

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201969    NOVEMBER 26, 2019

## IHCP announces updates to HIP preventive care services codes

Effective January 1, 2020, the Indiana Health Coverage Programs (IHCP) is updating the Healthy Indiana Plan (HIP) guidelines surrounding preventive care services. In 2020, an updated list of Current Procedural Terminology (CPT<sup>®1</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes will take effect and be included for HIP preventive care services.

[Table 1](#) lists the updates for procedure codes used for HIP preventive care services, effective for dates of services (DOS) on or after January 1, 2020. The following preventive care services qualify for exemption from copayment from *HIP Basic* and *HIP State Plan – Basic* members. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in *HIP Plus*, *HIP State Plan – Plus*, and *HIP State Plan – Basic*.

Preventive care services mandated by the *Affordable Care Act (ACA)* include “A” and “B” services recommended by the United States Preventive Services Task Force. HIP preventive care services may be updated yearly by October 1, and any age- and gender-appropriate preventive care service can be obtained to qualify a member for rollover.

Managed care entities (MCEs) must monitor these guidelines and update coverage as necessary.

**Note:** The codes on [Table 1](#) also apply to the Presumptive Eligibility (PE) Adult population, as PE Adults follow HIP copay rules.



<sup>1</sup>CPT copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

### TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

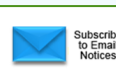


Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code    | Description   |
|--------------------------------|-------------------|---|
| Y                              | 00812<br>New code | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy   |
| Y                              | 00813<br>New code | 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 (eg, finger, heel, ear stick)  |
| 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<br>New code | 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<br>New code | 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 (eg, renal, aorta, nodes), real time with image documentation; complete   |
| Y                              | 76775             | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time with image documentation; limited  |
| Y                              | 77063<br>New code | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)   |
| Y                              | 77067<br>New code | 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 (eg, hips, pelvis, spine)  |
| Y                              | 77081<br>New code | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)   |
| Y                              | 77085<br>New code | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment  |
| Y                              | 77086<br>New code | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)  |
| Y                              | 80055             | <b>Obstetric panel;</b> 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 (eg, VDRL, RPR, ART) (86592) antibody screen, RBC, each serum technique (86850) blood typing, ABO (86900) and blood typing, Rh (d) |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code    | Description  |
|--------------------------------|-------------------|--|
| Y                              | 80061             | <b>Lipid panel</b> This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)  |
| Y                              | 80074<br>New code | <b>Acute hepatitis panel</b> 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             | <b>Hepatic function panel</b> 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<br>New code | <b>Obstetric panel</b> (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 (eg, 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  |
| 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<br>New code | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis   |
| N                              | 81163<br>New code | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  |
| N                              | 81164<br>New code | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   |
| N                              | 81165<br>New code | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  |
| N                              | 81166<br>New code | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   |
| N                              | 81167<br>New code | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   |
| N                              | 81212             | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants (only)  |
| N                              | 81215             | BRCA1 (BRCA1, DNA repair associated) (eg, 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) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant  |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code    | Description  |
|--------------------------------|-------------------|--|
| Y                              | 82043<br>New code | Albumin; urine (eg, microalbumin), quantitative  |
| Y                              | 82044<br>New code | Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)  |
| Y                              | 82270             | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection) |
| Y                              | 82274             | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations   |
| Y                              | 82465             | Cholesterol, serum or whole blood, total   |
| 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 (eg, 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<br>New code | 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 (eg, 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  |
| Y                              | 85027             | Blood count; complete (CBC), automated (HGB, HCT, RBC, WBC and platelet count)   |
| 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 (eg, VDRL, RPR, ART)   |
| Y                              | 86631             | Antibody; Chlamydia  |
| Y                              | 86632             | Antibody; Chlamydia, IgM   |
| Y                              | 86689             | HTL or HIV antibody confirmatory tests(eg 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   |
| Y                              | 86803             | Hepatitis C antibody   |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code | Description   |
|--------------------------------|----------------|---|
| 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                       |
| 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)         |
| 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 gonorrhea, direct probe technique  |
| Y                              | 87591          | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhea, amplified probe technique   |
| Y                              | 87592          | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhea, quantification  |
| Y                              | 87810          | Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis  |
| Y                              | 87850          | Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhea  |
| 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   |



Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code    | Description  |
|--------------------------------|-------------------|--|
| 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   |
| 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                              | 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                              | 90620<br>New code | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use  |
| N                              | 90621<br>New code | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use  |
| N                              | 90630<br>New code | 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<br>New code | 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<br>New code | 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<br>New code | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use  |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code    | Description  |
|--------------------------------|-------------------|--|
| 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 (cclIIV3), 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<br>New code | Influenza virus vaccine, quadrivalent (cclIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use                                 |
| N                              | 90680<br>New code | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use  |
| N                              | 90682<br>New code | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use                         |
| N                              | 90685<br>New code | 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<br>New code | 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<br>New code | 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  |
| N                              | 90739<br>New code | 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<br>New code | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use   |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code | Description   |
|--------------------------------|----------------|---|
| 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)  |
| Y                              | 96040          | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family  |
| Y                              | 96150          | Health and behavior assessment (eg, 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   |
| 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 cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes   |
| N                              | 99407          | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes  |
| N                              | 99408          | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes   |



Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code | Description   |
|--------------------------------|----------------|---|
| 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                              | G0008          | Administration of influenza virus vaccine   |
| N                              | G0009          | Administration of pneumococcal vaccine  |
| N                              | G0010          | Administration of Hepatitis B vaccine   |
| 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   |
| 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                              | G0328          | Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations  |
| 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   |

Table 1 – Procedure codes allowed for HIP preventive care services, effective for DOS on or after January 1, 2020

| Diagnosis code match required? | Procedure code | Description  |
|--------------------------------|----------------|--|
| 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   |
| 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  |