---

Service	Code(s)	Preventive Benefit Instructions
<p>Screening for Lung Cancer with Low-Dose Computed Tomography</p> <p>USPSTF Rating (March 2021): B 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.</p>	<p>Procedure Code(s): Screening: 71271 Counseling: G0296</p> <p>Diagnosis Code(s): F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p> <p>No diagnosis required for G0296</p>	<p>Requires one of the diagnosis codes listed in this row.</p> <p>Limitations:</p> <ul style="list-style-type: none"> - Limited to one per year, and - All the following criteria: <ul style="list-style-type: none"> • Age 50 to 80 years (ends on 81st birthday).

Service	Code(s)	Preventive Benefit Instructions
<p>Fluoride Application in Primary Care</p>	<p>Procedure Code(s): 99188</p> <p>No diagnosis code required for preventive benefit to apply</p>	<p>Age: 0-5 years (ends on 6th birthday).</p> <p>Frequency: 1 every year</p>

Service	Code(s)	Preventive Benefit Instructions
Anemia Screening in Children	<p>Procedure Code(s): 85014, 85018</p> <p>Blood Draw: 36415, 36416 Blood draw requires CPT Codes of 85014 & 85018 & one of the diagnoses below</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p>Age: less than 21 years of age (ends on 22nd birthday).</p> <p>Frequency: No frequency limit.</p>

Service	Code(s)	Preventive Benefit Instructions
Hearing Tests	<p>Procedure Code(s): Screening: 92551, 92552, 92553</p> <p>Hearing: 92558, 92587, 92588, 92650, 92651, V5008</p> <p>Diagnosis Code(s): Z01.10, Z00.121, Z00.129</p>	<p>Limit of once per year.</p> <p>Age: Less than 21 years of age (ends on 22nd birthday).</p>

Service	Code(s)	Preventive Benefit Instructions
Formal Developmental/ Autism Screening	<p>Procedure Code(s): 96110</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49</p>	<p>Age: Less than 3 years (ends on 3rd birthday).</p> <p>No frequency limit.</p>

Service	Code(s)	Preventive Benefit Instructions
Lead Screening	<p>Procedure Code(s): 83655</p> <p>Blood Draw: 36415, 36416 Blood draw requires lead screening and one of the diagnoses below</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z77.011</p>	<p>Age: 6 months through age 6 years (ends on 7th birthday).</p> <p>No frequency limit.</p>

Service	Code(s)	Preventive Benefit Instructions
Tuberculosis (TB) Testing	<p>Procedure Code(s): Skin test: 86580 E & M Visit: 99211</p> <p>Diagnosis Code(s): Skin test: R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7 E & M Visit: R76.11, R76.12, Z11.1</p>	<p>Age: prenatal to 21 (ends on 22nd birthday).</p> <p>No frequency limit.</p>

Service	Code(s)	Preventive Benefit Instructions
Dyslipidemia Screening	<p>Procedure Code(s): 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p>Blood Draw: 36415, 36416 Blood draw requires one of the screening codes and one of the diagnoses below</p> <p>Diagnosis Code(s):</p>	<p>Dyslipidemia Screening Lab Work:</p> <p>Age: 24 months to 21 years (starts on 2nd birthday, ends on 21st birthday).</p> <p>Frequency: as needed</p>

	Z00.121, Z00.129, Z13.220	
--	------------------------------	--

Service	Code(s)	Preventive Benefit Instructions
Well-Woman Preventive Visits – Pre/Prenatal Care	<p>Procedure Code(s):</p> <p>Prenatal Office Visits: Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Pelvic Examination: 99459</p> <p>Physician Prenatal Education: 99078</p> <p>Prenatal Care Visits: 59425, 59426</p> <p>Global Obstetrical Codes: 59400, 59510, 59610, 59618</p> <p>Postpartum Care Visits: 59430</p> <p>Diagnosis Code(s): Any Pregnancy Diagnosis Code</p>	<p>No age limit</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
Screening for Diabetes in Pregnancy	<p>Procedure Code(s): 82947, 82948, 82950, 82951, 82952, 83036</p>	<p>Age: No age limit</p> <p>Frequency: as needed</p>

	<p>Blood Draw: 36415, 36416 Blood draw requires Screening code & Pregnancy diagnosis Code</p> <p>Diagnosis codes: Pregnancy diagnosis code required</p>	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
Human Papillomavirus DNA Testing (HPV)	<p>Procedure Code(s): HPV Testing: 87624, 87625, 87626, G0476,</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z101.419, Z11.51, Z12.4</p>	<p>Age: 30 years and older (begins on 30th birthday)</p> <p>Frequency: Allowed 1 every 3 years</p>

Service	Code(s)	Preventive Benefit Instructions
Contraceptive Methods (Including Sterilizations):	<p>Procedure Code(s): Sterilization: 58600, 58605, 58611, 58615, 58661, 58670, 58671, A4264</p> <p>No sterilization diagnosis required for preventive benefit</p> <p>E & M Visit: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463</p> <p>Pregnancy Test: 81025, 84702, 84703</p>	Sterilization Only allowed once

	<p>E & M and Pregnancy diagnosis: Z30.2</p> <p>Tubal Ligation Follow-up: 58340, 74740</p> <p>Tubal Contrast Material: Q9967</p> <p>Tubal Ligation Follow-up Diagnosis Code(s): Z98.51</p> <p>E&M Visit: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99215, 99417, G0463</p> <p>Pregnancy Test: 81025, 84702, 84703</p> <p>E & M and Pregnancy Diagnosis code: Z98.51</p> <p>Contraceptive Methods: 57170, A4261, A4266</p> <p>IUD: J7300, J7301, J7296, J7297</p> <p>No contraceptive or IUD diagnosis required for preventive benefit to apply</p> <p>Implantable Devices: J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)</p> <p>IUDs: J7298 (Mirena®) S4989 58300, S4981 (insertion)</p>	
--	--	--

	<p>58301 (removal) J1050 (injection)</p> <p>Implantable and IUD Diagnosis Code(s): Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p> <p>Administration: 96372 Anesthesia: 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Anesthesia diagnosis: Z30.2</p>	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
<p>Breastfeeding Support, Supplies, and Counseling</p>	<p>Procedure Code(s): Lactation class: S9443</p> <p>No diagnosis required for lactation class for preventive benefit to apply</p> <p>Education: 98960, 98961, 98962</p> <p>E & M Visit: 99242, 99243, 99244, 99245</p> <p>Home Visit: 99341, 99342, 99344, 99345,</p>	<p>No age limit</p> <p>Frequency: Only allowed 1 breast pump purchased every birth</p>

	<p>99347, , 99348, 99349, 99350</p> <p>Education, E&M, and Home Visit Diagnosis codes: B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2</p> <p>Breastfeeding Equipment & Supplies: Breast Pump: E0603</p> <p>Breast Pump Supplies: A4281, A4282, A4283, A4284, A4285, A4286, A4287</p> <p>Breast Pump Diagnosis Code(s): Z39.1 OR Pregnancy Diagnosis Codes</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
---------	---------	---------------------------------

<p>Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis</p>	<p>Procedure Code(s): E & M Visit: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Counseling: 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53, Z86.19, Z29.81</p>	<p>No age limit</p> <p>Frequency: as needed</p>
---	--	--

Service	Code(s)	Preventive Benefit Instructions
<p>Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening</p>	<p>ECG Screening for those at Risk</p> <p>Procedure Code(s): 93000, 93005, 93010</p> <p>Diagnosis Code(s): Z00.00, Z00.01 Z00.121, Z00.129, I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Q87.85, Q93.52, Z82.41, Z84.81, Z82.49</p>	<p>Age: 11 years to 21 years (ends on 22nd birthday).</p> <p>Frequency: As needed</p>

Service	Code(s)	Preventive Benefit Instructions
<p>Screening for Anxiety in Children and Adolescents</p> <p>Anxiety Disorders in Adults (Screening)</p>	<p>Procedure Code(s): 96127</p> <p>Diagnosis Code(s): Z13.39</p>	<p>Age (children and adolescents): 8 to 18 years</p> <p>Age (adult): 64 years and younger</p> <p>Frequency: as needed</p>

Service	Code(s)	Preventive Benefit Instructions
High Blood Pressure in Adults – Screening	<p>Procedure Code(s): 93784, 93786, 93788 or 93790</p> <p>Diagnosis Code(s): R03.0</p>	Age: 18 years and older (start on 18th birthday)

Service	Code(s)	Preventive Benefit Instructions
Latent Tuberculosis Infection in Adults: Screening	<p>Procedure Code(s): Screening: 86480, 86481, 86580 E & M Visit: 99211</p> <p>Blood Draw: 36415, 36416 Blood draw requires screening code and one of the below diagnoses</p> <p>Diagnosis Code(s): R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1 <u>E & M diagnosis: R76.11</u></p>	Age: 21 years of age and older

Service	Code(s)	Preventive Benefit Instructions
Screening Mammography (single baseline mammogram for ages 35 to 39)	<p>Procedure Code(s): Screening: 77063, 77067, 76641, 76642, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, D3038A,</p> <p>Revenue Code: 403 (screening), 401 (diagnostic)</p>	<p>Age: 35 to 39 years</p> <p>Frequency: once</p>

	Diagnosis Code(s): No diagnosis code required for preventive benefit to apply	
--	---	--

Service	Code(s)	Preventive Benefit Instructions
Screening Mammography	Procedure Code(s): Screening: 77063, 77067, Diagnostic: 76641, 76642, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, D3038A, Revenue Code: 403 (screening), 401 (diagnostic) Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.	Age limit: 40 and older (beginning on 40 th birthday), Frequency: Once a year

Service	Code(s)	Preventive Benefit Instructions
Inconclusive Screening Mammography	Procedure Code(s): Diagnostic: 77065, 77066, 77061, 77062, Diagnosis Code(s): No diagnosis required for preventive benefit to apply	Age: 35 years and older Frequency: As needed

Service	Code(s)	Preventive Benefit Instructions
---------	---------	---------------------------------

Zoster/Shingles Vaccine	Procedure Code(s): 90736 No diagnosis code required for the preventive benefit to apply	Age: 60 years and older Frequency: once
--------------------------------	--	--

Service	Code(s)	Preventive Benefit Instructions
Zoster/Shingles Vaccine	Procedure Code(s): 90750 No diagnosis code required for the preventive benefit to apply	Age: 50 years and older Frequency: once

Service	Code(s)	Preventive Benefit Instructions
Prostate Cancer Screening	Procedure Code(s): G0102, G0103, 84152, 84153, 84154 Blood Draw: 36415, 36416 Blood draw requires G0103 OR 84152, 84153, 84154 and one of the diagnoses below Diagnosis codes for 84152, 84153, and 84154: Z00.00, Z00.01, Z12.5, Z80.42	Age: 40 and older, male only Frequency: one every year

Service	Code(s)	Preventive Benefit Instructions
Chemoprevention of Breast Cancer (Counseling)	Procedure Code(s): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214,	Age: No age limit Frequency: as needed

	<p>99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p> <p>Diagnosis code: Z80.3, Z80.41, Z15.01, Z15.02</p>	
--	--	--

Service	Code(s)	Preventive Benefit Instructions
Anemia, Iron Deficiency Anemia Screening	<p>Procedure Code(s): 85013, 85014, 85018</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy diagnosis code required</p>	Age: No age limit, pregnant women

Service	Code(s)	Preventive Benefit Instructions
Rubella Screening by History of Vaccination or by Serology	<p>Procedure Code(s): 86762</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z11.59, Z20.4</p>	<p>Age: childbearing age</p> <p>Frequency: as needed</p>

Adjudication and Appeal Process

1. Reimbursement for preventive services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Specimen collection, acquisition, handling, and transport services are not separately reimbursed when performed in conjunction with a preventive service and are considered included in the reimbursement for the primary service.
3. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

4. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
5. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
6. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing"*.

Please be advised that all services provided are subject to the member's individual benefit coverage

II. Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply. CPT® is a registered trademark of the American Medical Association.

Code	Description	Comment
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	

00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	
01960	Anesthesia for vaginal delivery only	
01961	Anesthesia for cesarean delivery only	
01965	Anesthesia for incomplete or missed abortion procedures	
01966	Anesthesia for induced abortion procedures	
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	
11976	Removal, implantable contraceptive capsules	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	
11982	Removal, non-biodegradable drug delivery implant	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	
36415	Collection of venous blood by venipuncture	
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
44389	Colonoscopy through stoma; with biopsy, single or multiple	
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	

44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
45380	Colonoscopy, flexible; with biopsy, single or multiple	
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	
57170	Diaphragm or cervical cap fitting with instructions	
58300	Insertion of intrauterine device (IUD)	
58301	Removal of intrauterine device (IUD)	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	
58562	Hysteroscopy, surgical; with removal of impacted foreign body	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral, or bilateral, during same hospitalization (separate procedure)	
58611	Ligation or transection of fallopian tube(s) when done at the time	

	of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	
59425	Antepartum care only; 4-6 visits	
59426	Antepartum care only; 7 or more visits	
59430	Postpartum care only (separate procedure)	
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	
74740	Hysterosalpingography, radiological supervision and interpretation	
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	
76977	Ultrasound bone density measurement and interpretation,	

	peripheral site(s), any method	
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	
77061	Diagnostic digital breast tomosynthesis; unilateral	
77062	Diagnostic digital breast tomosynthesis; bilateral	
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
81025	Urine pregnancy test, by visual color comparison methods	

81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	
82017	Acylcarnitines; quantitative, each specimen	
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	
82261	Biotinidase, each specimen	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative;	

	feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	
82465	Cholesterol, serum or whole blood, total	
82775	Galactose-1-phosphate uridyl transferase; quantitative	
82947	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	
82948	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	
82950	Glucose; post glucose dose (includes glucose)	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	
83030	Hemoglobin; F (fetal), chemical	
83033	Hemoglobin; F (fetal), qualitative	
83036	Hemoglobin; glycosylated (A1C)	
83051	Hemoglobin; plasma	
83498	Hydroxyprogesterone, 17-d	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	
83655	Lead	
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	
83719	Lipoprotein, direct measurement; VLDL cholesterol	
83721	Lipoprotein, direct measurement; LDL cholesterol	
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	
84030	Phenylalanine (PKU), blood	
84152	Prostate specific antigen (PSA); complexed (direct measurement)	
84153	Prostate specific antigen (PSA); total	

84154	Prostate specific antigen (PSA); free	
84437	Thyroxine; requiring elution (eg, neonatal)	
84443	Thyroid stimulating hormone (TSH)	
84702	Gonadotropin, chorionic (hCG); quantitative	
84703	Gonadotropin, chorionic (hCG); qualitative	
84478	Triglycerides	
85013	Blood count; spun microhematocrit	
85014	Blood count; hematocrit (Hct)	
85018	Blood count; hemoglobin (Hgb)	
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	
86580	Skin test; tuberculosis, intradermal	
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	
86593	Syphilis test, non-treponemal antibody; quantitative	
86631	Antibody; Chlamydia	
86632	Antibody; Chlamydia, IgM	
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	
86701	Antibody; HIV-1	
86702	Antibody; HIV-2	
86703	Antibody; HIV-1 and HIV-2, single result	
86704	Hepatitis B core antibody (HBcAb); total	
86706	Hepatitis B surface antibody (HBsAb)	
86762	Antibody; rubella	
86780	Antibody; Treponema pallidum	
86803	Hepatitis C antibody;	
86804	Hepatitis C antibody: confirmatory test (eg, immunoblot)	
86850	Antibody screen, RBC, each serum technique	
86901	Blood typing, serologic; Rh (D)	
87086	Culture, bacterial; quantitative colony count, urine	

87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	
87110	Culture, chlamydia, any source	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	
87467	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative	

87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	

87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	
88141	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted	

	rescreening using cell selection and review under physician supervision	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland,	

	<p>biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy</p>	
90474	Immunization administration by intranasal or oral route; 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)	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	

90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	

90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular 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	
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	

90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	
92551	Screening test, pure tone, air only	
92552	Pure tone audiometry (threshold); air only	
92553	Pure tone audiometry (threshold); air and bone	
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of	

	outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97804	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	

98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	
99173	Screening test of visual acuity, quantitative, bilateral	
99174	Instrument-based ocular screening (eg, photoscreening,	

	automated-refraction), bilateral; with remote analysis and report	
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	

99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or	

	examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	

99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	

99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of	

	laboratory/diagnostic procedures, established patient; 40-64 years	
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	

99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	
99459	Pelvic examination (List separately in addition to code for primary procedure)	
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	
A4261	Cervical cap for contraceptive use	
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
A4266	Diaphragm for contraceptive use	
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	
C8903	Magnetic resonance imaging with contrast, breast; unilateral	

C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	
E0603	Breast pump, electric (AC and/or DC), any type	
G0008	Administration of influenza virus vaccine	
G0009	Administration of pneumococcal vaccine	
G0010	Administration of hepatitis B vaccine	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	
G0102	Prostate cancer screening; digital rectal examination	
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	
G0121	Colorectal cancer screening: colonoscopy on individual not meeting criteria for high risk	
G0122	Colorectal cancer screening; barium enema	
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	

G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	
G0147	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	
G0270	Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change	

	in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes	
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations	
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	
G0442	Annual alcohol misuse screening, 5 to 15 minutes	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
G0444	Annual depression screening, 5 to 15 minutes	
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	
G0463	Hospital outpatient clinic visit for assessment and management of a patient	
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	

G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	
G0475	HIV antigen/antibody, combination assay, screening	
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	
G0499	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ASCVD) risk assessment, 5-15 minutes, not more often than every 12 months	
G0538	Atherosclerotic cardiovascular disease (ASCVD) risk management services; clinical staff time; per calendar month	
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	
J1050	Injection, medroxyprogesterone acetate, 1 mg	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	
J7300	Intrauterine copper contraceptive	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	
J7307	Etonogestrel (contraceptive) implant system, including implant	

	and supplies	
P3000	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	
Q2039	Influenza virus vaccine, not otherwise specified	
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	
S0265	Genetic counseling, under physician supervision, each 15 minutes	
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	
S0610	Annual gynecological examination, new patient	
S0612	Annual gynecological examination, established patient	
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	
S3645	HIV-1 antibody testing of oral mucosal transudate	
S3850	Genetic testing for sickle cell anemia	

S4981	Insertion of levonorgestrel-releasing intrauterine system	
S4989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	
S9443	Lactation classes, nonphysician provider, per session	
S9470	Nutritional counseling, dietitian visit	
V5008	Hearing screening	

III. Definitions

Term	Meaning
ACIP	Advisory Committee on Immunization Practices
HRSA	Health Resources and Services Administration
PPACA	Patient Protection and Affordable Care Act of 2010
USPSTF	United States Preventive Services Task Force

IV. Related Policies

Policy Number	Policy Description

Current Procedural Terminology © American Medical Association. All rights reserved.

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes
06/15/2026	<p>Policy updated to reflect the following:</p> <p>CPT codes removed: 77055-77059, C8904-C8907, G0011-G0013, G9275-G9276, G9458-G9460, 81213, 82565, 82575, 86850, 99343, 99437, J0739</p> <p>CPT codes added: 36415-36416, 77061-77062, 77065-77066, 90471-90473, 90632-90633, 90647-90651, 90653-90658, 90660-90668, 90670, 90674, 90682, 90685-90688, 90696-90697, 90700, 90707-90710, 90715-90716, 90729, 90732-90736, 90746, 90750, 99201, 99241, Q2034-Q2039, G0008-G0010, G0537-G0538, 0210U, 0502U, 811, 821, 36415, 36416, 77085, 85762, 87534, 87535, 87536, 87537, 87538, 87539, 90380, 90381, 93241, 95041, 96041, G0102, G0136, V5008</p> <p>Diagnosis codes removed: D68.0, E08.321-E08.359, E09.321-E09.37, E10.321-E10.37, E11.321-E11.37, E13.321-E13.37, I25.10-I25.119, I25.700-I25.812, N18.3, O00.0-O00.91, O04.5-O04.89, O09.A, O33.7, O34.21-O34.22, O34.218, O35.0XX0-O35.0XX9, O35.1XX0-O35.1XX9, O42.01-O42.03, O44.2-O44.5, O86.0, O90.4, O99.89-O99.893, Z29.13, Z36</p> <p>Diagnosis codes added: E10.A0-E10.A2, I10-I16.9, N26.2, O26.641-O26.649, O60.10X0-O60.23X9, O61.0-O61.9, O62.0-O62.9, O63.0-O63.9, O64.0XX0-O64.9XX9, O65.0-O65.9, O66.0-O66.9, O67.0-O67.9, O68, O69.0XX0-O69.9XX9, O70.0-O70.9, O71.00-O71.9, O72.0-O72.3, O73.0-O73.1, O74.0-O74.9, O75.0-O75.9, O76, O77.0-O77.9, O90.41-O90.49, O91.03-O91.23, O92.03-O92.79, O9A.111-O9A.53, P70.2, Z3A.00-Z3A.42, Z3A.49</p>

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

This list contains diagnosis codes for the following:

- [Atherosclerosis](#)
- [Diabetes](#)
- [Pregnancy](#)
- [Hepatitis C](#)
- [Hypertension](#)
- [Lipid Disorder](#)
- [Ocular Screening](#)

Atherosclerosis

The following atherosclerosis diagnosis codes are allowed for the *Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions* service listed in the policy titled [Preventive Care Services](#).

Atherosclerosis

I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361,

I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91

Coronary Atherosclerosis Diagnosis Codes

I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812

Diabetes

The following diabetes diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

- Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: Diabetes
- Screening for Diabetes Mellitus After Pregnancy
- Screening for Gestational Diabetes Mellitus
- Screening for Pre-Diabetes and Type 2 Diabetes

Diabetes

E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E08.39, E08.65, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553,

E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.620, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.A0, E10.A1, E10.A2, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, P70.2, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.36, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.69, E08.8, E08.9, R73.03

Pregnancy

The following pregnancy diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

- Bacteriuria Screening
- Breastfeeding Services and Supplies
- Chlamydia Infection Screening
- Gonorrhea Screening
- Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions
- Hepatitis B Virus Infection Screening
- HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults
- Perinatal Depression – Preventive Interventions (Counseling)
- RH Incompatibility Screening
- Screening for Gestational Diabetes Mellitus
- Syphilis Screening
- Well-Woman Preventive Visits

Pregnancy

O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.A0, O09.A1, O09.A2, O09.A3, 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, O12.00, O12.01, O12.02, O12.03, O12.04, O12.05, O12.10, O12.11, O12.12, O12.13, O12.14, O12.15, O12.20, O12.21, O12.22, O12.23, O12.24, O12.25, O14.00, O14.02, O14.03, O14.04, O14.05, O14.10, O14.12, O14.13, O14.14, O14.15, O14.20, O14.22, O14.23, O14.24, O14.25, O14.90, O14.92, O14.93, O14.94, O14.95, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O25.10, O25.11, O25.12, O25.13, O25.2, O25.3, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32,

O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.62, O26.63, O26.641, O26.642, O26.643, O26.649, O26.711, O26.712, O26.713, O26.719, O26.72, O26.73, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.231, O30.232, O30.233, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.832, O30.833, O30.839, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0,

O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.211, O34.212, O34.219, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0194, O36.0195, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924, O36.0925, O36.0929, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.0990, O36.0991, O36.0992, O36.0993, O36.0994, O36.0995, O36.0999, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124, O36.1125, O36.1129, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1190, O36.1191, O36.1192, O36.1193, O36.1194, O36.1195, O36.1199, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924, O36.1925, O36.1929, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.1990, O36.1991, O36.1992, O36.1993, O36.1994, O36.1995, O36.1999, O36.20X0, O36.20X1, O36.20X2, O36.20X3, O36.20X4, O36.20X5, O36.20X9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5190, O36.5191, O36.5192, O36.5193, O36.5194, O36.5195, O36.5199, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.70X0, O36.70X1, O36.70X2, O36.70X3, O36.70X4, O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230,

O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O36.8310, O36.8311, O36.8312, O36.8313, O36.8314, O36.8315, O36.8319, O36.8320, O36.8321, O36.8322, O36.8323, O36.8324, O36.8325, O36.8329, O36.8330, O36.8331, O36.8332, O36.8333, O36.8334, O36.8335, O36.8339, O36.8390, O36.8391, O36.8392, O36.8393, O36.8394, O36.8395, O36.8399, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90,

O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O60.10X0, O60.10X1, O60.10X2, O60.10X3, O60.10X4, O60.10X5, O60.10X9, O60.12X0, O60.12X1, O60.12X2, O60.12X3, O60.12X4, O60.12X5, O60.12X9, O60.13X0, O60.13X1, O60.13X2, O60.13X3, O60.13X4, O60.13X5, O60.13X9, O60.14X0, O60.14X1, O60.14X2, O60.14X3, O60.14X4, O60.14X5, O60.14X9, O60.20X0, O60.20X1, O60.20X2, O60.20X3, O60.20X4, O60.20X5, O60.20X9, O60.22X0, O60.22X1, O60.22X2, O60.22X3, O60.22X4, O60.22X5, O60.22X9, O60.23X0, O60.23X1, O60.23X2, O60.23X3, O60.23X4, O60.23X5, O60.23X9, O61.0, O61.1, O61.8, O61.9, O62.0, O62.1, O62.2, O62.3, O62.4, O62.8, O62.9, O63.0, O63.1, O63.2, O63.9, O64.0XX0, O64.0XX1, O64.0XX2, O64.0XX3, O64.0XX4, O64.0XX5, O64.0XX9, O64.1XX0, O64.1XX1, O64.1XX2, O64.1XX3, O64.1XX4, O64.1XX5, O64.1XX9, O64.2XX0, O64.2XX1, O64.2XX2, O64.2XX3, O64.2XX4, O64.2XX5, O64.2XX9, O64.3XX0, O64.3XX1, O64.3XX2, O64.3XX3, O64.3XX4, O64.3XX5, O64.3XX9, O64.4XX0, O64.4XX1, O64.4XX2, O64.4XX3, O64.4XX4, O64.4XX5, O64.4XX9, O64.5XX0, O64.5XX1, O64.5XX2, O64.5XX3, O64.5XX4, O64.5XX5, O64.5XX9, O64.8XX0, O64.8XX1, O64.8XX2, O64.8XX3, O64.8XX4, O64.8XX5, O64.8XX9, O64.9XX0, O64.9XX1, O64.9XX2, O64.9XX3, O64.9XX4, O64.9XX5, O64.9XX9, O65.0, O65.1, O65.2, O65.3, O65.4, O65.5, O65.8, O65.9, O66.0, O66.1, O66.2, O66.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0, O69.0XX1, O69.0XX2, O69.0XX3, O69.0XX4, O69.0XX5, O69.0XX9, O69.1XX0, O69.1XX1, O69.1XX2, O69.1XX3, O69.1XX4, O69.1XX5, O69.1XX9, O69.2XX0, O69.2XX1, O69.2XX2, O69.2XX3, O69.2XX4, O69.2XX5, O69.2XX9, O69.3XX0, O69.3XX1, O69.3XX2, O69.3XX3, O69.3XX4, O69.3XX5, O69.3XX9, O69.4XX0, O69.4XX1, O69.4XX2, O69.4XX3, O69.4XX4, O69.4XX5, O69.4XX9, O69.5XX0, O69.5XX1, O69.5XX2, O69.5XX3, O69.5XX4, O69.5XX5, O69.5XX9, O69.81X0, O69.81X1, O69.81X2, O69.81X3, O69.81X4, O69.81X5, O69.81X9, O69.82X0, O69.82X1, O69.82X2, O69.82X3, O69.82X4, O69.82X5, O69.82X9, O69.89X0, O69.89X1, O69.89X2, O69.89X3, O69.89X4, O69.89X5, O69.89X9, O69.9XX0, O69.9XX1, O69.9XX2, O69.9XX3, O69.9XX4, O69.9XX5, O69.9XX9, O70.0, O70.1, O70.20, O70.21, O70.22, O70.23, O70.3, O70.4, O70.9, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, O74.0, O74.1, O74.2, O74.3, O74.4, O74.5, O74.6, O74.7, O74.8, O74.9, O75.0, O75.1, O75.2, O75.3, O75.4, O75.5, O75.81, O75.82, O75.89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O9A.111, O9A.112, O9A.113, O9A.119, O9A.12, O9A.13, O9A.211, O9A.212, O9A.213, O9A.219, O9A.22, O9A.23, O9A.311, O9A.312, O9A.313, O9A.319, O9A.32, O9A.33, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, O9A.511, O9A.512, O9A.513, O9A.519, O9A.52, O9A.53, O90.3, O90.41, O90.49, O91.03, O91.111, O91.112, O91.113, O91.119, O91.12, O91.13, O91.23, O92.03, O92.13, O92.20, O92.29, O92.5, O92.70, O92.79, O94, O98.411, O98.412, O98.413, O98.419, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.310, O99.311, O99.312, O99.313, O99.314, O99.315, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.711, O99.712, O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825,

O99.830, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49, Z32.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.8A, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.9, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O35.AXX0, O35.AXX1, O35.AXX2, O35.AXX3, O35.AXX4, O35.AXX5, O35.AXX9, O35.BXX0, O35.BXX1, O35.BXX2, O35.BXX3, O35.BXX4, O35.BXX5, O35.BXX9, O35.CXX0, O35.CXX1, O35.CXX2, O35.CXX3, O35.CXX4, O35.CXX5, O35.CXX9, O35.DXX0, O35.DXX1, O35.DXX2, O35.DXX3, O35.DXX4, O35.DXX5, O35.DXX9, O35.EXX0, O35.EXX1, O35.EXX2, O35.EXX3, O35.EXX4, O35.EXX5, O35.EXX9, O35.FXX0, O35.FXX1, O35.FXX2, O35.FXX3, O35.FXX4, O35.FXX5, O35.FXX9, O35.GXX0, O35.GXX1, O35.GXX2, O35.GXX3, O35.GXX4, O35.GXX5, O35.GXX9, O35.HXX0, O35.HXX1, O35.HXX2, O35.HXX3, O35.HXX4, O35.HXX5, O35.HXX9, O35.00X0, O35.00X1, O35.00X2, O35.00X3, O35.00X4, O35.00X5, O35.00X9, O35.01X0, O35.01X1, O35.01X2, O35.01X3, O35.01X4, O35.01X5, O35.01X9, O35.02X0, O35.02X1, O35.02X2, O35.02X3, O35.02X4, O35.02X5, O35.02X9, O35.03X0, O35.03X1, O35.03X2, O35.03X3, O35.03X4, O35.03X5, O35.03X9, O35.04X0, O35.04X1, O35.04X2, O35.04X3, O35.04X4, O35.04X5, O35.04X9, O35.05X0, O35.05X1, O35.05X2, O35.05X3, O35.05X4, O35.05X5, O35.05X9, O35.06X0, O35.06X1, O35.06X2, O35.06X3, O35.06X4, O35.06X5, O35.06X9, O35.07X0, O35.07X1, O35.07X2, O35.07X3, O35.07X4, O35.07X5, O35.07X9, O35.08X0, O35.08X1, O35.08X2, O35.08X3, O35.08X4, O35.08X5, O35.08X9, O35.09X0, O35.09X1, O35.09X2, O35.09X3, O35.09X4, O35.09X5, O35.09X9, O35.10X0, O35.10X1, O35.10X2, O35.10X3, O35.10X4, O35.10X5, O35.10X9, O35.11X0, O35.11X1, O35.11X2, O35.11X3, O35.11X4, O35.11X5, O35.11X9, O35.12X0, O35.12X1, O35.12X2, O35.12X3, O35.12X4, O35.12X5, O35.12X9, O35.13X0, O35.13X1, O35.13X2, O35.13X3, O35.13X4, O35.13X5, O35.13X9, O35.14X0, O35.14X1, O35.14X2, O35.14X3, O35.14X4, O35.14X5, O35.14X9, O35.15X0, O35.15X1, O35.15X2, O35.15X3, O35.15X4, O35.15X5, O35.15X9, O35.19X0, O35.19X1, O35.19X2, O35.19X3, O35.19X4, O35.19X5, O35.19X9, O85, O86.00, O86.01, O86.02, O86.03, O86.04, O86.09, O86.11, O86.12, O86.13, O86.19, O86.20, O86.21, O86.22, O86.29, O86.4, O86.81, O86.89, O87.0, O87.1, O87.2, O87.3, O87.4, O87.8, O87.9, O88.02, O88.03, O88.12, O88.13, O88.22, O88.23, O88.32, O88.33, O88.82, O88.83, O89.01, O89.09, O89.1, O89.2, O89.3, O89.4, O89.5, O89.6, O89.8, O89.9, O90.0, O90.1, O90.2, O90.5, O90.6, O90.81, O90.89, O90.9, O91.011, O91.012, O91.013, O91.019, O91.02, O91.211, O91.212, O91.213, O91.219, O91.22, O92.011, O92.012, O92.013, O92.019, O92.02, O92.111, O92.112, O92.113, O92.119, O92.12, O92.3, O92.4, O92.6, O99.891, O99.892

Hepatitis C

The following Hepatitis C diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

Hepatitis C

A50.01, A50.02, A50.03, A50.04, A50.05, A50.06, A50.07, A50.08, A50.09, A50.1, A50.2, A50.30, A50.31, A50.32, A50.39, A50.40, A50.41, A50.42, A50.43, A50.44, A50.45, A50.49, A50.51, A50.52, A50.53, A50.54, A50.55, A50.56, A50.57, A50.59, A50.6, A50.7, A50.9, A51.0, A51.1, A51.2, A51.31, A51.32, A51.39, A51.41, A51.42, A51.43, A51.44, A51.46, A51.49, A51.5, A51.9, A52.00, A52.01, A52.02, A52.03, A52.04, A52.05, A52.06, A52.09, A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.2, A52.3, A52.71, A52.72, A52.73, A52.74, A52.75, A52.76, A52.77, A52.78, A52.79, A52.8, A52.9, A53.0, A53.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.30, A54.31, A54.32, A54.33, A54.39, A54.40, A54.41, A54.42, A54.43, A54.49, A54.5, A54.6, A54.81, A54.82, A54.83, A54.84, A54.85, A54.86, A54.89, A54.9, A55, A56.00, A56.01, A56.02, A56.09, A56.11, A56.19, A56.2, A56.3, A56.4, A56.8, A57, A58, A59.00, A59.01, A59.02, A59.03, A59.09, A59.8, A59.9, A60.00, A60.01, A60.02, A60.03, A60.04, A60.09, A60.1, A60.9, A63.0, A63.8, A64, A74.81, A74.89, A74.9, B07.8, B07.9, B20, B97.35, B97.7, D65, D66, D67, D68.1, D68.2, D68.311, D68.312, D68.318, D68.32, D68.4, D68.8, D68.9, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.20, F16.21, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.20, F19.21, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, M02.30, M02.311, M02.312, M02.319, M02.321, M02.322, M02.329, M02.331, M02.332, M02.339, M02.341, M02.342, M02.349, M02.351, M02.352, M02.359, M02.361, M02.362, M02.369, M02.371, M02.372, M02.379, M02.38, M02.39, N18.4, N18.5, N18.6, N34.1, N49.1, N49.2, N49.3, N49.8, N49.9, N73.5, N73.9, N76.0, N76.1, N76.2, N76.3, N77.1, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, P00.2, Z00.00, Z00.01, Z04.41, Z04.42, Z05.1, Z11.4, Z11.59, Z11.9, Z14.01, Z14.02, Z20.2, Z20.5, Z20.6, Z20.828, Z21, Z22.4, Z41.8, Z48.21, Z48.22, Z48.24, Z48.280, Z48.288, Z48.290, Z48.298, Z49.31, Z49.32, Z51.89, Z52.000, Z52.001, Z52.008, Z52.010, Z52.011, Z52.018, Z52.090, Z52.091, Z52.098, Z52.10, Z52.11, Z52.19, Z52.20, Z52.21, Z52.29, Z52.3, Z52.4, Z52.5, Z52.6, Z52.89, Z52.9, Z71.7, Z72.51, Z72.52,

Z72.53, Z79.899, Z86.2, Z92.25, Z94.0, Z94.1, Z94.2, Z94.3, Z94.5, Z94.6, Z94.7, Z94.81, Z94.82, Z94.83, Z94.84, Z94.89, Z94.9, Z95.3, Z95.4, Z99.2

Hypertension

The following Hypertension diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

Hypertension

I10, I16.0, I16.1, I16.9, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2

Lipid Disorder

The following Lipid Disorder diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

Lipid Disorders

E66.01, E66.09, E66.1, E66.3, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.5, F17.210, F17.211, F17.213, F17.218, F17.219, I10, I15.0, I15.1, I15.2, I15.8, I15.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, N26.2, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, R73.01, Z13.220, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, 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, Z72.0, Z82.49, Z83.42, Z87.891

Ocular Screening

The following Ocular Screening diagnosis codes are applicable to the following services addressed in the policy titled [Preventive Care Services](#):

Ocular Screening

E78.71, E78.72, F07.9, F45.8, F80.4, F84.0, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, G12.0, G21.4, G23.0, G23.1, G23.2, G23.8, G23.9, G37.0, G37.5, G40.A01, G40.A09, G40.A11, G40.A19, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801, G40.802, G40.803, G40.804, G40.811, G40.812, G40.813, G40.814, G40.821, G40.822, G40.823, G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G46.3, G46.4, G46.5, G46.6, G46.7, G46.8, G52.7, G60.8, G72.3, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, G83.81,

G83.82, G83.83, G83.84, G83.89, G83.9, G90.09, G90.3, G93.1, G97.31, G97.32, H93.25, I67.2, I67.81, I67.82, I67.89, I68.0, I68.8, I69.00, I69.020, I69.021, I69.023, I69.031, I69.032, I69.033, I69.034, I69.039, I69.041, I69.042, I69.043, I69.044, I69.049, I69.051, I69.052, I69.053, I69.054, I69.059, I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.090, I69.091, I69.092, I69.093, I69.098, I69.10, I69.120, I69.121, I69.123, I69.131, I69.132, I69.133, I69.134, I69.139, I69.141, I69.142, I69.143, I69.144, I69.149, I69.151, I69.152, I69.153, I69.154, I69.159, I69.161, I69.162, I69.163, I69.164, I69.165, I69.169, I69.190, I69.191, I69.192, I69.193, I69.198, I69.20, I69.220, I69.221, I69.223, I69.231, I69.232, I69.233, I69.234, I69.239, I69.241, I69.242, I69.243, I69.244, I69.249, I69.251, I69.252, I69.253, I69.254, I69.259, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.290, I69.291, I69.292, I69.293, I69.298, I69.30, I69.320, I69.321, I69.323, I69.331, I69.332, I69.333, I69.334, I69.339, I69.341, I69.342, I69.343, I69.344, I69.349, I69.351, I69.352, I69.353, I69.354, I69.359, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.390, I69.391, I69.392, I69.393, I69.398, I69.80, I69.820, I69.821, I69.823, I69.831, I69.832, I69.833, I69.834, I69.839, I69.841, I69.842, I69.843, I69.844, I69.849, I69.851, I69.852, I69.853, I69.854, I69.859, I69.861, I69.862, I69.863, I69.864, I69.865, I69.869, I69.890, I69.891, I69.892, I69.893, I69.898, I69.90, I69.920, I69.921, I69.923, I69.931, I69.932, I69.933, I69.934, I69.939, I69.941, I69.942, I69.943, I69.944, I69.949, I69.951, I69.952, I69.953, I69.954, I69.959, I69.961, I69.962, I69.963, I69.964, I69.965, I69.969, I69.990, I69.991, I69.992, I69.993, I97.810, I97.811, I97.820, I97.821, Q05.0, Q05.1, Q05.2, Q05.3, Q05.4, Q05.5, Q05.6, Q05.7, Q05.8, Q05.9, Q07.00, Q07.01, Q07.02, Q07.03, Q14.2, Q87.81, Q90.0, Q90.1, Q90.2, Q90.9, Q91.0, Q91.1, Q91.2, Q91.3, Q91.4, Q91.5, Q91.6, Q91.7, Q92.0, Q92.1, Q92.2, Q92.5, Q92.7, Q92.8, Q92.9, Q93.0, Q93.1, Q93.2, Q93.3, Q93.4, Q93.7, Q93.81, Q93.88, Q93.89, Q93.9, Q95.2, Q95.3, Q95.5, Q95.8, Q95.9, Q96.0, Q96.1, Q96.2, Q96.3, Q96.4, Q96.8, Q96.9, Q98.0, Q98.1, Q98.3, Q98.4, Q99.2, R29.5, R62.0, S12.000A, S12.000B, S12.001A, S12.001B, S12.100A, S12.100B, S12.101A, S12.101B, S12.200A, S12.200B, S12.201A, S12.201B, S12.300A, S12.300B, S12.301A, S12.301B, S12.400A, S12.400B, S12.401A, S12.401B, S12.500A, S12.500B, S12.501A, S12.501B, S12.600A, S12.601A, S12.601B, S12.9XXA, S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.109A, S14.111A, S14.112A, S14.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.119A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.129A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.139A, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S22.009A, S22.009B, S22.019A, S22.019B, S22.029A, S22.029B, S22.039A, S22.039B, S22.049A, S22.049B, S22.059A, S22.059B, S22.069A, S22.069B, S22.079A, S22.079B, S22.089A, S22.089B, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.109D, S24.109S, S24.111A, S24.112A, S24.113A, S24.114A, S24.119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A, S32.009A, S32.009B, S32.019A, S32.019B, S32.029A, S32.029B, S32.039A, S32.039B, S32.049A, S32.049B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.2XXA, S32.2XXB, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA, T20.00XS, T20.011S, T20.012S, T20.019S, T20.02XS, T20.03XS, T20.04XS, T20.05XS, T20.06XS, T20.07XS, T20.09XS, T20.10XS, T20.111S, T20.112S, T20.119S, T20.12XS, T20.13XS, T20.14XS, T20.15XS, T20.16XS, T20.17XS, T20.19XS, T20.20XS, T20.211S, T20.212S, T20.219S, T20.22XS, T20.23XS, T20.24XS, T20.25XS, T20.26XS, T20.27XS, T20.29XS, T20.30XS, T20.311S, T20.312S, T20.319S, T20.32XS, T20.33XS, T20.34XS, T20.35XS, T20.36XS, T20.37XS, T20.39XS, T20.40XS, T20.411S, T20.412S, T20.419S, T20.42XS, T20.43XS

