



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Preventive Care Services Excluded From Copayment for Healthy Indiana Plan and Presumptive Eligibility – Adult

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) for updates to coding, coverage and benefit information. For Healthy Indiana Plan (HIP) members, contact the member’s managed care entity (MCE) for billing and reimbursement information. For Presumptive Eligibility – Adult (PE Adult) members, see the [IHCP Fee Schedules](#) for reimbursement information.*

For more information about using this code table, see the [Member Eligibility and Benefit Coverage](#), [Presumptive Eligibility](#) and [Healthy Indiana Plan](#) provider reference modules.

As announced in *IHCP Bulletin BT202033*, all cost-sharing is suspended in response to the coronavirus disease 2019 (COVID-19) public health emergency. Copayments will not be applied for any services, starting April 1, 2020, until deemed appropriate to resume. This temporary change applies to all IHCP programs, including Healthy Indiana Plan (HIP) and Presumptive Eligibility – Adult (PE Adult).

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

Note: For Healthy Indiana Plan (HIP) and Presumptive Eligibility – Adult (PE Adult) members who are subject to copayments, the preventive service procedure codes on this table are exempt from copayment requirements when billed as indicated. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in HIP Plus, HIP State Plan Plus, HIP State Plan Basic and HIP Maternity.

Diagnosis code match required?	Procedure Code	Description
Y	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
Y	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum
Y	36410	Venipuncture, age 3 years or older, necessitating physician’s skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
Y	36415	Collection of venous blood by venipuncture
Y	36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult**Reviewed/Updated: February 29, 2024**

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Diagnosis code match required?	Procedure Code	Description
Y	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
Y	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
Y	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
Y	45334	Sigmoidoscopy, flexible; with control of bleeding, any method
Y	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
Y	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyps), or other lesion(s) (includes pre- and post dilation and guide wire passage, when performed)
Y	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
Y	45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
Y	45381	Colonoscopy, flexible with directed submucosal injection(s), any substance
Y	45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method
Y	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
Y	45385	Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
Y	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Y	45391	Colonoscopy, flexible, w/endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or descending, transverse, or ascending colon and cecum, and adjacent structures
Y	76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
Y	76775	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), b-scan and/or real time with image documentation; limited
Y	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
Y	77067	Screening mammography, bilateral (2-view study of each breast), including computer aided detection (CAD) when performed
Y	77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more site; axial skeleton (e.g., hips, pelvis, spine)
Y	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

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Diagnosis code match required?	Procedure Code	Description
Y	77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
Y	77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
Y	80055	Obstetric panel; this panel must include the following: hemogram, automated, and manual differential WBC count (CBC)(85022) or hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) hepatitis B surface antigen (HBsAg) (87340) antibody, rubella (86762) syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592) antibody screen, RBC, each serum technique (86850) blood typing, ABO (86900) and blood typing, Rh (d)
Y	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
Y	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)
Y	80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)
Y	80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
Y	81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
Y	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
Y	81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

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Diagnosis code match required?	Procedure Code	Description
Y	81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
Y	81007	Urinalysis; bacteriuria screen, except by culture or dipstick
N	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
N	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
N	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
N	81165	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
N	81166	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
N	81167	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
N	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants (only)
N	81215	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant
N	81216	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
N	81217	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant
Y	82043	Albumin; urine e.g., microalbumin), quantitative
Y	82044	Albumin; urine (e.g., microalbumin), semiquantitative (e.g., reagent strip assay)
Y	82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)
Y	82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
Y	82465	Cholesterol, serum or whole blood, total

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Diagnosis code match required?	Procedure Code	Description
Y	82947	Glucose; quantitative blood (except reagent strip)
Y	82948	Glucose; blood, reagent strip
Y	83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
Y	83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)
Y	83036	Hemoglobin; glycosylated (A1C)
Y	83655	Lead
Y	83718	Lipoprotein, direct measurement; high density cholesterol (HDL) cholesterol
Y	83719	Lipoprotein, direct measurement, VLDL cholesterol
Y	83721	Lipoprotein, direct measurement, LDL cholesterol
Y	83722	Lipoprotein, direct measurement; small dense LDL cholesterol
Y	84030	Phenylalanine (PKU), blood
N	84152	Prostate specific antigen (PSA); complexed (direct measurement)
N	84153	Prostate specific antigen (PSA); total
N	84154	Prostate specific antigen (PSA); free
Y	84202	Protoporphyrin, RBC; quantitative
Y	84203	Protoporphyrin, RBC; screen
Y	84436	Thyroxine; total
Y	84437	Thyroxine; requiring elution (e.g., neonatal)
Y	84439	Thyroxine; free
Y	84443	Thyroid stimulating hormone (TSH)
Y	84478	Triglycerides
Y	84520	Urea nitrogen; quantitative
Y	85004	Blood count; automated differential WBC count
Y	85007	Blood count; blood smear, microscopic examination w/ manual differential WBC count
Y	85009	Blood count; manual differential WBC count, buffy coat
Y	85013	Hematocrit; spun microhematocrit
Y	85014	Blood count; Hematocrit (Hct)
Y	85018	Blood count; Hemoglobin (Hgb)
Y	85025	Blood count; complete (CBC), automated (HGB, HCT, RBC, WBC and platelet count) and automated differential WBC count

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

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Diagnosis code match required?	Procedure Code	Description
Y	85027	Blood count; complete (CBC), automated (HGB, HCT, RBC, WBC and platelet count)
N	86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
Y	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
Y	86580	Skin test; TB intradermal test
Y	86592	Syphilis test; non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
Y	86631	Antibody; Chlamydia
Y	86632	Antibody; Chlamydia, IgM
Y	86689	HTL or HIV antibody confirmatory tests(e.g., Western blot)
Y	86701	Antibody; HIV-1
Y	86702	Antibody; HIV-2
Y	86703	Antibody; HIV-1 and HIV-2, single result
Y	86780	Antibody; Treponema pallidum
N	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) Coronavirus disease [COVID-19])
Y	86803	Hepatitis C antibody
Y	86880	Antihuman globulin test (Coombs test); direct, each antiserum
Y	86901	Blood typing, serologic; Rh (D)
Y	87081	Culture, presumptive, pathogenic organisms, screening only;
Y	87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
Y	87086	Culture, bacterial; quantitative colony count, urine
Y	87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
Y	87110	Culture, chlamydia, any source
Y	87270	Infectious agent antigen detection by immune-fluorescent technique; Chlamydia trachomatis
Y	87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis

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Diagnosis code match required?	Procedure Code	Description
Y	87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
N	87426	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
N	87428	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
Y	87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
Y	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
Y	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
Y	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
Y	87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
Y	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
Y	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoea, direct probe technique
Y	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoea, amplified probe technique
Y	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoea, quantification
N	87593	Detection of orthopoxvirus
N	87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
N	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

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Diagnosis code match required?	Procedure Code	Description
N	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
Y	87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
N	87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
Y	87850	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoea
N	87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID 19]), mutation identification in targeted region(s)
N	88141	Cytopathology cervix/vagina (any reporting system), requiring interpretation by physician
N	88142	Cytopathology cervix/vagina(any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
N	88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision (for automated screening of automated thin layer preparation, see 88174, 88175)
N	88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
N	88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
N	88150	Cytopathology slides, cervical or vaginal; manual screening under physician supervision
N	88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
N	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
N	88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g. maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)
N	88164	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

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Diagnosis code match required?	Procedure Code	Description
N	88165	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and re screening under physician supervision
N	88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
N	88167	Cytopathology, slides, cervical or vaginal (the Bethesda System);with manual screening and computer-assisted rescreening using cell selection and review under physician supervision (to report collection of specimen via fine needle aspiration, see 10021, 10022)
N	88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
N	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation,; with screening by automated system and manual rescreening or review, under physician supervision
N	90460	Administration of first vaccine or toxoid component with counseling (18 years or younger)
N	90461	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component
N	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
N	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
N	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
N	90474	Each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
N	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
N	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
N	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
N	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
N	90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use

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Diagnosis code match required?	Procedure Code	Description
N	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
N	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
N	90636	Hepatitis A and Hepatitis B vaccine (HEPA-HEPB), adult dosage, for intramuscular use
N	90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
N	90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule, for intramuscular use
N	90649	Human papilloma virus (HPV) vaccine, type 6, 11, 16, 18 (quadrivalent) 4vHPV, 3 dose schedule, for intramuscular use
N	90650	Human papillomavirus (HPV) vaccine, types 16 and 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
N	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
N	90654	Influenza virus vaccine, trivalent (IIV3), split virus preservative free, for intradermal use
N	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
N	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
N	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
N	90658	Influenza virus vaccine, trivalent (IIV3), split virus 0.5 mL dosage, for intramuscular use
N	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
N	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
N	90662	Influenza virus vaccine, split virus (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
N	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
N	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
N	90673	Influenza virus vaccine, trivalent ((RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
N	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use

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Diagnosis code match required?	Procedure Code	Description
N	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
N	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
N	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
N	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
N	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
N	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, preservative free, 0.5mL dosage, for intramuscular use
N	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
N	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
N	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type B, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use
N	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
N	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
N	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
N	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
N	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
N	90716	Varicella virus vaccine (VAR), live, for subcutaneous use
N	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
N	90732	Pneumococcal polysaccharide vaccine, 23- valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
N	90733	Meningococcal polysaccharide vaccine, serogroups A,C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
N	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135quadrivalent (MCV4 or MenACWY), for intramuscular use
N	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

Note: For Healthy Indiana Plan (HIP) and Presumptive Eligibility – Adult (PE Adult) members who are subject to copayments, the preventive service procedure codes on this table are exempt from copayment requirements when billed as indicated. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in HIP Plus, HIP State Plan Plus, HIP State Plan Basic and HIP Maternity.

Diagnosis code match required?	Procedure Code	Description
N	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
N	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
N	90746	Immunization active Hepatitis B vaccine 20 years
N	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
N	90748	Hepatitis B and Hemophilus influenza type B vaccine (-Hib- HepB), for intramuscular use
N	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
N	90759	Injection, hepatitis B vaccine, 10 mcg
N	91304	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
N	91318	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
N	91319	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
N	91320	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
N	91321	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use
N	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use
N	92551	Screening test, pure tone, air only
Y	92552	Pure tone audiometry (threshold); air only
N	92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
Y	92567	Tympanometry (impedance testing)
Y	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system;
Y	92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

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Diagnosis code match required?	Procedure Code	Description
Y	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
N	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
N	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection
Y	96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
Y	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
Y	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
Y	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
Y	99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
Y	99001	Handling and/or conveyance of specimen for transfer from the patient in other than office to a laboratory (Distance may be indicated)
Y	99156	Moderate sedations services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
Y	99157	Moderate sedations services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time (list separately in addition to code for primary service)
Y	99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
N	99385	Preventive med services; initial visit; new patient 18-39 years.
N	99386	Preventive med services; initial visit; new patient 40-64 years.
N	99395	Preventive med services; established patient; 18-39 year
N	99396	Preventive med services; established patient; 40-64 years.
N	99401	Preventive medicine counseling, and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

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Diagnosis code match required?	Procedure Code	Description
N	99402	Preventive medicine counseling, and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
N	99403	Preventive medicine counseling, and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
N	99404	Preventive medicine counseling, and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
N	99406	Smoking and tobacco use intensive counseling, 4-10 minutes
N	99407	Smoking and tobacco use intensive counseling, more than 10 minutes
N	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
N	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
N	99459	Pelvic exam
N	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
N	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
N	G0008	Administration of influenza virus vaccine
N	G0009	Administration of pneumococcal vaccine
N	G0010	Administration of Hepatitis B vaccine
N	G0011	Individual counseling for pre-exposure prophylaxis (PREP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes
N	G0013	Individual counseling for pre-exposure prophylaxis (PREP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence
N	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
N	G0102	Prostate cancer screening; digital rectal examination
N	G0103	Prostate cancer screening; prostate specific antigen test
N	G0104	Colorectal cancer screening; flexible sigmoidoscopy
N	G0105	Colorectal cancer screening; colonoscopy on individual at high risk

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

<p><i>Note: For Healthy Indiana Plan (HIP) and Presumptive Eligibility – Adult (PE Adult) members who are subject to copayments, the preventive service procedure codes on this table are exempt from copayment requirements when billed as indicated. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in HIP Plus, HIP State Plan Plus, HIP State Plan Basic and HIP Maternity.</i></p>		
Diagnosis code match required?	Procedure Code	Description
N	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
N	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
N	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
N	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid automated thin layer preparation, screening by cytotechnologist under physician supervision
N	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid automated thin layer preparation, requiring interpretation by physician
N	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
N	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
N	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
N	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
N	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
N	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
Y	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
Y	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
N	G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)

Procedure Codes That Qualify as Preventive Services for HIP and PE Adult

Reviewed/Updated: February 29, 2024

<p><i>Note: For Healthy Indiana Plan (HIP) and Presumptive Eligibility – Adult (PE Adult) members who are subject to copayments, the preventive service procedure codes on this table are exempt from copayment requirements when billed as indicated. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in HIP Plus, HIP State Plan Plus, HIP State Plan Basic and HIP Maternity.</i></p>		
Diagnosis code match required?	Procedure Code	Description
N	G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)
N	G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)
N	G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for Medicaid billing purposes)
Y	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
Y	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
N	G0402	Initial preventive physical examination (IPPE); face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
Y	G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening
Y	G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 OR HIV-2, screening
Y	G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening
N	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
N	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
N	G0442	Annual alcohol misuse screening, 15 minutes
N	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
N	G0444	Annual depression screening, 15 minutes
N	G0445	Semiannual high intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes
N	G0446	Annual, face to face intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, bi-annual, 15 minutes
N	G0447	Face-to-face behavioral counseling for obesity, 15 minutes

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Diagnosis code match required?	Procedure Code	Description
N	Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
N	S0613	Annual gynecological examination, clinical breast examination without pelvic examination
Y	S9470	Nutritional counseling, dietitian visit
N	U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel
N	U0002	Non-CDC laboratory tests for SARS-CoV2/2019-nCoV (COVID-19)

Table Revision History

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December 28, 2023, update:

Removed (effective November 1, 2023): 91312, 91313, 0041A, 0042A, 0044A, 0121A, 0124A, 0134A

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Removed (effective May 12, 2023): G2023, G2024, U0003, U0004, U0005

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Table Revision History
<p>July 1, 2022, update: Added (effective May 17, 2022): 0074A Added (effective February 21, 2022): 87913</p> <p>May 17, 2022, update: Added (effective March 29, 2022): 91309, 0094A</p> <p>March 3, 2022, update: Added (effective October 29, 2021): 91305, 0051A, 0052A, 0053A, 0054A</p> <p>December 24, 2021, update: Added (effective December 24, 2021): 0240U, 0241U</p> <p>November 16, 2021, update: Added (effective October 20, 2021): 91306, 0034A, 0064A Added (effective September 22, 2021): 0004A</p> <p>August 24, 2021, update: Added (effective August 12, 2021): 0003A, 0013A</p> <p>March 30, 2021, update: Added (effective February 27, 2021): 91303, 0031A</p> <p>February 9, 2021, update: Added (effective January 1, 2021): 87428, U0005</p> <p>December 29, 2020, update: Added (effective December 18, 2020): 91301, 0011A, 0012A Added (effective December 11, 2020): 91300, 0001A, 0002A</p> <p>November 24, 2020, update: Added (effective October 6, 2020): 87636, 87637, 87811</p> <p>August 18, 2020, update: Added (effective June 25, 2020): 87426</p> <p>April 28, 2020, update: Added (effective April 10, 2020): 86328, 86769, U0003, U0004 Added (effective March 13, 2020): 87635 Added (effective March 1, 2020): G2023, G2024 Added (effective February 4, 2020): U0001, U0002</p> <p>November 26, 2019: Table published in <i>IHCP Bulletin</i> BT201969 (effective January 1, 2020)</p>