

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who have ever smoked	AAA	65-75	B	G0389, 76706	F17.200, F17.201, F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891
The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	alcohol		B	99408, 99409	Z71.41

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
<p>"The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.</p> <p>*****The following description is for May, 2017, anniversaries: (The USPSTF primary prevention of CVC and CRC in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are recommends initiating low-dose aspirin use for the not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.) "</p>	aspirin	45-79	A	99386, 99387, 99396, 99397	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
<p>"The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.</p> <p>*****The following description is for May, 2017, anniversaries: (The USPSTF primary prevention of CVC and CRC in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are recommends initiating low-dose aspirin use for the not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.)"</p>	aspirin	55-79	A	99386, 99387, 99396, 99397	
USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	fluoride	6 mons-5 years	B	99381, 99382,99391, 99392,	
Fluoride supplementation(drug)	fluoride	Over age 6 months to age 5		Preventative code V on stand-along drug inquiry	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	depressive	12-18	B	99384,99385, 99394, 99395,	
USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up in the primary care setting	depression		B	99385, 99386, 99387, 99395, 99396, 99397,	
The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.	"blood pressure Also see row 160"		A	99385, 99386, 99387, 99395, 99396, 99397	
The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke.	tobacco		A	99385, 99386, 99387, 99395 99396, 99397	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
Bright futures(a set of recommendations made by the American Academy of Pediatrics)	Bright	0-21		99381-99385, 99391-99395	
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years	visual	<5	B	99381-99383, 99391-99393,	
Counseling for Sexually Transmitted Infections, HIV, Contraception and interpersonal and domestic violence, prevention of skin cancer	Domestic violence and STI, and prevention of skin cancer counseling			99381-99383, 99391-99393,	
The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	STI	adolescents to adults	B	99401-99404	Z71.89
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years	vision screen by optometry	<5	B	92002-92014, S0620-S0621	Z01.00, Z01.01

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke.	tobacco		A	99406, 99407, 99411, 99412	F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, F17.203, F17.208, F17.209, F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, F17.299

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	bacteriuria		A	87086, 87081, 87084	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.	BRCA		B	99401, 99402, 99403, 99404, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81406	Z85.3, Z85.41, Z85.43, Z80.3
Breast Cancer Screening	Breast/mammogram		B,	77052, 77057, 77067, G0202	Z80.3, Z12.39, Z12.31,
USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding	breastfeeding		B	99211, S9443	Z39.1
Cervical Cancer, Screening	Cervical/pap		A	G0123,G0124, G0141, G0143, G0144, G0145, G0147,G0148, P3000, P3001, Q0091, 88141-88143, 88147,88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175	Z87.410, Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z12.4
USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.	chlamydial		A	87110, 87490, 87491,87810, 86631, 86632, 87270	Z11.8

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk	chlamydial		B	87110, 87490, 87491, 87810, 86631, 86632, 87270	Z11.8
USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	colorectal, colon, colonoscopy		A	45330, 45331, 45333, 45334, 45338, 45339, G0104, G0105, G0121, 45378-45392, G0328, 88305, 82270, 82274, 44388-44397, 00810, Rev code 00370 (when billed without a HCPCS proc cd), Rev code 00710 (when billed without a HCPCS proc cd), S0285	Z12.11, Z12.12
	colon prep			Preventive code B on stand alone drug inquiry	none
USPSTF recommends screening for congenital hypothyroidism (CH) in newborns	hypothyroidism	Under age 1 year	A	84436, 84437, 84439, 84443	Z13.29
USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	hyperlipidemia		B	97802-97804	E66.09, E66.1, E66.8, E66.9, E66.01, E66.2, Z71.3, 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

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	obesity		B	97802-97804	E66.09, E66.1, E66.8, E66.9, E66.01, E66.2, Z71.3, 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
(USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors; go to Clinical Considerations for further discussion of risk factors).	gonorrhea		B	87590-87591, 87850	Z11.3, Z20.2

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum	gonococcal		A	"NDC's: 00168-0070-11 00168-0070-38 00168-0070-39 00904-7926-38 16590-0090-35 17478-0070-35 21695-0173-18 23490-5511-01 24208-0910-19 24208-0910-55 33358-0134-35 35356-0535-01 48102-0008-11 48102-0008-35 48102-0008-39 49999-0136-35 52959-0301-00 53002-0905-59 54569-1193-00 54799-0540-35 54868-0644-01 55045-1350-09 66267-0975-35 68115-0972-35 68387-0540-01 "	
USPSTF recommends screening for hearing loss in all newborn infants.	hearing		B	92587,92588	Z00.121, Z00.129, Z01.10, Z01.118

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	hepatitis B		A	86706, 87340, 87341	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O90.219, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, 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, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.70, O09.71, O09.72, O09.73, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, Z11.59, Z22.51

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened and that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	HIV	adolescent to adult	A	86701,86702, 86703, 87389, 87390, 87391, G0432,G0433, G0435,80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z71.7, Z11.59

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women	anemia		B	80055,80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The U.S. Preventive Services Task Force (USPSTF) strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care	Rh		A	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen persons at increased risk for syphilis infection. The USPSTF strongly recommends that clinicians screen all pregnant women for syphilis infection	pregnant syphilis		A	80055, 80081	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93
The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen persons at increased risk for syphilis infection	syphilis		A	86592	Z20.2, Z11.3

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening men aged 35 and older for lipid disorders	lipid	OVER 35	A	80061, 82465, 83718,	Z13.220
The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease	lipid	20-35	B	80061, 82465, 83718,	Z13.220
The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	lipid	over 45	A	80061, 82465, 83718,	Z13.220
The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease	lipid	20-45	B	80061, 82465, 83718,	Z13.220
The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	osteoporosis		B	77080, 77085	Z13.820

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening for phenylketonuria (PKU) in newborns	PKU	newborn	A	84030	Z13.228
The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	Rh		B	86850	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	STI	adolescents to adults	B	99401-99404	Z71.89
The U. S. Preventive Services Task Force (USPSTF) recommends screening for sickle cell disease in newborns	sickle	newborn	A	83020-83021	Z13.0
The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg	diabetes		B	82947, 83036	Z13.1
The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	chemoprevention		B	99401,99402 Tamoxifen generics, Evista(raloxifene) as prescribed for prevention see NDC tab as necessary	Z80.3

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	obesity	6	B	97802-97804	Z68.54
Bright Futures and the American Academy of Pediatrics recommendations include screening tests for hematocrit or hemoglobin as necessary based on risk assessment at age 12 months. *Bright Futures recommendations are a part of the Health Care Resources Administration (HRSA) recommendations.	H&H	12 months		85014, 85018 or 85027	Z13.0
Bright Futures and the American Academy of Pediatrics recommendations include screening tests for lead exposure as necessary based on risk assessment at age 12 months and possibly again at 24 months. *Bright Futures recommendations are a part of the Health Care Resources Administration (HRSA) recommendations.	Lead	12 and 24 months		83655	Z77.011

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
Contraception(non-oral)					
	Hormone releasing vaginal ring(Nuvaring)			J7303, G9B	Z30.013, Z30.014, Z30.015, Z30.018, Z30.019, Z30.40, Z3044
	Intrauterine Device (IUD)			58300-58301, S4989, S4981, J7300, J7301, J7297, J7298, Q0090, X1C	Z30.014, Z30.018, Z30.019, Z30.40, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49
	Implantable systems			11976, 11981-11983, J7306, J7307, G8B	Z30.017, Z30.40, Z30.46, Z30.49
	Cervical Cap/ Diaphragm			57170, A4261, A4266, X1B	Z30.018, Z30.019, Z30.40, Z30.49
	Contraceptive Patch			J7304, G8F	Z30.016, Z30.018, Z30.019, Z30.40, Z30.45, Z30.49
	Contraceptive Injection			J1050, 96372, G8C	Z30.013, Z30.018, Z30.019, Z30.40, Z30.42, Z30.49
	Tubal Ligation			58600, 58661, 58670-58671, 00851, Rev Codes 370, 710, 360; for 25x, 270, 636, 637, and 300- See list of drugs, lab and supplies approved for this procedure.	Z30.2

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
	Transcervical Sterilization			58565, 58340, 58345, 74740, A4264, 00952, Rev Codes 370, 710, 360, for 25x, 270, 636, 637 and 300 see list of drugs and supplies on separate tab.	Z30.2
Breast Pumps	Breast pump			E0602	Z39.1
HPV testing	HPV	To be done in conjunction with pap smears for women >29.		87623, 87624, 87625	Z11.51
Oral Contraceptives	Oral contraceptive/intra-vaginal			Therapeutic Class Codes G8A(not including GPI IDs starting with 2540),G9A, G9B	
Emergency Contraception	Emergency Contraception			G8A with GPI Ids starting with 2540.	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
Screening for Diabetes for women between 24 and 28 weeks gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	Gestational Diabetes			82947, 82950, 83036	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O90.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09A1, O09A2, O09A3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
Urine Pregnancy Test	Pregnancy test	Pregnancy test is medically necessary at change of birth control type.		81025	Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.2, Z30.40, Z30.44, Z30.45, Z30.46, Z30.430, Z30.431, Z30.432, Z30.433
Counseling for Contraception Options				99401, 99402, 99403, 99404	Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.40, Z30.41, Z30.44, Z30.45, Z30.46, Z30.49, Z30.431, Z30.9
The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	Tb	Adults	B	86580	Z11.1
Bright Futures and the American Academy of Pediatrics recommends Tuberculin Screening on recognition of high risk factors.	Tb	1, 6, 12, 18 months; then annually.		86580	Z20.1, Z83.1, Z11.1, Z11.2, Z11.8, Z11.9
Lab Draw	lab draw and handling fee			36415, 36416, 99000	
Prevention of falls in community-dwelling older adults.	Vitamin D	over 65	B	see OTC tab	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	Hep C			86803, 86804, 87521, G0472	Z11.59
The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	Lung Cancer	55-80	B	S8032, G0297	Z87.891, F17.200- F17.299, Z12.2
The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption	fluoride varnish	6 mons- through age 5		99188, D1206	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



United States Preventative Services Task Force (USPSTF) Recommendation or Institutes of Medicine Women's Preventive Recommendations	key word	Recommended age	USPSTF grade	CPT/HCPCS or Therapeutic Class Code (check for code validity based on service date)*	ICD-10
The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.	Hep B non pregnant			86706, 87340, 87341	Z11.59
The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	low dose Aspirin		B	Prev code A on stand alone drug inquiry	
The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment	Blood Pressure See also Row 16	18 and over	A	93784, 93786, 93788, 93790, A4670	R03.0, Z01.30, Z01.31

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
--------------	----------	-----------------	--------------------

Recommended Adult Schedule

Tetanus, Diptheria, pertussis (Td/Tdap)	90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) for intramuscular use	Age 19-64 one time dose of Tdap then Td booster every 10 years. Adults who have or who anticipate having close contact with an infant aged <12 months (e.g., pregnant women in late-second or third trimester of each pregnancy, parents, grandparents aged <65 years, child-care providers, and health-care personnel) should receive a single dose of Tdap to reduce the risk for transmitting pertussis.
	90703	Tetanus toxoid adsorbed, for IM use	
	90714	Tetanus and diptheria toxoids(Td) adsorbed, perservative free when administered to individuals 7 years or older for IM use	
	90715	Tetanus and diptheria toxoids and acellular pertussis vaccine(Tdap) when administered to individuals 7 years or older for IM use	
Human Papillomavirus(HPV)	90649	Human Pailloma virus(H-PV) vaccine, types 6,11,16, 18 (quadrivalent) 3 dose schedule for intramuscular use	ages 19-26; 3 doses schedule
	90650	Human Papillomavirus(H-PV) vaccine, types 16, 18 (bivalent) 3 dose schedule for intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	Ages 19-26; 3 doses schedule
	90710	Measles,mumps, rubella, and varicella vaccine(M-MVR) live for subcutaneous use	Ages 19->65; 2 doses
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use	
Zoster	90736	Zoster(shingles) vaccine, live for subcutaneous use	Age 60 and over; 1 dose
Measles, Mumps, rubella (MMR)	90710	Measles,mumps, rubella, and varicella vaccine(M-MVR) live for subcutaneous use	Ages 19-49; one or 2 doses: ages 50->65 one dose
Influenza	90630	Influenza virus vaccine, quadrivalent, (IIV4) split virus, preservative free, for intradermal use	One dose annually
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for IM use.	
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	
	90660	Influenza virus vaccine, live for intranasal use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Influenza	90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	One dose annually
	90672	Influenza virus vaccine, quadrivalent, live, for intra-nasal use	
	90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin(HA) protein only, preservative and antibiotic free, for intramuscular use	
	90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for IM use	
	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for IM use	One dose annually

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for IM use	
Pneumococcal (polysaccharide)	90670	Pneumococcal conjugate vaccine, 13 valent for IM use	Ages 19-64; one or two doses: Ages >65 one dose
	90732	Pneumococcal polysaccharide vaccine, 23-valent adult or immunosuppressed patient dosage, when administered to individuals 2 years or older	
Hepatitis A	90632	Hepatitis A vaccine, adult dosage, for intramuscular use	All Adults Ages 19->65; 2 doses
Hepatitis B	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	All Adults Ages 19->65; 3 doses
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(3 dose schedule) for intramuscular use	
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use	
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) for intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Meningococcal			
	90733	Meningococcal polysaccharide vaccine(any groups for subcutaneous use	one or more doses all adults
	90734	Meningococcal conjugate vaccine, serogroups A,C,Y and W-135, quadrivalent (MCV4 or MenACWY), for Intramuscular use	
Sergogroup B meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	
	90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B(MenB), 3 dose schedule, for intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Recommended childhood vaccinations			
Influenza vaccine	90630	Influenza virus vaccine, quadrivalent, (IIV4) split virus, preservative free, for intradermal use	annual
Influenza vaccine	90654	Influenza virus vaccine, split virus, preservative free for intradermal use	at least annually; 2 doses are sometimes required if under age 9 receiving Influenza vaccine for the 1st time. Hib is given at 2 mon, 4 mon, 6 mon, and 12-15 months.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for IM use.	
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for IM use.	
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for IM use.	
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use	
	90672	Influenza virus vaccine, quadrivalent, live for intra-nasal use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin(HA) protein only, preservative and antibiotic free, for intramuscular use	
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for IM use.	
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for IM use	
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for IM use	
Tetanus, Diptheria, Pertussis(Tdap, Dtap)	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
	90696	Diptheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated(Dtap-IPV) when administered to children 4-6 for IM use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B and poliovirus vaccine, inactivated(D-tap-Hib-IPV) for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine(Dtap) when administered to individuals younger than 7 years, for IM use	
	90701	Diphtheria, tetanus toxoids and whole cell pertussis vaccine (DTP) for IM use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90702	Diphtheria and tetanus toxoids (DT) when administered to individuals younger than 7 years for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
	90714	Tetanus and diphtheria toxoids(Td) adsorbed, perservative free when administered to individuals 7 years or older for IM use	
	90715	Tetanus and diphtheria toxoids and acellular pertussis vaccine(Tdap) when administered to individuals 7 years or older for IM use	
	90718	Tetanus and diphtheria toxoids(Td) adsorbed,when administered to individuals 7 years or older for IM use	
	90719	Diphtheria toxoid, for IM use	
	90720	Diphtheria, tetanus toxoid and whole cell pertussis vaccine and Hemophilus influenza B(DTP-Hib), for IM use	
	90721	Diphtheria, tetanus toxoid, and acellular pertussis vaccine and Hemophilus influenza B (DtaP-Hib) for IM use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90723	Diphtheria, tetanus toxoid, and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated(DtaP-HepB-IPV) for IM use	DTap at 2,4,6,15-18 months, 4-6 years. Tdap 11-12 and 13-18 years.
Rotavirus			
	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use	2, 4, and 6 months.
	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live for oral use	
Hepatitis B			
	90743	Hepatitis B vaccine, adolescent (2 dose schedule) for IM use	Birth, between 1-2 months, between 6-18 months: age 7-18; 3 dose schedule if not previously vaccinated
	90744	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule) for IM use	
	90748	Hepatitis B and Hemophilus influenza b vaccine(HepB-Hib) for IM use	
	90734	Meningococcal conjugate vaccine, serogroups A,C,Y and W-135, quadrivalent (MCV4 or MenACWY), for Intramuscular use	Anytime after age 11 or ages 2-6 for certain high risk groups. Booster age 14-15

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	
Serogroup B meningococcal	90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B(MenB), 3 dose schedule, for intramuscular use	
Pneumococcal	90669	Pneumococcal conjugate vaccine, 7 valent for IM use	
	90670	Pneumococcal conjugate vaccine, 13 valent for IM use	Minimum age 12 months, 2 doses through age 18 years
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage when administered to individuals 2 years or older, for subcutaneous or IM use.	
Measles, Mumps, rubella (MMR)	90710	Measles, mumps, rubella, and varicella vaccine (MMVR) live for subcutaneous use	Minimum age 12 months, 2nd dose around ages 4-6; ages after 6 to catch-up
	90716	Varicella virus vaccine, live, for subcutaneous use	
	90704	Mumps virus vaccine, live for subcutaneous use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90705	Measles virus vaccine, live for subcutaneous use	Minimum age 12 months, 2nd dose around ages 4-6; ages after 6 to catch-up
	90706	Rubella virus vaccine, live for subcutaneous use	
	90707	Measles, mumps, and rubella virus vaccine(MMR), live for subcutaneous use	
	90708	Measles and rubella virus vaccine, live for subcutaneous use	Administered 2 doses 6 months apart beginning at age 12 months.
Hepatitis A	90710	Measles,mumps, rubella, and varicella vaccine(M-MVR) live for subcutaneous use	
	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use	Administered at 2, 4, 6 months and if 4 dose schedule again between 12 and 15 months.
Hemophilis influenza type b	90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for IM use	
	90645	Hemophilus influenza b vaccine(Hib), HbOC conjugate(4 dose schedule) for IM use	
	90646	Hemophilus influenza b vaccine(Hib), PRP-D conjugate for booster only for IM use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90647	Hemophilus influenza b vaccine(Hib), PRP-OMP conjugate(3 dose schedule) for IM use	3 doses by age 4 years starting at age 2 months. Final dose after age 4. Can be given as combo vaccine Dtap-IPV or alone.
Inactivated poliovirus	90648	Hemophilus influenza b vaccine(Hib), PRP-T conjugate(4 dose schedule) for IM use	
	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated(Dtap-IPV) when administered to children 4-6 for IM use	
	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B and poliovirus vaccine, inactivated(D-tap-Hib-IPV) for IM use	
	90712	poliovirus vaccine,(any type[s]) (OPV), live for oral use	3 dose schedule starting at age 11
	90713	Poliovirus vaccine, inactivated(IPV), for subcutaneous or IM use	
Human Papillomavirus(HPV)	90649	Human Papillomavirus(H-PV) vaccine, types 6,11,16, 18 (quadrivalent) 3 dose schedule for intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90650	Human Papillomavirus(H-PV) vaccine, types 16, 18 (bivalent) 3 dose schedule for intramuscular use	
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	
Traveler's Vaccination Recommendations			
Varicella Vaccine			
Measles, Mumps, Rubella (MMR) vaccination	90716	Varicella virus vaccine, live, for subcutaneous use	
	90707	Measles, mumps, and rubella virus vaccine(MMR), live for subcutaneous use	
Hepatitis A Vaccine	90710	Measles,mumps, rubella, and varicella vaccine(M-MVR) live for subcutaneous use	
	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use	
	90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for IM use	
	90632	Hepatitis A vaccine, adult dosage, for intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Hepatitis B vaccine	90636	Hepatitis A and Hepatitis B vaccine(HepA-HepB) adult dosage, for intramuscular use	
	90743	Hepatitis B vaccine, adolescent (2 dose schedule) for IM use	
	90744	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule) for IM use	
	90748	Hepatitis B and Hemophilis influenza b vaccine(HepB-Hib) for IM use	
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(3 dose schedule) for intramuscular use	
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use	
Meningococcal vaccination	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(4 dose schedule) for intramuscular use	
	90733	Meningococcal polysaccharide vaccine(any groups for subcutaneous use	
	90734	Meningococcal conjugate vaccine, serogroups A,C,Y and W-135, quadrivalent (MCV4 or MenACWY), for Intramuscular use	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
Immunization Administration Codes			
	90465	Immunization Administration younger than 8 years of age(includes percutaneous, intradermal, subcutaneous or intramuscular) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid) per day(deleted 01/01/2011)	
	90466	*each additional injection per day in addition to 90465(deleted 01/01/2011)	
	90467	Immunization Administration younger than 8 years(includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration per day. (deleted 01/01/2011)	
	90468	*each additional administration per day in addition to 90467(deleted 01/01/2011)	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular); 1 vaccine (single or combination vaccine/toxoid)	
	90472	*each additional vaccine(single or combination vaccine/toxoid) list separately in addition to code for primary procedure.	
	90473	Immunization administration by intranasal or oral route; 1 vaccine(single or combination vaccine/toxoid)	
	90474	*each additional vaccine(single or combination vaccine/toxoid)(list separately in addition to code for primary procedure)	
	G0008	Administration of influenza virus vaccine	
	G0009	Administration of pneumococcal vaccine	
	G0010	Administration of hepatitis B vaccine	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Immunization Schedule

Vaccine type	CPT code	CPT description	Indication per CDC
	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional: first vaccine/toxoid component. (new code 01/01/2011)	
	90461	*each additional vaccine/toxoid component (list separately in addition to the code for primary procedure). (new code 01/01/2011)	

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0636	90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS
0636	90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUP-PRESSED
0270	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND
0279	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND
0250	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0272	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0636	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
0250	A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
0259	A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
0272	A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT
0272	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0278	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0279	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0272	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL
0278	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL
0636	J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE
0636	J0290	INJECTION, AMPICILLIN SODIUM, 500 MG
0636	J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
0259	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0636	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0250	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
0636	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
0636	J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0636	J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG
0259	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0636	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0250	J0694	INJECTION, CEFOXITIN SODIUM, 1 GM
0636	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
0636	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
0636	J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG
0250	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1260	INJECTION, DOLASETRON MESYLATE, 10 MG
0636	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG
0250	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0259	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0636	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0258	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
0259	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
0636	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
0636	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
0259	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
0636	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
0636	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
0259	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0636	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0250	J1815	INJECTION, INSULIN, PER 5 UNITS
0250	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0259	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0636	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1956	INJECTION, LEVOFLOXACIN, 250 MG
0250	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
0259	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
0636	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
0250	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0259	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0636	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0636	J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG
0250	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0251	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0259	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0636	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0259	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER
0259	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0636	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0259	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0636	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0259	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0636	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0636	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
0259	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0250	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0259	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
0250	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0255	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0259	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0636	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
0636	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3370	INJECTION, VANCOMYCIN HCL, 500 MG
0259	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
0636	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
0250	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0258	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0259	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0270	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0636	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0250	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0258	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0636	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0258	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
0258	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0259	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0636	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0636	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
0636	J7070	INFUSION, D5W, 1000 CC

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0250	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0258	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0259	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0270	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0636	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0250	J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,
0250	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG,
0636	Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION
0637	Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION
0636	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0258	S5010	5% DEXTROSE AND 45% NORMAL SALINE, 1000 ML
250	J2704	Injection, propofol, 10 mg (use for Diprivan)
258	J2704	Injection, propofol, 10 mg (use for Diprivan)
259	J2704	Injection, propofol, 10 mg (use for Diprivan)
636	J2704	Injection, propofol, 10 mg (use for Diprivan)

Blue Cross and Blue Shield of Kansas Preventive Services Guide



These are the drugs and supplies to be covered with no member cost sharing when billed as part of outpatient tubal ligation

PROC_CD	HCPCS_CD_DS
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARSION METHODS
84702	GONADOTROPIN, CHORIONIC (Hcg), QUANTITATIVE
85014	BLOOD COUNT;HEMATOCRIT(HCT)
85018	BLOOD COUNT; HMEOGLOBIN(HGB)
85025	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUND) AND AUTOMATED DIFFERENTIAL WBC COUNT
85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUNT)
87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
87591	NEISSERIA GONORRHEOEAE, AMPLIFIED PROBE TECHNIQUE
88302	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS
90714	TETANUS AND DIPHTHERIA TOXOIDS(Td)ADSORBED, PRESERVATIVE FREE
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM
A4550	SURIGICAL TRAYS
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
J0744	INJECTION,CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



These are the drugs and supplies to be covered with no member cost sharing when billed as part of outpatient tubal ligation

PROC_CD	HCPCS_CD_DS
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
J1790	INJECTION, DROPERIDOL, UP TO 5 MG
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
J1956	INJECTION, LEVOFLOXACIN, 250 MG
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
J2930	INJECTION, METHYLPREDNSILONE SODIUM SUCCINATE, UP TO 40 MG
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
J3360	INJECTION, DIAZEPAM, UP TO 5 MG
J3360	INJECTION, DIAZEPAM, UP TO 5 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



These are the drugs and supplies to be covered with no member cost sharing when billed as part of outpatient tubal ligation

PROC_CD	HCPCS_CD_DS
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES
J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINSTERED THROUGH DME UNIT DOSE, 1 MG
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
S0028	INJECTION, FAMOTIDINE, 20 MG
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0300	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
0300	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARSION METHODS
	84702	GONADOTROPIN, CHORIONIC (Hcg), QUANTITATIVE
0300	85014	BLOOD COUNT;HEMATOCRIT(HCT)
0300	85018	BLOOD COUNT; HEMOGLOBIN(HGB)
	85025	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUND) AND AUTOMATED DIFFERENTIAL WBC COUNT
0300	85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED(HBG, HCT, RBC,WBC AND PLATELET COUNT)
	87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
	87591	NEISSERIA GONORRHEOEAE, AMPLIFIED PROBE TECHNIQUE
	88302	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
0636	90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS
0636	90714	TETANUS AND DIPHTHERIA TOXOIDS(Td)ADSORBED, PRESERVATIVE FREE
0278	A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM
	A4550	SURGICAL TRAYS
0250	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
0636	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
0250	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
0250	J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG
0636	J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG
0636	J0744	INJECTION,CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
0636	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
0636	J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
0250	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
0636	J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG
0250	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
0636	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
0636	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
0636	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
0259	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
0250	J1790	INJECTION, DROPERIDOL, UP TO 5 MG
0250	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
0636	J1956	INJECTION, LEVOFLOXACIN, 250 MG
0259	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
0250	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
0259	J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG
0250	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0259	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
0250	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
0636	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
0250	J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
0636	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
0259	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
0250	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
0636	J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
0250	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
0250	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
0636	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
0636	J2930	INJECTION, METHYLPREDNSILONE SODIUM SUCCINATE, UP TO 40 MG
0250	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG

Blue Cross and Blue Shield of Kansas Preventive Services Guide



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

REV_CD	PROC_CD	HCPCS_CD_DS
	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3360	INJECTION, DIAZEPAM, UP TO 5 MG
0636	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
0250	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
0258	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
0636	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC
0258	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
0250	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
0258	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
	J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG
	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES
0250	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOM- POUNDED, ADMINSTERED THROUGH DME UNIT DOSE, 1 MG
0250	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
0259	S0028	INJECTION, FAMOTIDINE, 20 MG
0250	S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG
	C1726	Catheter, balloon dilation, nonvascular
	C1887	catheter, guiding

Blue Cross and Blue Shield of Kansas Preventive Services Guide



Drug Type	Drug specific	CPT/HCPCS or Therapeutic Class Code (check code validity based on service date)	Date coverage begins	Note
Aspirin	81 mg or 325 mg	Preventive Code A on stand-alone drug inquiry	10/01/2010 As associated with Aspirin for the prevention of myocardial infarction and ischemic stroke	Prime will administer age requirements. Paper and embedded BCB-SKS claims will not.
Vitamins & Supplements		Preventive Code V on stand-alone drug inquiry		
	Folic Acid 400 or 800 mcg		10/01/2010	Jan. 2017 USPSTF reiterated recommendation
	Iron supplementation for infants 6 months to 1 year who are at increased risk of iron deficiency anemia.		10/01/2010	
	Vitamin D Supplementation in the prevention of falls age 65 and older		05/01/2013	
Tobacco Cessation	gum, patches, lozenges	Preventive Code S on stand-alone drug inquiry	10/01/2010	
Women's Contraception	female condoms, spermicide, sponges,	Preventive Code C on stand-alone drug inquiry	08/01/2012	
Colon Prep		Preventive Code B on stand-alone drug inquiry	11/1/2016	From FAQ 4/2016

Blue Cross and Blue Shield of Kansas Preventive Services Guide



EVISTA (raloxifene)

66105-0538-03		6.03867
54569-4628-00		7.92000
68258-5987-03		6.38700
00002-4165-30	Lilly	7.92000
55289-0266-30		10.54667
54868-4170-00		6.11367
49999-0458-30		7.39967
54868-4170-01		6.09200
00002-4165-02	Lilly	7.92000
00002-4165-07	Lilly	7.92000
00093-0784-05	Tamoxifen 10mg	0.2895 per tablet
00093-0784-06		
00093-0784-10		
00093-0784-86		
00378-0144-05		
00378-0144-91		
00440-8450-30		
00440-8450-60		
00440-8450-92		
00591-2232-60		
00591-2472-18		
00591-2472-60		
54569-3765-01		
54868-3004-02		
54868-3004-03		
54868-3004-04		
54868-3004-05		

Blue Cross and Blue Shield of Kansas Preventive Services Guide



EVISTA (raloxifene)

EVISTA (raloxifene)		
63739-0269-10	Tamoxifen 10mg	0.2895 per tablet
68258-5960-06		
00093-0782-01	Tamoxifen 20mg	0.4783 per tablet
00093-0782-05		
00093-0782-10		
00093-0782-56		
00378-0274-01		
00378-0274-93		
00440-8451-30		
00440-8451-60		
00440-8451-92		
00591-2473-19		
00591-2473-30		
23490-7725-01		
42254-0343-90		
54569-5857-00		
54868-4287-00		
54868-4287-01		
54868-4287-02		
54868-4287-03		
54868-4287-04		