
Preventive Services

Page updated: August 2020

Medi-Cal covers preventive services recommended by three different national organizations: (1) the U.S. Preventive Services Task Force (USPSTF); (2) the Advisory Committee on Immunization Practices (ACIP); and (3) the Bright Futures/American Academy of Pediatrics (AAP).

Specific policies and procedures are included in this section to ensure adherence to both these recommendations and Department of Health Care Services (DHCS) policy. This includes appropriate Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes for each preventive service.

The reimbursable procedure codes and applicable diagnosis codes for each preventive service are below. Unless otherwise specified, the listed diagnosis codes may be used with any of the listed procedural codes. Providers may provide many of the recommended services on the same day as other Evaluation and Management (E&M) services, as long as a separate and distinct billable service is being provided.

Section 1: USPSTF Grade A and B Recommendations

Medi-Cal covers USPSTF grade A and B recommended preventive services without cost-sharing. The full recommendations are on the Published Recommendations web page of the USPSTF website. Providers should note that not all guidelines posted on the website have a grade of A or B. It is important to read the actual USPSTF recommendations to determine the population-specific criteria for each recommendation.

USPSTF A and B Recommendations

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Abdominal aortic aneurysm screening: men	76706	Z87.891 I71.4 I71.9
Alcohol misuse: screening and counseling (For more information, see the <i>Evaluation and Management [E&M]</i> section of this provider manual.)	G0442 G0443	Any diagnosis code may be used.
Aspirin preventive medication: adults aged 50 to 59 years with a ≥ 10 percent 10-year cardiovascular risk	Covered as pharmacy benefit.	Covered as pharmacy benefit.
Bacteriuria screening: pregnant women	87086 87088	Z33.1 Z34.00 thru Z34.03 Z34.80 thru Z34.83 Z34.90 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Blood pressure screening: adults	«99202» thru 99205 99211 thru 99215 99241 thru 99245 A4670	Z00.00 Z00.01 Z13.6 For HCPCS code A4670, any diagnosis code may be used.

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
BRCAs risk assessment and genetic counseling/testing	81162 81215 81217 Note: CPT codes 81215 and 81217 require a <i>Treatment Authorization Request</i> (TAR).	Any diagnosis code may be used. Modifier 33 may be used.
Breast cancer: preventative medications	<<99202>> thru 99205 99211 thru 99215	Z80.3
Breast cancer screening	77067	Any diagnosis code may be used.
Breastfeeding interventions	<<99202>> thru 99205 99211 thru 99215 99241 thru 99245 99501 HCPCS Level III codes: Z1032 Z1032-ZL Z1034 Z1038 Z6200 thru Z6414 Z6500	Z39.1
Cervical cancer screening	87624 87625 88141 thru 88175	Z01.411 Z01.419 Z12.4

«USPSTF A and B Recommendations (continued)»

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Chlamydia screening: women	86631 86632 87110 87270 87320 87490 87491 87810	Any diagnosis code may be used. Modifier 33 may be used.
Colorectal cancer screening	45330 45331 45333 45334 45338 45346 45349 45378 45380 45382 45384 45385 45388 45390 81528 82270 82274	Z00.00 Z00.01 Z12.11 Z80.0 Z83.71 Modifier 33 may be used for laboratory codes.
Dental caries prevention: infants and children up to 5 years of age	99188	Z00.129 Z13.84
Depression screening (For more information, refer to the <i>Evaluation and Management [E&M]</i> section of this provider manual)	G8431 (positive) G8510 (negative)	Refer to the <i>Evaluation and Management (E&M)</i> section of this provider manual for correct modifier use.

«USPSTF A and B Recommendations (continued)»

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Diabetes screening	82947 82948 82950 82951 83036	Z00.00 Z00.01 Z13.1 Modifier 33 may be used.
Falls prevention: older adults	97110 97112 97116 97530 HCPCS Level III codes: X3900 X3902 X3904 X3906 X3908 X3910 X3916 X3918 X3926 X3928 X3930 X3932	Z91.81
Folic acid supplementation	Covered as a pharmacy benefit.	Covered as a pharmacy benefit.
Gestational diabetes mellitus screening	82947 thru 82952	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Gonorrhea prophylactic medication: newborns	99460	Z38.00 Z38.01 Z38.1 Z38.2 Z38.30 thru Z38.8
Gonorrhea screening: women	87590 thru 87592 87850	Z00.00 Z00.01 Z01.411 Z01.419 Z72.51 thru Z72.53 Z11.3 During pregnancy only, the following are recommended diagnosis codes: O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	97802 thru 97804 «99202» thru 99205 99211 thru 99215 99241 thru 99245	E66.01 E66.3 E66.9 E78.0 thru E78.5 I10 thru I15.9 I67.4 Z68.41 Z68.42 Z82.49 Z87.891

«USPSTF A and B Recommendations (continued)»

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Hepatitis B screening: nonpregnant adolescents and adults	86704 thru 86706 87340 87341	B20 F11.10 thru F16.99 F19.10 thru F19.99 Z00.01 Z11.59 Z20.6 Z21 Z22.8 Modifier 33 may be used.
Hepatitis B screening: pregnant women	80055 80081 87340	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Hepatitis C virus infection screening: adults	86803 86804 G0472	Any diagnosis code may be used. Modifier 33 may be used.

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
<p>HIV screening: nonpregnant adolescents and adults</p> <p>HIV screening: pregnant women</p>	<p>86689 86701 86703 87389 87390 87534 87535 87806 G0432 G0433 G0435</p>	<p>Z11.4 Z72.51 thru Z72.53</p> <p>During pregnancy only, the following are recommended diagnosis codes: O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9</p> <p>For all of the HIV laboratory codes, there is no diagnosis code restriction.</p> <p>Modifier 33 may be used.</p>
<p>Intimate partner violence screening: women of childbearing age</p>	<p>«99202» thru 99205 99211 thru 99215 99241 thru 99245 99384 99385 99394 99395</p> <p>HCPCS Level III codes: Z1032 Z1032-ZL Z1034 Z1038 Z6300 thru Z6308 Z6500</p>	<p>T76.01XA T76.02XA T76.11XA T76.12XA T76.21XA T76.22XA T76.31XA T76.32XA T76.91XA T76.92XA</p>

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Obesity screening and counseling: adults	97802 thru 97804 G0447 G0473	Z00.00 Z00.01 Z68.30 thru Z68.39 Z68.41 thru Z68.45
Obesity screening: children and adolescents	99381 thru 99384 99391 thru 99394	Z00.121 thru Z00.3
Osteoporosis screening: women	99381 thru 99384 99391 thru 99394	Z00.121 thru Z00.3
Perinatal depression: counseling and interventions	90832 90837 90853	Modifier 33 must be used
Preeclampsia prevention: aspirin	Covered as a pharmacy benefit.	Covered as a pharmacy benefit.
Preeclampsia prevention: screening	Routine component of all obstetrical visits.	Routine component of all obstetrical visits.
Rh incompatibility screening: first pregnancy visit Rh incompatibility screening: 24 thru 28 weeks' gestation	80055 80081 86850 86901	O09.00 thru O09.93 Z31.82 Z33.1 Z34.00 thru Z34.93 Z36.5 Modifier 33 may be used.
Sexually transmitted infections counseling	99202 thru 99205 99211 thru 99214 99401	Z00.00 Z00.01 Z71.7 Z71.89 Z72.51 thru Z72.53
Skin cancer behavioral counseling	99202 thru 99215 99383 thru 99385 99393 thru 99395	Z12.83 Z00.129

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Statin preventive medication: adults ages 40 thru 75 years with no history of CVD, one or more CVD risk factors and a calculated 10-year CVD event risk of 10 percent or greater	Covered as a pharmacy benefit.	Covered as a pharmacy benefit.
Syphilis screening: nonpregnant persons	<<0064U>> <<0065U>> <<0210U>> 86592 86593 86780	B20 Z11.3 Z20.6 Z21 Z72.51 Modifier 33 may be used.
Syphilis screening: pregnant women	<<0064U>> <<0065U>> <<0210U>> 80055 80081 86592 86593 86780	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used
Tobacco use counseling and interventions: nonpregnant adults	99406 99407	Any diagnosis code may be used.

«USPSTF A and B Recommendations (continued)»

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Tobacco use counseling: pregnant women	CPT codes: 99406 99407 HCPCS Level III codes: Z1032 Z1032-ZL Z1034 Z1038 Z6400 thru Z6408 Z6500	Any diagnosis code may be used. F17.200 thru F17.299 O99.330 thru O99.335 Z71.6 Z72.0
Tobacco use interventions: children and adolescents	99406 99407	Any diagnosis code may be used.
Tuberculosis screening: adults	86480 86481 86580	Any code may be used. Modifier 33 may also be used.
Vision screening: children	Routine component of a well-child exam.	Routine component of a well-child exam.

Section 2: Recommended Immunization Schedule For Adults Aged 19 Years or Older in the United States

The following vaccines are reimbursable for use in adults 19 years of age or older, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The recommended immunization schedules for adults by age group or by medical condition or other indications are available on the CDC ACIP website. There is no cost-sharing for Medi-Cal recipients who receive these vaccinations.

Reimbursable Vaccines for Adults 19 Years or Older

Vaccine	Abbreviation	CPT Code(s)
Hepatitis A	HepA	90632
Hepatitis A-Hepatitis B	HepA-HepB	90636
Hepatitis B	HepB	90740 90746 90747
Haemophilus influenzae type b conjugate	Hib	90647 90648
Human papillomavirus	HPV	<<90651>>
Herpes zoster	HZV	90736 90750
Influenza	Not Applicable	90630 90656 90658 90662 90673 <<90674>> <<90682>> 90686 90688 90756 <<90694>>

«Reimbursable Vaccines for Adults 19 Years or Older (continued)»

Vaccine	Abbreviation	CPT Code(s)
Meningococcal conjugate A, C, Y, W-135 quadrivalent	MenACWY	90734
Meningococcal serogroup B	MenB	90620 90621
Measles, mumps and rubella	MMR	90707
Meningococcal polysaccharide A, C, Y, W-135 quadrivalent	MPSV4	90733
Pneumococcal conjugate 13-valent	PCV13	90670
Pneumococcal polysaccharide 23-valent	PPSV23	90732
Tetanus and diphtheria toxoids	Td	90714
Tetanus and diphtheria toxoids and acellular pertussis	Tdap	90715
Varicella	VAR	90716

Section 3: Bright Futures/American Academy of Pediatrics

Bright Futures/American Academy of Pediatrics

Medi-Cal provides reimbursement for periodic and inter-periodic screenings and assessments for infants and children under 21 years of age, as specified in Bright Futures/American Academy of Pediatrics (AAP's) Recommendations for Preventive Pediatric Healthcare (Periodicity Schedule).

Comprehensive no-cost preventive visits for children include age and gender appropriate history, examination, counseling/anticipatory guidance, development surveillance, risk factor reduction interventions and the ordering of laboratory/diagnostic procedures. Providers should reference the following frequency limits for the appropriate evaluation and management CPT code when billing for these visits.

«Billing Codes for No Cost Preventative Visits for Children»

CPT Code	Description	Frequency Limitation
99381	Initial preventive evaluation and management, new patient; infant	Seven visits for children under 1 year of age, any provider
99391	Periodic preventive evaluation and management, established patient; infant	Seven visits for children under 1 year of age, any provider
99382	Initial preventive evaluation and management, new patient; early childhood	Seven visits for children 1 thru 4 years of age, any provider
99392	Periodic preventive evaluation and management, established patient; early childhood	Seven visits for children 1 thru 4 years of age, any provider
99383	Initial preventive evaluation and management, new patient; late childhood	One visit per calendar year for children 5 thru 11 years of age, any provider
99393	Periodic preventive evaluation and management, established patient; late childhood	One visit per calendar year for children 5 thru 11 years of age, any provider

«Billing Codes for No Cost Preventative Visits for Children (continued)»

CPT Code	Description	Frequency Limitation
99384	Initial preventive evaluation and management, new patient; adolescent	One visit per calendar year for children 12 thru 17 years of age, any provider
99394	Periodic preventive evaluation and management, established patient; adolescent	One visit per calendar year for children 12 thru 17 years of age, any provider
99385	Initial preventive evaluation and management, new patient; adult	One visit per calendar year for adults 18 thru 20 years of age, any provider
99395	Periodic preventive evaluation and management, established patient; adult	One visit per calendar year for adults 18 thru 20 years of age, any provider

Note: CPT codes 99385 and 99395 may only be used for recipients 18 thru 20 years of age.

Medi-Cal reimburses complete health assessments for preventive care performed according to the Bright Futures Periodicity Schedule. In addition, Medi-Cal reimburses complete health assessments for preventive care that are performed outside of this Periodicity Schedule (inter-periodic health assessments) whenever medically necessary as determined by the treating healthcare practitioner. Some examples of medical necessity may include, but are not limited to, the following:

- A sports or camp physical examination
- Child is in foster care or out-of-home placement
- A school or preschool entrance examination
- An additional anticipatory guidance to the child or the parent or legal guardian
- A history of perinatal problems
- A history of developmental disability

Inter-periodic health assessments provided due to medical necessity will not count toward the frequency limit for the preventive visit CPT code when the claim is submitted with the appropriate preventive visit CPT code and ICD-10-CM diagnosis code, Z00.8 (encounter for other general examination). The reason for an inter-periodic health assessment must be documented in the medical record.

Refer to the *Evaluation and Management (E&M)* section in this manual for more information on preventive medicine services for children.

Developmental/Behavioral Health

Developmental Screening: CPT code 96110 (developmental screening, with scoring and documentation, per standardized instrument) is reimbursable at ages specified in the Bright Futures/AAP Periodicity Schedule (9, 18 and 30 months) and when medically indicated. A validated screening tool that tests for all four developmental domains (motor, language, cognitive and social/emotional) and meets the Centers for Medicare & Medicaid Services (CMS) Child Core Set developmental screening criteria must be used. The frequency limit for general developmental screening is twice a year for children ages 0 to 5, any provider.

Autism Spectrum Disorder Screening: Autism screening is reimbursable at ages specified in the Bright Futures/AAP Periodicity Schedule (18 and 24 months) and when medically indicated. A validated screening tool must be used. Autism screening must be billed with CPT code 96110 and modifier KX. Claims for CPT code 96110 with modifier KX will not count toward the twice-a-year frequency limit for CPT code 96110.

General developmental screening and autism screening are reimbursable when performed on the same day as recommended at 18 months and when medically indicated. When both services are delivered on the same date, the claim form should include CPT code 96110 without modifier KX (for general developmental screening) and CPT code 96110 with modifier KX (for autism screening) on separate claim lines.

Developmental Surveillance: The AAP recommends that routine developmental surveillance occur at every preventive visit. This surveillance is not separately reimbursable when billing for the appropriate preventive visit E&M code.

Psychosocial/Behavioral Assessment: Assessments are separately reimbursable with CPT code 96127 (brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument) when performed using a standardized tool.

Tobacco, Alcohol or Drug Use Assessment: The AAP recommends tobacco, alcohol or drug use assessments be performed as appropriate as part of a preventive visit, and is not separately reimbursable from the CPT code for the preventive visit. Refer to the *Evaluation and Management* (E&M) section in this manual for information about reimbursement for alcohol misuse screening and counseling, and tobacco smoking cessation counseling.

Depression Screening: Refer to the *Evaluation and Management* (E&M) section in this manual.

Maternal Depression Screening: Refer to the *Evaluation and Management* (E&M) section in this manual.

Immunizations

All immunizations recommended in the Bright Futures/AAP Periodicity Schedule are Medi-Cal benefits.

Laboratory Procedure Codes

All laboratory procedures recommended in the Bright Futures/AAP Periodicity Schedule are Medi-Cal benefits.

Oral Health

Fluoride varnish and supplementation are benefits to the extent recommended in the Bright Futures/AAP Periodicity Schedule. See the *Dental Benefits* section in this manual and the *Drugs: Contract Drugs List Part 2 – Over-the-Counter-Drugs* section in the *Pharmacy* provider manual for additional information.

Sensory Screening Codes

CPT codes 92551 (screening test, pure tone, air only) and 92552 (pure tone audiometry [threshold]; air only) may be used when billing for hearing screenings. Providers should use one of the following ICD-10-CM diagnosis codes when billing for hearing screenings: Z00.121, Z00.129, Z01.10 or Z01.11.

Section 4: Expedited Partner Therapy for the Prevention of Sexually Transmitted Infection (STI) Reinfections

Expedited Partner Therapy for the Prevention of STI Reinfections

STIs can be a serious risk to an individual's health and can create a preventable threat to fertility. One factor that contributes to high rates of STIs is reinfection from an untreated sexual partner. The medical necessity for both treatment of the initial client with an STI and prevention of reinfection is determined by the medical professional evaluating the clinical needs of the Medi-Cal beneficiary.

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a treatable STI without the health care provider first examining the partner. EPT usually involves the implementation of patient-delivered partner therapy, an evidence-based practice to reduce reinfection, in which the patient delivers medication or a prescription to his or her partner(s). Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia, gonorrhea and/or trichomoniasis.

Medi-Cal covers medically necessary services for the treatment of STIs. If a Medi-Cal provider diagnoses a Medi-Cal beneficiary with gonorrhea, chlamydia and/or trichomoniasis and determines that offering the beneficiary EPT is medically necessary to prevent reinfection of the beneficiary, then the provider may either dispense medication directly to the Medi-Cal beneficiary to provide to his/her partner(s) or may provide the Medi-Cal beneficiary with a prescription, written in the name of the beneficiary, for medications with a quantity and duration of therapy sufficient to treat the acute infection in the beneficiary and to prevent reinfection of the beneficiary by treating the beneficiary's partner(s).

For Medi-Cal family planning programs, pursuant to family planning encounters, treatment regimens for chlamydia, gonorrhea and/or trichomoniasis may be dispensed in the clinic, or by prescription to be dispensed by a pharmacy. For more information about family planning-related services, providers may refer to the *Family Planning* section of the appropriate Part 2 manual.

For non-family planning related encounters in the Medi-Cal program, the treatment regimens for chlamydia, gonorrhea and/or trichomoniasis are covered by prescription only.

For additional prescribing and clinical guidelines on the treatment of partners of patients diagnosed with STIs, providers may review guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.