



The signs  
of a healthier Vermont



For plans with *Affordable Care Act* preventive benefits

# *Your Guide to Preventive Services*



**BlueCross BlueShield  
of Vermont**

*An Independent Licensee of the Blue Cross and Blue Shield Association.*



## The *signs* of a healthier Vermont

### Promoting good health through wellness

#### > **The value of preventive care.**

Blue Cross and Blue Shield of Vermont believes in the value of preventive care, like periodic cancer screenings, flu shots and routine physical exams that help detect illness and reduce health risks early on—creating healthier individuals and preventing high-cost medical events. We encourage all of our members to get age-appropriate, regularly scheduled preventive care.

#### > **No cost sharing.**

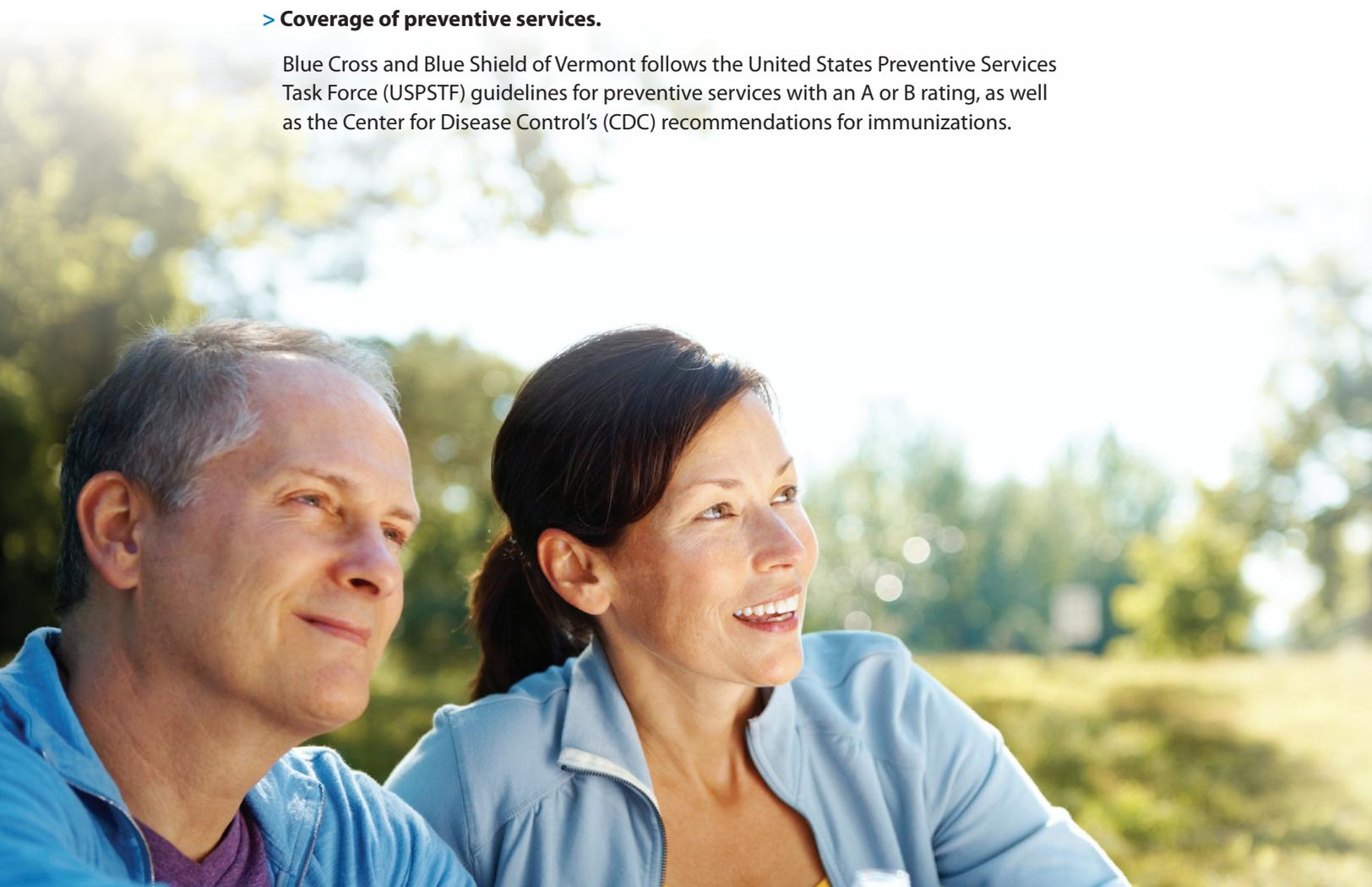
To ensure that all of our members have access to preventive health services necessary for their health and well-being and in accordance with the Affordable Care Act (ACA), Blue Cross and Blue Shield of Vermont covers certain preventive health services without a co-payment, co-insurance or deductible for plans with ACA-defined preventive benefits for in-network services. Please see your plan materials for specific details about your coverage.

#### > **What is a preventive service?**

Preventive services are exams and certain screenings or tests that look for diseases before you have symptoms. Blood pressure checks and tests for high cholesterol are examples of screenings. By performing a preventive service, a doctor hopes to prevent future illness and detect health concerns early enough to help make a change in lifestyle or obtain appropriate treatment.

#### > **Coverage of preventive services.**

Blue Cross and Blue Shield of Vermont follows the United States Preventive Services Task Force (USPSTF) guidelines for preventive services with an A or B rating, as well as the Center for Disease Control's (CDC) recommendations for immunizations.



Members with preventive benefits defined by the Affordable Care Act receive certain preventive services at no cost share. We have provided a full list of these services, including the expanded coverage of women's preventive services beginning August 1, 2012 and upon renewal.

Adult and Pediatric Immunizations			
SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
Adult & Pediatric Immunizations (according to CDC schedule)	90460, 90461, 90471, 90472, 90473, 90474, 90654, 90655, 90657, 90661, 90662, 90669, 90700, 90715, 90746, G0008, G0009	Any eligible diagnosis	None
	90632		None
	90633, 90634		Age 0-4
	90645, 90646, 90648, 90670, 90744, G0010		Age 0-2
	90647, 90680, 90681		Age 0-1
	90649, 90650		Female Age 9-26
	90656, 90658		None
	90636, 90660, 90718, 90732		Age 2+
	90707, 90716		Less than 6 and 19+
	90713		Less than 6
	90714		Age 11-12
	90733		Age 2-18
	90734		Age 11-12 & 19+
90736	Age 60+		
Preventive Visits—All Ages			
SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
All Ages Comprehensive Preventive Visits	99381-99384, 99391-99394	Any eligible diagnosis	Age 21 or less
	99385 & 99395	305.1, 649.01, 649.02, 649.03, 649.04 and any eligible V-code	Age 22+
	99385 & 99395	Any eligible diagnosis	Age 21 or less
	S0610, S0612, S0613, 99386, 99387, 99396, 99397, 99403, 99404, 99408, 99409	305.1, 649.01, 649.02, 649.03, 649.04 and any eligible V-code	None
	99401 & 99402	Any eligible diagnosis	Female
	Any eligible V-code	Male	



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## Adult and Pediatric Health Screenings

SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
Abdominal Aortic Aneurysm Screening	G0389	Any eligible diagnosis	Males, ages 65-75 Limit once per lifetime
Alcohol Misuse Screening & Behavioral Counseling Interventions	999403, 99404, 99408, 99409	305.1, 649.01, 649.02, 649.03, 649.04 and any eligible V-code	None
		305.00, 305.02, 305.03, 305.01, V70.0	Ages 11+
Audiology/Vision Screening	92551, 92552	Any eligible diagnosis	None
Behavioral Counseling in Primary Care to Promote Healthy Diet	99401, 99402	Any eligible diagnosis	Female
		Any eligible V-code	Male
	99403, 99404	Any eligible V-code	None
	97802, 97803, 97804, S9452, S9470	V65.3, V70.0	None
Childhood Obesity Screening and Interventions	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395	Any eligible V-code	Age 21 or under
	97802, 97803	V65.3, V70.0	None
Congenital Hypothyroidism Screening in Newborns	84436, 84437, 84439, 84443	V70.0, V77.0	Age less than 1 year
Colorectal Cancer Screening	G0328, 45330, 45338-9, G0104-05, 45378, 45380, 45383-85, G0121, 45333-34, 45381-82, 82270, 82274,	Any eligible diagnosis	Limit once per plan year
Developmental Testing	96110	Any eligible diagnosis	Limit 5, then prior approval
Depression Screening (Adults)	99385 & 99395	649.01, 649.02, 649.03, 649.04, 305.1 and any eligible V-code	Age 22+
	99386 & 99387, 99396 & 99397		None
Diabetes Screening	82947, 83036	V70.0, V77.1	None
Hearing Loss Screening for Newborns	92586, 92587	V20.2, V26.33, V70.0, V72.19	Age less than 1 year



## Adult and Pediatric Health Screenings

SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
HIV Screening	86701-86703, 86689, G0432, G0433, G0435	V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V73.98, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	Age 12+ Limit two per plan year
Lead Screening	83655	Any eligible diagnosis	Age less than 6 years
Lipid Screening (Cholesterol Screening)	80061, 82465, 83718	V70.0, V77.91	Age 20+ Limited once per plan year
Obesity Screening (Adult)	99383, 99384, 99393, 99394	Any eligible V-code	Age 22+
	99385, 99395	649.01, 649.02, 649.03, 649.04, 305.1 and any eligible V-code	Age 22+
	99386, 99387 99396, 99397	649.01, 649.02, 649.03, 649.04, 305.1 and any eligible V-code	None
Phenylketonuria Screening (Children)	84030	V70.0, V77.3	Age less than 1 year
Prostate Screening	84066, 84152, 84153, 84154, G0103, G0102	V70.0, V76.44	Male, age 40+
Sickle Cell Disease Screening	83020, 83021	V70.0, V78.2	Age less than 1 year
Syphilis Infection Screening	86592, 86780	V69.2, V74.5, V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	None
Tobacco Use Counseling	99406, 99407	Any eligible diagnosis	None
Venipuncture/Specimen Collection	36415, 36416	Any eligible V-code	None
Visual Impairment Screening in Children Younger than Age 5	99173	V72.0 and any eligible diagnosis	None



Women have unique health care needs that change over the course of their lifetime. The Affordable Care Act has expanded women's preventive services to be covered with no member cost share for plans with ACA-defined preventive benefits beginning August 1, 2012 and upon renewal.

Women's Health Screenings			
SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
Asymptomatic Bacteriuria Screening in Pregnant Female	87081, 87084, 87086, 87088	V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V72.31, V72.32, V76.2, V76.47, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	Female
Breast and Ovarian Cancer Susceptibility, Genetic Counseling and Evaluation for BRCA Testing	96040, 99401, 99402	V16.3, V16.41, V26.33, V70.0, V72.31, V72.32, V76.2, V76.47, V78.0, V78.1	Female
Breast Cancer, Preventive Medicine Counseling of Chemoprevention	99401, 99402, 99403, 99404	Any eligible diagnosis	Female
Breast Cancer Screening	77052, 77055, 77056, 77057, G0202	610.1, 610.3, V16.3, V45.71, V70.0, V72.31, V72.32, V76.10, V76.11, V76.12, V76.2, V76.47, V78.0, V78.1	Female, limit once per plan year
Breast Feeding Support, Supplies and Counseling	A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604, S9443	V24.1, V70.0, 779.34, 783.41	Female
Cervical Cancer Screening	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75, G0101, G0123, G0141, G0143-45, G0147, G1048, Q0091	V70.0, V72.31, V72.32, V76.2, V76.47	Female, limit once per plan year
Chlamydia Screening	86631-32, 87110, 87270, 87490-91, 87800	V70.0, V72.31, V72.32, V73.88, V73.98, V76.2, V76.47	Female, limit two per plan year
Contraceptive Methods	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	V25, V25.0, V25.01, V25.02, V25.03, V25.04, V25.09, V25.1, V25.11, V25.12, V25.13, V25.2, V25.3, V25.4, V25.40, V25.41, V25.42, V25.43, V25.49, V25.5, V25.8, V25.9, V70.0	Female
	A4261, A4264, A4266, A4268, A4269, J1055, J7300, J7302, J7303, J7304, J7305, J7306, J7307, S4981, S4989, S4993, 11976, 11980, 57170, 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58661, 58671, 96372		
Glucose Screening	82950, 82951	V22.0, V22.1, V22.2, V23.0, V23.1, V23.2, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V91.0, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20	Female

## Women's Health Screenings

SERVICE	PROCEDURE CODES	PRIMARY DIAGNOSIS CODES	RESTRICTIONS
Gonorrhea Screening	87850, 87590, 87591	V70.0, V72.31, V72.32, V74.5, V76.2, V76.47	Female
Hepatitis B Virus Infection Screening for Pregnant Female	87340	V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V72.31, V72.32, V76.2, V76.47, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	Female
HIV Screening and Counseling	87390, 87534, 87535,	V69.8, V73.89	Female
HPV DNA Testing	87620, 87621, 87622	V70.0, V72.31, V73.81, V76.2, V76.47	Female, age 30+
Iron Deficiency Anemia Screening for Pregnant Female	80055, 85013, 85014, 85018, 85025, 85027	V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V72.31, V72.32, V76.2, V76.47, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	Female
Rh(D) Incompatibility Screening in Pregnant Female	86901	V22.0, V22.1, V22.2, V23.0, V23.1, V23.3, V23.4, V23.41, V23.49, V23.5, V23.7, V23.8, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89, V23.9, V70.0, V72.31, V72.32, V76.2, V76.47, V91.00, V91.01, V91.02, V91.03, V91.09, V91.1, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99	Female

This document summarizes preventive benefits with an A or B rating put forth by the United States Preventive Services Task Force. For more information about preventive care, visit [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).





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