

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	PREVENTIVE CARE SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses preventive health care services.</p> <ul style="list-style-type: none"> <li>• Those evidenced-based items or services that have, in effect, a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved;</li> <li>• Those immunizations for routine use in children, adolescents, and adults that have, in effect, a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;</li> <li>• With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and</li> <li>• Preventive services and screenings provided for in comprehensive guidelines supported by HRSA (WA- for women’s preventive and wellness service guidelines), to the extent not already included in certain recommendations of the USPSTF.</li> </ul> <p>All preventive services must be furnished by a Participating Provider to be covered under this Agreement (<b>Not listed in ID, ID has OON</b>). As new recommendations and guidelines for preventive services are published and recommended by the government agencies identified above, they will become covered under this Agreement. Coverage will start for product years that begin one year after the date the recommendation or guideline is issued or on such other date as required by the ACA and its implementing regulations. The Plan year, also known as a policy year for the purposes of this provision, is based on the calendar year.</p> <p>If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive</p>

care. Coverage limits will be consistent with the ACA, its corresponding federal regulations, and applicable State Law.

**WISCONSIN:**

**Preventive Services:** In accordance with the Affordable Care Act and as part of Member's Essential Health Benefits, Molina covers preventive services at no Cost Sharing for Members. Preventive services include:

- Those evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF). Please visit the USPSTF website for preventive services recommendations at: <https://uspreventiveservicestaskforce.org>.
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).
- With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);
- Preventive services and screenings provided in the comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF.

All preventive services must be furnished by a Participating Provider to be covered under this Agreement. The Member should consult with their PCP to determine whether a specific service is preventive or diagnostic. As new recommendations and guidelines for preventive services are published and recommended by the government agencies identified above, they will become covered under this Agreement. Coverage will start for product years that begin one year after the date the recommendation or guideline is issued or on such other date as required by the ACA and its implementing regulations. The Plan year, also known as a policy year for the purposes of this provision, is based on the calendar year.

If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive care. Coverage limits will be consistent with the ACA, its corresponding federal regulations and applicable State Law.

**Note:** This includes recommendations from HHS (US Department of Health and Human Services).

**USPSTF:** <https://uspreventiveservicestaskforce.org/uspstf>

HRSA: <https://mchb.hrsa.gov/maternal-child-health-topics/recommended-preventive-services.html>

**A. FEDERAL/STATE MANDATED REGULATIONS**

**Note: The most current federal/state mandated regulations for each state can be found in the links below.**

**FEDERAL:**

**Throughout this document the following abbreviations are used:**

- USPSTF means the United States Preventive Services Task Force
- PPACA means the federal Patient Protection and Affordable Care Act of 2010
- The links to both sites are provided above

**Legislative Bulletin: FD1203** Religious Exception to Women's Preventive Care Requirements

HHS also released an amendment to the prevention regulation that allows religious institutions that offer insurance to their employees the choice of whether or not to cover contraception services. Group health plans sponsored by certain religious employers, and group health insurance coverage in connection with such plans, are exempt from the requirement to cover contraceptive services. A religious employer is one that: "(1) has the inculcation of religious values as its purpose; (2) primarily employs persons who share its religious tenets; (3) primarily serves persons who share its religious tenets; and (4) is a non-profit organization under Internal Revenue Code section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii)." 45 C.F.R. §147.130(a) (1) (iv) (B).

[Women's Preventive Services Guidelines](#)

- Group and individual insurance plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on preventive services.

**CALIFORNIA:**

California Code of Regulations Title 28 Managed Health Care Article 7 Standards § 1300.67 Scope of Basic Health Care Services:

Preventive health services (including services for the detection of asymptomatic diseases), which shall include, under a physician's supervision:

- Reasonable health appraisal examinations on a periodic basis;
- A variety of voluntary family planning services;
- Prenatal care;

- Vision and hearing testing for persons through age 16;
- Immunizations for children in accordance with the recommendations of the American Academy of Pediatrics, and immunizations for adults as recommended by the U.S. Public Health Service;
- Venereal disease tests;
- Cytology examinations on a reasonable periodic basis
- Effective health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services provided by the plan or health care organizations affiliated with the plan

[California Health and Safety Code § 1367.06](#): Pediatric asthma management

[California Health and Safety Code § 1367.45](#): AIDS Vaccine

[California Health and Safety Code § 1367.46](#): HIV Testing

[California Health and Safety Code § 1367.695](#): OB-GYN Direct Access-  
b) Health care service plan contract issued, amended, renewed, or delivered in this state, except a specialized health care service plan, shall allow an enrollee the option to seek obstetrical and gynecological physician services directly from a participating obstetrician and gynecologist or directly from a participating family practice physician and surgeon designated by the plan as providing obstetrical and gynecological services.

[California Health and Safety Code § 1367.64](#): Prostate Cancer Screening

- [California Health and Safety Code § 1367.66](#): Cervical Cancer Screening Test
- Cervical Cancer Screening Test (SB1245-Compliance date 1/1/07; Effective for policies issued, amended, or renewed, on or after January 1, 2002)

[California Health and Safety Code § 1367.67](#): Osteoporosis

- [California. Health & Safety Code §1367.6](#), [§1367.65](#): Breast Cancer Screening

California Health and Safety Code, [§1367.3](#), (for ages 17 and 18)

- Every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall offer benefits for the comprehensive preventive care of children. This section shall apply to children 17 and 18 years of age, except as provided in subparagraph (D) of paragraph (2) of subdivision (b). Every plan shall communicate the availability of these benefits to all group contract holders and to all prospective group contract holders with whom they are negotiating. This section shall apply to a plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described herein.
- (b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:
  - Be consistent with both of the following:
  - The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.
  - The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.
- Provide for the following:
  - Periodic health evaluations.
  - Immunizations.
  - Laboratory services in connection with periodic health evaluations.
  - Screening for blood lead levels in children of any age who are at risk for lead poisoning, as determined by a physician and surgeon affiliated with the plan, if the screening is prescribed by a health care provider affiliated with the plan.
- (c) For purposes of this section, a health care provider is any of the following:
  - A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code.
  - A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code.

- A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

[California Health & Safety Code §1367.35](#): Preventive services for children 16 and younger

[California Health & Safety Code §1367.665](#): Other cancer screenings

[California Health & Safety Code Section 2594.3](#): Essential Health Benefits

**Health and Safety Code § 1367.9-** Coverage for the effects of diethylstilbestrol. Effects of Diethylstilbestrol (DES) Exposure. Between 1948 and 1971, millions of women took a drug called diethylstilbestrol (DES) to prevent miscarriage. Daughters born to women who took DES while pregnant have a slightly higher risk of developing: Abnormal cervical cells that cause an abnormal Pap test result.

[Health and Safety Code § 1367.668](#): Health care coverage: colorectal cancer: screening and testing

Assembly Bill No. 342 Chapter 436 An act to add Section 1367.668 to the Health and Safety Code, and to add Section 10123.207 to the Insurance Code, relating to health care coverage

[Health and Safety Code § 1367.34](#): Sexually transmitted disease: testing

**AB 342 (effective 1/1/22) (APL 21-025)**

Requires plans, on or after January 1, 2022, to cover, at zero cost-sharing, a colorectal cancer screening test assigned either a grade A or B by the United States Preventative Services Task Force (USPSTF). The required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a colorectal cancer screening examination or laboratory test identified assigned either a grade A or B by the USPSTF shall also be provided without any cost-sharing.

[AB 659](#): Cancer Prevention Act- Effective 1/1/2024

**FLORIDA:**

**Immunizations**

[http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statute&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=immunization&URL=0300-0399/0381/Sections/0381.003.html](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statute&SubMenu=1&App_mode=Display_Statute&Search_String=immunization&URL=0300-0399/0381/Sections/0381.003.html)

<http://www.floridahealth.gov/programs-and-services/immunization/resources/immunization-laws.html>

**Mammograms**

[Fla. Stat. § 641.31095](#): Coverage for Mammograms

Individual: [Fla. Stat. § 627.6418](#); HMO Contract: [Fla. Stat. §641.31095](#) - Mammograms

Individual: [Fla. Stat. § 627.6416](#); HMO Contract: [Fla. Stat. § 641.31\(30\)](#) - Child Health Supervision Services

Individual: [Fla. Stat. § 627.6409](#); HMO Contract: [Fla. Stat. § 641.31\(27\)](#) - Osteoporosis diagnosis and treatment

**IDAHO:**

[41-3441](#): Mammography Coverage

**ILLINOIS:**

**42 U.S.C. 300gg-13**

<https://ilga.gov/commission/icar/admincode/050/050045210001300R.html>

**Preventive services required pursuant to 42 USC 300gg-13**

[50 IAC 2001.8](#)

[50 IAC 4521.110\(x\)](#)

[50 IAC 4521.130](#)

We will take note of the regulation within QNXT as a note; however, we will not configure the age restriction nor visit limits for IL and KY to align with other states for Mammograms.

**Maternity – Prenatal HIV Testing**

[P.A. 92-130](#)

215 ILCS 5/356z.1

215 ILCS 125/4-6.5

**Breast Exam**

[215 ILCS 5/356g.5](#)

[215 ILCS 125/5-3](#)

**Breast Ultrasound Screening/Mammograms**

[215 ILCS 5/356g](#)

[215 ILCS 125/4-6.1](#)

**Colorectal Cancer Screening**

[215 ILCS 5/356x](#)

**HPV Vaccine**

[215 ILCS 5/356z.9](#)

[215 ILCS 125/5-3](#)

**Ovarian Cancer Testing**

[215 ILCS 5/356u](#)

[215 ILCS 125/5-3](#)

**Pap Smears**

[215 ILCS 5/356u](#)

[215 ILCS 125/4-6.5](#)

[50 Ill. Adm. Code 5421.130g](#)

**Preventive health services (including well childcare)**

[50 IAC 4521.130\(g\)](#)

**Prostate specific antigen testing**

[215 ILCS 5/356u](#)

[215 ILCS 125/4-6.5](#)

**Shingles Vaccine**

[215 ILCS 5/356z.13](#)

[215 ILCS 125/5-3](#)

**Osteoporosis**

[215 ILCS 5/356z.6](#)

[215 ILCS 125/5-3](#)

**Multiple sclerosis preventative physical therapy**

[215 ILCS 5/356z.8](#)

[215 ILCS 125/5-3](#)

[HB 2847](#): Mental Health Care Access

[HB 2350](#): Pap Test and Prostate Cancer Screening Coverage

[SB 1282](#): Liver Disease Screening Coverage

**KENTUCKY:**

**Mammograms**

[Ky. Rev. Stat. § 304.17-316](#)

[Ky. Rev. Stat. § 304.17A-096\(3\)](#)

[Ky. Rev. Stat. § 304.17A-133](#)

[Ky. Rev. Stat. § 304.38-1935](#)

We will take note of the regulation within QNXT as a note; however, we will not configure the age restriction nor visit limits for IL and KY to align with other states for Mammograms.

[Ky. Rev. Stat. § 304.17A-257](#): Colorectal cancer screenings

[Ky. Rev. Stat. § 304.17A-647](#): OB/GYN annual visit

[Ky. Rev. Stat. § 304.17A-259](#): Coverage under health benefit plan for genetic test for cancer risk.

[Ky. Rev. Stat. § 304.17A-168](#): Coverage for tobacco cessation medications and services.

[HB 115](#): Coverage for Breast Examinations

**MICHIGAN:**

**Immunizations**

[§ 380.1177](#)

**MISSISSIPPI:**

**Immunizations**

[https://msdh.ms.gov/msdhsite/\\_static/41,0,71.html](https://msdh.ms.gov/msdhsite/_static/41,0,71.html)

**Child Immunizations**

[Miss. Code Ann. § 83-9-34](#)

**NEVADA:**

[SB 330](#)

Must provide breastfeeding counseling, support and supplies during the antenatal, perinatal and postpartum period, for not more than one year  
Coverage for human papillomavirus vaccine

[NRS 689A.044](#)

[NRS 695C.1745](#)

Coverage for prostate cancer screening

[NRS 689A.0445](#)

[NRS 695C.1751](#)

Coverage for cytologic screening test and mammograms for certain women

[NRS 689A.0405](#)

[NRS 695C.1735](#)

Coverage for screening for colorectal cancer

[NRS 689A.04042](#)

[NRS 695C.1731](#)

**NEW MEXICO:**

[HB 27](#)

**HB 522 – 52<sup>ND</sup> Legislature**

<https://www.nmlegis.gov/Sessions/15%20Regular/bills/house/HB0522.pdf>

<https://www2a.cdc.gov/vaccines/statevaccsApp/Administration.asp?st=atetmp=NM>

[NMSA 59A-22-34.3](#); [NMSA 59A-46-38.2](#): Childhood Immunization Coverage

[NMSA 59A-22-39](#); [NMSA 59A-46-41](#): Coverage for Mammograms

[NMSA 59A-22-40](#): Coverage for Cytologic and Human Papillomavirus Screening

[NMSA 59A-22-40.1](#): Coverage for the Human Papillomavirus Vaccine

[NMSA 59A-22-45](#); [NMSA 59A-46-46](#): Coverage of Alpha-Fetoprotein IV Screening Test- Alpha-fetoprotein screening is a blood test that checks the level of alpha-fetoprotein in the mother's blood during pregnancy

[NMSA 59A-22-47](#); [NMSA 59A-46-48](#): Coverage of Colorectal Cancer Screening

[NMSA 59A-22-44](#); [NMSA 59A-46-45](#): Coverage for Smoking Cessation Treatment

**OHIO:**

Ohio Immunization Laws:

<https://www.lsc.ohio.gov/documents/reference/current/membersonly/briefs/133Ohio%20Immunization%20Laws.pdf>

**Mammography**

[Ohio Rev. Code § 1751.62](#); [Ohio Rev. Code § 3923.52](#): Cytological screening (pap smear for cervical cancer); Mammography

**SOUTH CAROLINA:**

**Immunizations**

<https://scdhec.gov/sites/default/files/docs/Health/docs/Vaccine/School%20Attendance.pdf>

[S.C. Code Ann. §38-71-145](#): Coverage includes screening mammograms, cytological screening (pap smear), and prostate cancer examinations in accordance with State Law.

[S.C Code Ann. §38-71-215](#): Dermatology referrals

**TEXAS:**

[TIC §§1367.101 - 1367.104](#): Hearing Screening

[Texas Insurance Code §1356.005](#): Women's Health – Mammography

[Texas Insurance Code §1367.053](#): Coverage Required, Age birth through 6<sup>th</sup> birthday:

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1201.htm#1201.061> under Section 1201.061, 1201.062, 1201.063, or 1201.064.

[Texas Insurance Code §1367.054](#): Copayment, Deductible, or Coinsurance Requirement Prohibited

[Texas Insurance Code §1271.154](#): Well Child Care From Birth.

[Texas Insurance Code §1367.103](#): Hearing Screening. Coverage Required.

[Texas Insurance Code §1362.003](#): Prostate Cancer Screening

[Texas Administrative Code §11.1600](#): OB/GYN Direct Access

[Texas Insurance Code §1363.003](#): Colorectal Cancer Screening: Minimum Coverage Required.

[Texas Administrative Code §11.508\(a\)\(1\)\(H\)](#): Preventive

[Texas Insurance Code §1271.153](#): Periodic Health Evaluations

(a) The basic health care services provided under an evidence of coverage must include periodic health evaluations for each adult enrollee.

(b) The services provided under this section must include a health risk assessment at least once every three years and, for a female enrollee, an annual well-woman examination provided in accordance with Subchapter F, Chapter 1451.

- (c) This section does not apply to an evidence of coverage for a limited health care service plan or a single health care service plan.

[TIC §1376](#): Cardiovascular Disease - Screening Tests, Including Requirements for the Screening Laboratory

**Texas Insurance Code Certain Tests for Early Detection of Cardiovascular Disease Sec. 1376.003. Minimum Coverage Required.**

(a) A health benefit plan that provides coverage for screening medical procedures must provide the minimum coverage required by this section to each covered individual (Applies to policies issued or renewed on or after 1/1/10):

(1) Who is:

(A) A male older than 45 years of age and younger than 76 years of age; or

(B) A female older than 55 years of age and younger than 76 years of age; and

(2) Who is:

(A) Is diabetic; or

(B) Has a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm, that is intermediate or higher.

(b) The minimum coverage required to be provided under this section is coverage of up to \$200 for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five years, performed by a laboratory that is certified by a national organization recognized by the commissioner by rule for the purposes of this section:

(1) Computed tomography (CT) scanning measuring coronary artery calcification; or

(2) Ultrasonography measuring carotid intima-media thickness and plaque

[Texas Insurance Code Mammography §1356.001](#)

[Texas Insurance Code Detection and Prevention of Osteoporosis Sec. 1361.003](#): Coverage Required

A group health benefit plan must provide to a qualified enrollee coverage for medically accepted bone mass measurement to detect low bone mass and to determine the enrollee's risk of osteoporosis and fractures associated with osteoporosis.

[Texas Insurance Code Sec. 1271.153](#): Periodic Health Evaluations

**Texas Insurance Code Sec. 1370.002-1370.003: Certain Tests for Detection of Human Papillomavirus, Ovarian Cancer, and Cervical Cancer**

[Sec. 1370.002](#) Exceptions

- [Sec. 1370.003](#) Coverage Required
- (a) A health benefit plan that provides coverage for diagnostic medical procedures must provide to each woman 18 years of age or older enrolled in the plan coverage for expenses for an annual medically recognized diagnostic examination for the early detection of ovarian cancer and cervical cancer.
- (b) Coverage required under this section includes at a minimum:
  - (1) A CA 125 blood test; and
  - (2) A conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

[TIC §1357.004](#); [28 TAC §11.508\(b\)\(1\)](#): Women's Health - Mastectomy, Reconstructive Surgery

[TIC §1367](#), Subchapter E- Children - Developmental Delays, If Eligible For Coverage Under The Policy Or Plan

[Rule §11.506 \(D\)](#): States zero to 6yrs old no charge

**UTAH:**

**Immunizations**

[Utah Immunization Rule | Immunize](#)

**WASHINGTON:**

[RCW 48.42.100](#): Women's health care services—Duties of health care carriers.

[RCW 48.46.277](#): Prostate cancer screening.

[RCW 48.43.043](#): Colorectal cancer examinations and laboratory tests—required benefits or coverage.

[RCW 48.46.275](#): Mammograms—Insurance coverage.

[RCW 48.43.072](#): Required reproductive health care coverage—Restrictions on copayments, deductibles, and other form of cost sharing.

[RCW 48.43.078](#): Digital breast tomosynthesis—Intent to ensure women with access—Commissioner's and health care authority's duty to clarify mandates.

[RCW 48.46.250](#): Coverage of dependent children—Newborn infants, congenital anomalies—Notification period.

[WAC 284-43-5642](#): Essential health benefit categories.

**WISCONSIN:**

**Immunizations-**

<https://www.dhs.wisconsin.gov/publications/p01438.pdf>

[632.895 \(14\)](#): Child Immunizations

[632.895 \(10\)](#): Lead Screening

[632.895\(8\)](#): Mammography

[632.895\(9\)](#): Drugs for Treatment of HIV Infection

**B. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A and B. Always refer to Sections A for additional covered benefits not listed in this Section.

**ALL STATES:**

Group and individual insurance plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on preventive services.

According to HRSA, Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump.

**FLORIDA:**

Mammograms as follows:

- a. A baseline mammogram for any Member who is 35 to 40 years of age;
- b. A mammogram every 2 years for any Member who is 40 to 50 years of age, or older, or more frequently based on the Member's Provider's recommendations;
- c. A mammogram every year for any Member who is 50 years of age or older;
- d. One or more mammograms a year, based upon a Provider's recommendation for any Member who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has had breast cancer, or because a Member has not given birth before the age of 30.

**IDAHO:**

- Mammogram coverage at the following periodicity:
  - One (1) baseline mammogram for any woman who is thirty-five (35) through thirty-nine (39) years of age.
  - A mammogram every two (2) years for any woman who is forty (40) through forty-nine (49) years of age, or more frequently if recommended by the woman's physician.
  - A mammogram every year for any woman who is fifty (50) years of age or older.
  - A mammogram for any woman desiring a mammogram for medical cause.

**ILLINOIS:**

- In accordance with State Law, preventive services include:
  - Whole body skin examination for the detection of skin cancer
  - Human Papillomavirus Vaccine (HPV)
  - HIV screening - pregnant women
  - Shingles vaccine
  - Liver disease screenings for Members 35 years of age or older and under the age of 65 at high risk for liver disease, including liver ultrasounds and alpha-fetoprotein blood tests every 6 months, without any Cost Sharing requirements.
  - One, 60-minute, annual mental health prevention and wellness visit with a Participating Provider for Members inclusive of any age-appropriate screening recommended by the United States Preventive Services Task Force or by the American Academy of Pediatrics' Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents for purposes of identifying a mental health issue, condition, or disorder; discussing mental health symptoms that might be present, including symptoms of a

previously diagnosed mental health condition or disorder; performing an evaluation of adverse childhood experiences; and discussing mental health and wellness.

- Clinical breast examinations as indicated by guidelines of practice, performed by a Participating Provider within the scope of their license, to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows:
  - Every 3 years for women at least 20 years of age but less than 40 years of age; and
  - Annually for women 40 years of age or older.
- A low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer as follows:
  - A baseline mammogram for women 35 to 39 years of age.
  - An annual mammogram for women 40 years of age or older.
  - A mammogram at the age and intervals considered medically necessary by the woman's health care Provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.
  - A comprehensive ultrasound screening and MRI of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue or when medically necessary
  - A screening MRI when medically necessary
  - Tobacco use screening and cessation interventions for tobacco users
- A diagnostic mammogram when medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.
- Contraception for women: FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling
- Colorectal cancer screening as prescribed by a Participating Provider, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.
- HIV screening and counseling for adolescents, and adults at higher risk
- Prenatal HIV testing ordered by a Participating Provider

- Medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis
- An annual cervical smear or Pap smear test for female Members
- Prostate screening
- Ovarian cancer screening
- Breast Feeding (Lactation) Support, Supplies and Counseling - Breast Pumps in accordance with State Law

**Preventative Physical Therapy:** Molina covers Medically Necessary physical therapy that is prescribed by a Participating Provider licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

Annual digital rectal examination and prostate-specific antigen test for males upon recommendation of physician. Must include asymptomatic members age 50 and over; and members age 40 and over with family history of prostate cancer.

**KENTUCKY:**

Passport provides coverage for colorectal cancer examinations and laboratory tests as recommended by the American Cancer Society guidelines.

Passport provides coverage for contraceptive services, including emergency contraception, insertion/extraction of contraceptive devices, prescription-based sterilization procedures for women and tubal ligation. Coverage is not provided for the reversal of sterilization procedures.

Coverage is provided for breastfeeding support, supplies, counseling and includes the purchase of personal-use electric breast pump, one pump per birth. In the event of multiple births, only one pump is covered. This coverage includes the necessary supplies for the pump to operate.

**MICHIGAN:**

**Health Education:** Molina covers the following health educational services:

- Managing chronic disease
- Maternity classes
- Tobacco cessation
- Dietitian Services with Participating Provider, up to 6 visits per year

**NEVADA:**

- Cervical cancer screenings

- Colorectal cancer screenings starting at age 45 years and continuing until age 75 years in accordance with the American Cancer Society Colorectal Cancer Screening Guideline.
- Prostate Specific Antigen (PSA) screening
- Diabetes (Type 2) screening
- Screening for gestational diabetes after at least 24 weeks of gestation
- Blood pressure abnormalities
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).
- With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- Preventive services and screenings provided for in comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF.
- Screening and counseling for interpersonal and domestic violence for women at least annually with intervention services consisting of education, strategies to reduce harm, supportive services or a referral for any other appropriate services.
  - Molina will not deny a claim, refuse to issue or cancel a policy solely because the claim involves an act that constitutes domestic violence pursuant to NRS 33.018, or because the person applying for or covered by the policy was the victim of such an act of domestic violence, regardless of whether the Member or applicant contributed to any loss or injury
- Screening for depression and other mental disorders as described in the Mental Health Services (Inpatient and Outpatient) section.
- Well-woman visit beginning at 14 years of age (One visit per calendar year)
- Human Papillomavirus testing and vaccination

**Smoking Cessation:** Molina covers preventive care services related to tobacco cessation for Members age 18 years and older:

- two cessation attempts per calendar year
- four counseling sessions per calendar year

In accordance with state law, Molina covers all breast cancer imaging (screening and diagnostic) at no Cost Sharing for Members. These services include a mammogram annually for Members 40 years of age or older and imaging tests to screen for breast cancer on an interval and at the age deemed most appropriate, when medically necessary, as recommended by the Member's PCP

based on personal or family medical history or additional factors that may increase the risk of breast cancer. Molina also covers diagnostic imaging tests for breast cancer at the age deemed most appropriate, when medically necessary, as recommended by the Member's PCP to evaluate abnormalities seen or suspected from a mammogram, imaging tests or detected by other means of examination.

**NEW MEXICO:**

Preventive care services as required by State law or requirement, which includes but not limited to:

- Artery Calcification – a heart artery calcium scan.
- limited to the provision of a heart artery calcium scan to be used as a clinical management tool;
- provided every five years if a member has previously received a heart artery calcium score of zero; and
- not be required for future heart artery calcium scans if a member receives a heart artery calcium score greater than zero.
- screening, testing, examining, counseling, or administering/dispensing anything to prevent STIs, or medically necessary treatment of STIs
- Mammograms as follows:
  - For the purpose of symptomatic or high risk women at any time upon referral of the woman's health care provider
  - one baseline mammogram to persons age 35-39
  - a mammogram biennially to persons age 40 through 49
  - one mammogram annually to persons age 50 and older, and
  - Coverage shall be available only for screening mammograms obtained on equipment designed specifically to perform low-dose mammography in imaging facilities that have met American college of radiology accreditation standards for mammography and in accordance with state law
- Cytologic screening
- Human papillomavirus (HPV) Screening

**Smoking Cessation:** Molina's care management team works directly with members, at their request, to assist with the most appropriate action based upon the member's needs, including determining the frequency, method, treatment, or setting for the recommended item or services. Determinations of services will be made by Molina in consultation with the provider. Molina Members are always given access to at least one of the tobacco cessation

products without prior authorization and are consistent with all State Laws and Requirements and Federal Laws.

- Diagnostic services: Diagnostic services necessary to identify tobacco use, use-related conditions and dependence.
- Pharmacotherapy: Two 90-day courses of pharmacotherapy per calendar year.
- Cessation counseling: A choice of cessation counseling of up to 90 minutes total provider contact time or two multi-session group programs per calendar year.
  - initiation of any course of pharmacotherapy or cessation counseling shall constitute an entire course of pharmacotherapy or cessation counseling even if an individual discontinues or fails to complete the course.
- Molina covers the following at no cost share (please refer to your formulary for additional information)
  - Nicotine gum
  - Nicotine patch
  - Nicotine lozenge
  - Nicotine oral or nasal spray
  - Nicotine inhaler
  - Bupropion
  - Vareniline

**OHIO:**

Sharing for Members. Preventive services include:

- Those evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF). Please visit the USPSTF website for preventive services recommendations at: [[uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org)];
- Tobacco use screening for all adults and cessation interventions for tobacco users. Please refer to the “Prescription Drugs to Stop Smoking” section of this Agreement for more information;
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC);
- With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). These services include well baby visits and care; and

- With respect to women, those preventive services and screenings provided for in comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF. Please visit the HRSA website for preventive services recommendations at: [[hrsa.gov/womens-guidelines](https://www.hrsa.gov/womens-guidelines)]. These services include, but are not limited to:
  - Breast exams and screening mammography, including digital breast tomosynthesis, once per year for women regardless of age or risk factors.
  - Supplemental breast cancer screening when dense breast tissue is detected, or increased risk factors are present. Supplemental breast cancer includes magnetic resonance imaging (MRI), ultrasound, and molecular breast imaging or any another method deemed medically necessary by a treating health care provider for proper breast cancer screening in accordance with applicable American College of Radiology Guidelines.
  - Cytological Screening (pap smear) for women every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology.
  - Pap smear for women based on their age and health status including human papilloma virus.

**SOUTH CAROLINA:**

Coverage includes screening mammograms, cytological screening (pap smear), and prostate cancer examinations in accordance with State Law.

**TEXAS:**

In accordance with State Law, preventive services include:

- CA 125 blood test for screening of ovarian cancer for women 18 years and older cancer screening. Molina also covers FDA-approved prescription contraceptive drugs and devices.
- Annual Low-dose Mammograms, including breast tomosynthesis for women age 35 and over which must be performed at designated approved imaging facilities. Age limit does not apply to diagnostic screenings. Diagnostic screenings are to establish presence/absence of disease.
- One low-dose mammography annually for the presence of occult breast cancer for persons the age of 35 and over. Age limit does not apply to diagnostic screenings. Diagnostic screenings are to establish presence/absence of disease.

- Diagnostic imaging mammogram is an imaging examination using mammography, ultrasound imaging, or magnetic resonance imaging that is designed to evaluate:
  - a subjective or objective abnormality detected by a physician or patient in a breast;
  - an abnormality seen by a physician on a screening mammogram;
  - an abnormality previously identified by a physician as probably benign in a breast for which follow-up imaging is recommended by a physician; or
  - an individual with a personal history of breast cancer or dense breast tissue.
- Hearing screening (which includes hearing screening test from birth through the date the child is 30 days of age, refer to section “Hearing Services” for additional benefits where cost share may apply)
- Administration of a newborn screening test, including the cost of a test kit in the amount required by Health and Safety Code §33.019
- Colorectal cancer exams, preventive services, and lab tests with an “A” or “B” grade from the USPSTF and follow-up colonoscopy if the results of the initial colonoscopy, test, or procedure were abnormal.

**UTAH:**

In accordance with State Law, preventive services include range of services for the diagnosis of infertility, well-childcare from birth, periodic health evaluations for adults, screening to determine the need for vision and hearing correction, and pediatric and adult immunizations in accordance with accepted medical practice.

**WASHINGTON:**

- Pre-exposure prophylaxis (PrEP) for the prevention of HIV infection for people at high risk of infection without cost-sharing. This includes:
  - PrEP medication (antiviral drugs when prescribed to prevent HIV infection)
  - Laboratory tests and other diagnostic procedures (including testing for HIV, sexually transmitted infections, renal functionality, Hepatitis B, Hepatitis C, and lipid panel)
  - Counseling about antiretroviral medication adherence

Molina provides coverage for contraceptive services, including emergency contraception, vasectomy, insertion/extraction of contraceptive devices, prescription-based sterilization procedures for women and tubal ligation. Coverage is not provided for the reversal of sterilization procedures.

Molina also covers obesity screening and counseling, including offering or referring Members age six (6) and older who have a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher, or have additional cardiovascular disease (CVD) risk factors, to intensive multicomponent behavioral interventions to promote a healthful diet and physical activity for CVD prevention.

Molina covers counseling for women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m<sup>2</sup>) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.

Coverage is provided for breastfeeding support, supplies, counseling and includes the purchase of personal-use electric breast pump, one pump per birth. In the event of multiple births, only one pump is covered. Coverage of breastfeeding equipment includes double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services. This coverage includes the necessary supplies for the pump to operate.

All preventive services must be furnished by a Participating Provider to be covered under this Agreement. Office visits associated with preventive services are covered at no Cost Sharing when the service is not billed separately (or is not tracked as individual encounter data separately) from the office visit, and the primary purpose of the office visit is the delivery of the recommended preventive service.

As new recommendations and guidelines for preventive services are published and recommended by the government agencies identified above, they will become covered under this Agreement. Coverage will start for product years that begin one year after the date the recommendation or guideline is issued or on such other date as required by the ACA and its implementing regulations. The Plan year, also known as a policy year for the purposes of this provision, is based on the calendar year.

If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive care. Coverage limits will be consistent with the ACA and its corresponding federal regulations and applicable State Law.

**Women's Health Care Services:** In accordance with State Law, Molina covers Medically Necessary Women's Health Care Services for all Members, including maternity care, reproductive health services, gynecological care, general

examination, and preventive service visits for these services from Providers practicing within the lawful scope of practice. For reference, Providers practicing within the lawful scope of practice for these services may include, but not limited to, Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), physician assistants, midwives, advanced registered nurse practitioner specialists. Molina does not exclude or limit access to covered Women's Health Care Services offered by a particular type of women's health care Participating Provider or contracted facility in a manner that would unreasonably restrict access to that type of Participating Provider, contracted facility, or Covered Service.

**WISCONSIN:**

Examples include screenings for:

- Cervical cancer
- Breast cancer including a mammogram every two Years or annually if ordered by a Provider, for women 45 years of age or older

**MORE INFORMATION**

[Marketplace Benefit Interpretation Policies Codification](#)

**Disclaimer:** Please advise this is a limited subset of codes

Internal Use Only: Code Sheets

Benefit Sub-Category	Preventive Care Services			
Service	QNXT Description	Procedure Codes	Diagnosis Codes	Benefit Instructions
<b>Abdominal Aortic Aneurysm Screening</b> USPSTF Rating (B) December 2019 The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who	<b>PREV AAA SCREEN MALE 65-75YR DX</b>	Please refer to the code sheet		Age 65 through 75 (ends on 76th birthday) One of the Diagnosis Codes listed in this row.

	<p>have ever smoked.</p> <p><b>Screening for Prediabetes and Type 2 Diabetes:</b> USPSTF Rating (B) August 2021: adults aged 35 to 70 years who are overweight or obese. The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.</p>					<p><b>Decision on 6/21/2021:</b> All MP states for Diabetes Screenings should start at the age of 10 and there should not be a max cap for age limit. The limit will be once every year and effective 1/1/2022</p>
	<p><b>Aspirin Use to prevent Cardiovascular Disease and Colorectal Cancer:</b> USPSTF Rating (April 2016) B Preventive Medication: adults aged 50 to 59 years with a &gt;10% 10-year CVD risk. The</p>					

	USPSTF recommends initiating low dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk				
	<b>Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality:</b> USPSTF Rating (September 2021) B Preventive Medication: The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia				
	<b>Asymptomatic Bacteriuria</b>	<b>PREV PREG EXAMS, SCREENINGS</b>	Please refer to the code sheet	Pregnancy Diagnosis Code(s)	Payable with a Pregnancy

	<p><b>in Adults Screening</b> USPSTF Rating (September 2019) B Screening for asymptomatic bacteriuria with urine culture in pregnant persons.</p>			<p>Please refer to code sheet for diagnosis codes</p>	<p>Diagnosis Code</p>
	<p><b>Hypertensive Disorders of Pregnancy: Screening</b> USPSTF Rating (September 2023) B The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.</p>				
	<p><b>Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication</b> USPSTF Rating (August 2023) A The USPSTF recommends that all persons planning to or</p>				

	who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid. Persons who plan to or could become pregnant				
	<b>Benefit Sub-Category</b>	<b>Preventive Care Services</b>			
	<b>Service</b>	<b>QNXT Description</b>	<b>Procedure Codes</b>	<b>Diagnosis Codes</b>	<b>Benefits Instructions</b>
	<b>Breast Cancer: Medication Use to Reduce Risk</b> USPSTF Rating (September 2019) B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.		Please refer to the code sheet		Women at increased risk for breast cancer aged 35 years or older

	Women at increased risk for breast cancer aged 35 years or older				
	<b>BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing</b> USPSTF Rating (September 2019) B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result	<b>PREV BRCA EVAL SCREENING DX and PREV BRCA LAB SCREENING DX</b>			

	<p>on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutation</p>				
	<p><b>Chlamydia Infection Screening</b>            USPSTF Rating (Sept. 2021): B            The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in women 25 years or older women who are at increased risk for infection. Note: This recommendation applies to</p>	<p><b>PREV LAB STD SCREENING DX</b></p>	<p><i>Chlamydia Infection Screening:</i>            Please refer to code sheet</p> <p><i>Blood draw:</i>            Please refer to code sheet</p>	<p><i>Pregnancy: Pregnancy Diagnosis Code(s),</i>            Please refer to code sheet</p> <p><b>OR</b>  <i>Screening:</i>            Please refer to code sheet for additional diagnosis codes</p>	<p><i>Chlamydia Infection Screening:</i>            Payable with a Pregnancy Diagnosis Code(s)</p> <p><b>OR</b>            One of the Screening Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i>            Payable when billed with both of the following:            Please refer to code sheet</p>

	all sexually active adolescents and adult women, including pregnant women.				2. With one of the Screening Diagnosis Codes listed in this row <b>OR</b> with a Pregnancy Diagnosis Code(s).
	<b>Gonorrhea Screening</b> USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in women 25 years or older who are at increased risk for infection.	<b>PREV LAB STD SCREENING DX</b>	Please refer to the code sheet	<i>Pregnancy:</i> <input checked="" type="checkbox"/> Pregnancy Diagnosis Code(s)  <b>OR</b> <i>Screening:</i> Please refer to code sheet Please refer to code sheet for additional diagnosis codes	Payable with either a Pregnancy Diagnosis Code  <b>OR</b> One of the Screening Diagnosis Code(s)
	<b>Hepatitis B Virus Infection Screening</b> <i>Pregnant Women:</i> USPSTF Rating (July 2019): A Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. <i>Persons at High Risk:</i>	<b>PREV PREG EXAMS, SCREENINGS</b>	<i>Hepatitis B Virus Infection Screening:</i> Please refer to the code sheet  <i>Blood draw:</i> Please refer to the code sheet	<i>Pregnancy:</i> Pregnancy Diagnosis Code(s)  <b>OR</b> <i>Screening:</i> Please refer to the code sheet	<i>Hepatitis B Virus Infection Screening</i> Payable with a Pregnancy Diagnosis Code <b>OR</b> One of the Screening Diagnosis Codes listed.  <i>Blood draw:</i> Payable when billed with one of the listed Hepatitis B Virus Infection

	USPSTF Rating (May 2014): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.				Screening procedure codes listed <b>AND</b>  With a Pregnancy Diagnosis Code(s) <b>OR</b> one of the Screening Diagnosis Codes
	<b>Hepatitis C Virus Infection Screening</b> USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	<b>PREV PREG EXAMS, SCREENINGS</b>	<i>Hepatitis C Virus Infection Screening:</i> Please refer to the code sheet  <i>Blood draw:</i> Please refer to the code sheet	See Hepatitis C Virus Infection Screening Diagnosis Code(s)  Please refer to code sheet for additional diagnosis codes	<i>Hepatitis C Virus Infection Screening:</i> Preventive with one of the Hepatitis C Virus Infection Diagnosis codes.  <i>Blood draw:</i> Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row <b>AND</b> A Hepatitis C Virus Infection Screening Diagnosis Code.
	<b>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults</b>	<b>PREV LAB HIV SCREENING DX</b>	<i>HIV – Human Immunodeficiency Virus – Screening:</i> Please refer to the code sheet  <i>Blood draw:</i>	<i>Pregnancy:</i> Pregnancy Diagnosis Code(s)  <b>OR</b> <i>Screening:</i>	No age limits.  <i>HIV – Human Immunodeficiency Virus – Screening:</i> Preventive when billed

	<p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>		<p>Please refer to the code sheet</p>	<p>Please refer to the code sheet</p> <p>Please refer to code sheet for additional diagnosis codes</p>	<p>with a Pregnancy Diagnosis Code(s)</p> <p><b>OR</b></p> <p>One of the Screening Diagnosis Codes listed. <i>Blood draw:</i> Payable when billed with both of the following:</p> <ol style="list-style-type: none"> <li>1. With one of the listed HIV Screening procedure codes listed, <b>AND</b></li> <li>2. With one of the following: one of the Screening Diagnosis Codes, <b>OR</b> o with a Pregnancy Diagnosis Code(s)</li> </ol>
	<p><b>Prevention of Human Immunodeficiency Virus (HIV) Infection:</b> Preexposure Prophylaxis. USPSTF Rating (June 2019): The USPSTF recommends that clinicians offer</p>				

	<p>preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy. Persons at high risk of HIV acquisition</p>				
	<p><b>RH Incompatibility Screening</b> USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. USPSTF Rating (Feb. 2004): B Repeated Rh (D) antibody testing for all</p>	<p><b>PREV PREG EXAMS, SCREENINGS</b></p>	<p><i>RH Incompatibility Screening:</i> Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p>	<p><i>Pregnancy</i> ☑ <i>Pregnancy Diagnosis Code(s)</i></p> <p>Please refer to the code sheet for diagnosis codes</p>	<p><i>RH Incompatibility Screening:</i> Payable with a Pregnancy Diagnosis Code(s)</p> <p><i>Blood draw:</i> Payable when billed the code listed on the code sheet <b>AND</b> with a Pregnancy Diagnosis Code(s)</p>

	<p>unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.</p>				
	<p><b>Syphilis Infection in Pregnant Women: Screening</b>          USPSTF Rating A (Sept. 2018): The USPSTF recommends early screening for syphilis infection in all pregnant women.           (Being updated)</p> <p><b>Syphilis Infection in Nonpregnant Adolescents and Adults: Screening</b>          USPSTF Rating A (Sept. 2022): The USPSTF recommends screening for syphilis infection in persons who are at</p>	<p><b>PREV LAB STD SYPHILIS SCREENING DX</b></p>	<p><i>Syphilis Screening:</i>          Please refer to the code sheet</p> <p><i>Blood draw:</i>          Please refer to the code sheet</p>	<p><i>Pregnancy: Pregnancy Diagnosis Code(s)</i></p> <p><b>OR</b></p> <p><i>Screening:</i>          Please refer to code sheet</p> <p>Please refer to code sheet for additional diagnosis codes</p>	<p><i>Syphilis Screening:</i>          Payable with a Pregnancy Diagnosis Code (s) <b>OR</b>          One of the Screening Diagnosis Code listed in this row.</p> <p><i>Blood draw:</i>          Payable when billed with both of the following:          1. With one of the listed Syphilis Screening procedure codes listed in this row <b>AND</b>          2. With one of the following:          o one of the listed Screening diagnosis codes in this row <b>OR</b>          o with a Pregnancy Diagnosis Code(s)</p>

	increased risk for infection.				
	<p><b>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</b></p> <p>USPSTF Rating (August 2019): B</p> <p>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic</p>	<p><b>PREV BRCA EVAL SCREENING DX</b></p>	<p>Genetic Counseling and Evaluation: <i>Medical genetics and genetic counseling services:</i> Please refer to the code sheet</p> <p><i>Evaluation and Management (Office Visits):</i> Please refer to the code sheet</p>	<p>Genetic Counseling and Evaluation: <i>Medical genetics and genetic counseling services:</i> Please refer to the code sheet</p> <p>Please refer to code sheet for additional diagnosis codes</p>	<p><i>*Medical Necessity plans require genetic counseling before BRCA Lab Screening.</i></p>
		<p><b>PREV BRCA LAB SCREENING DX</b></p>	<p><u>BRCA Lab Screening:</u> Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p>	<p><u>BRCA Lab Screening:</u> <i>Family History or Personal History of breast cancer and/or ovarian cancer:</i> Please refer to the code sheet</p> <p>Please refer to the code sheet for additional diagnosis codes</p>	<p>Prior authorization requirements apply to BRCA lab screening. Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row.</p> <p><i>Blood draw:</i> Payable when billed with both of the following:</p> <ol style="list-style-type: none"> <li>1. With one of the listed</li> </ol>

	counseling and, if indicated after counseling, BRCA testing.				BRCA Lab Screening procedure codes listed in this row, <b>AND</b> 2. With one of the BRCA Lab screening diagnosis codes listed in this row.  OH Only- BRCA LAB SCREENING W/ PA
	<b>Gestational Diabetes Screening</b> USPSTF Rating (August 2021): B The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	<b>PREV PREG EXAMS, SCREENINGS</b>	<i>See Expanded Women's Preventive Health section for Gestational Diabetes Screening codes.</i>	<i>See Expanded Women's Preventive Health table for Gestational Diabetes Screening codes.</i>	See Expanded Women's Preventive Health table for Gestational Diabetes Screening preventive benefit instructions. This benefit applies regardless of the gestational week.
	<b>Screening Mammography</b> USPSTF Rating: B (January 2016 Recommendation) The USPSTF recommends biennial screening	<b>PREV MAMMOGRAMS</b>	Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefit to apply.	Payable regardless of age. Does not have diagnosis code requirements for preventive benefit to apply.

	mammography for women aged 50 to 74 years.	<b>Preventive Mammograms w/PA</b>	N/A	Does not have diagnosis code requirements for preventive benefit to apply.	Prior Authorization applies
	<b>Benefit Sub-Category</b>	<b>Preventive Care Services</b>			
	<b>Service</b>	<b>QNXT Description</b>	<b>Procedure Codes</b>	<b>Diagnosis Codes</b>	<b>Benefit Instructions</b>
	<b>Cervical Cancer Screening, Pap Smear</b> USPSTF Rating (August 2018): A Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear)	<b>PREV LAB CERVICAL SCREENING</b>	Code Group 1 Please refer to the code sheet	Code Group 1 Does not have diagnosis code requirements for preventive benefit to apply.	Code Group 1 Limited to age 21 years – 65 years (ends on 66th birthday) Does not have diagnosis code requirement for preventive benefits to apply.

	<p>every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomaviruses (HPV) testing every 5 years.</p>	<p><b>PREV LAB CERVICAL SCREENING DX</b></p>	<p>Code Group 2 Please refer to the code sheet</p>	<p>Code Group 2 Please refer to code sheet</p> <p>Please refer to the code sheet for additional diagnosis codes</p>	<p>Code Group 2 Limited to age 21 years – 65 years (ends on 66th birthday) Payable with one of the Diagnosis Codes listed in this row.</p>
	<p><b>Colorectal Cancer Screening Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy</b> USPSTF Rating (May 2021): A Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 50 years and continuing until age 75 years. 1) Annual high-sensitivity</p>	<p><b>PREV COLORECTAL SCREENING GRP1</b></p>	<p><i>Fecal Occult Blood Testing (FOBT), Sigmoidoscopy, or Colonoscopy:</i> Code Group 1: ☑ <i>Sigmoidoscopy:</i> Please refer to the code sheet</p> <p><i>Colonoscopy:</i> Please refer to the code sheet</p> <p><i>FOBT:</i> Please refer to the code sheet</p> <p><i>Colonoscopy Pre-op Consultation:</i> Please refer to the code sheet</p>	<p><i>Fecal Occult Blood Testing (FOBT), Sigmoidoscopy, or Colonoscopy:</i> Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply</p>	<p>Colonoscopies Benefit Workgroup on 5/26/2021: A preventive or screening colonoscopy is performed on a patient who is asymptomatic (no gastrointestinal symptoms either past or present), is 50 years of age or older A diagnostic colonoscopy is performed on a patient who has gastrointestinal symptoms (e.g. rectal bleeding, abdominal pain, diarrhea)</p>

	<p>fecal occult blood testing, 2) Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and 3) Screening colonoscopy at intervals of 10 years</p> <p><b>Colorectal Cancer Screening Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy</b></p> <p>USPSTF Rating (May 2021): B Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 45 years and continuing until age 49 years.</p> <p>1) Annual high-sensitivity</p>				<p>and who has past and/or present polyps or gastrointestinal disease If polyps are found, removed or biopsied during a screening colonoscopy, most insurance carriers re-categorize the screening colonoscopy as a diagnostic colonoscopy (and your screening benefit may no longer apply).</p> <p>The American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not</p>
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	fecal occult blood testing, 2) Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and 3) Screening colonoscopy at intervals of 10 years				impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure. On the other hand, a plan or issuer may impose cost-sharing for a treatment that is NOT a recommended preventive service, even if the treatment results from a recommended preventive service.  Clinical: Based on configuration there is no way to determine the right cost sharing for the member. When we get the claim, we will not be able to tell the Pathologist is billing as a treatment. Lab services when we get certain lab codes that were preventive would be treated as
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						<p>preventive and no cost share. If we get another in 5 years, then we would not treat as preventive in POS 81.</p> <p>Age Limits for Colorectal Cancer Screenings: 50 years – 75 years (ends on 76th birthday)</p> <p>(Age restriction for all states except WA)</p> <p><i>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</i> Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>State Exceptions Please refer to the code sheet</p> <p>MS- Code(s) not configured in benefit: Please refer to the code sheet</p>
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		<b>PREV COLORECTAL SCREENING GRP2</b>	Code Group 2: <i>Sigmoidoscopy:</i> Please refer to the code sheet  <i>Colonoscopy:</i> Please refer to the code sheet  FOBT: Please refer to the code sheet	Code Group 2: Please refer to the code sheet  Please refer to the code sheet for additional diagnosis codes	Code Group 2 Paid as preventive if: Billed with one of the Diagnosis Codes listed in this row <b>OR</b> Billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.
		<b>PREV COLORECTAL SCREENING PATH 1/5 YR and PREV</b>	Code Group 3: Pathology: Please refer to the code sheet	Code Group 3 and 4: Please refer to code sheet	Code Group 3 (pathology) <b>AND</b> Code Group 4 (anesthesia):

		<b>COLORECTAL SCREENING ANES UNDER 45 DX</b>	Code Group 4: Anesthesia: Please refer to the code sheet  Code Group 5: Sedation: Please refer to the code sheet	Please refer to the code sheet for additional diagnosis codes	Paid as preventive if: Billed with one of the Diagnosis Codes listed in the code sheet.  Age restriction: 50-75 years old (all states except FL, MS, SC, & WA)
		<b>PREV COLORECTAL SCREENING E&amp;M DX</b>	Code Group 5 Pre-op / Consultation: Please refer to the code sheet	Code Group 5 Please refer to code sheet  Please refer to the code sheet for additional diagnosis codes	Code Group 5 Paid as Preventive if billed with one of the Code Group 5 diagnosis codes.  Please refer to the code sheet
	<b>Wellness Examinations</b> (well-baby, well child, well adult) USPSTF Rating: None MHI supports AAP (American Association of Pediatrics) and AAFP (American Academy of Family Physicians) age and	<b>PREV WELLNESS EXAMS, SERVICES</b>  <b>Preventive - Wellness Examinations:</b> Please refer to code sheet	Please refer to the code sheet  <i>Counseling Visit (to Discuss the Need for Lung Cancer Screening (LDCT) Using Low Dose CT Scan):</i> Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.  Please refer to the code sheet

	<p>frequency guidelines. HHS Requirements :</p> <p>These codes also include the following HHS (Health and Human Services) requirements for Women:</p> <p>Breastfeeding support and counseling Contraceptive methods counseling Domestic violence screening Annual HIV counseling Sexually Transmitted Infections counseling - Well-woman visits</p>				
	<b>Benefit Sub-Category</b>	<b>Preventive Care Services</b>			
	<b>Service</b>	<b>QNXT Description</b>	<b>Procedure Codes</b>	<b>Diagnosis Codes</b>	<b>Benefit Instructions</b>

	<p><b>Newborn Screenings</b> All newborns USPSTF Rating (July 2008): B Hearing Screening - screening for hearing loss in all newborn infants USPSTF Rating (March 2008): A Hypothyroidism Screening - screening for congenital hypothyroidism in newborns USPSTF Rating (March 2008): A Phenylketonuria Screening - screening for phenylketonuria (PKU) in newborns USPSTF Rating (Sept. 2007): A Sickle Cell Screening - screening for sickle cell disease in newborns</p>	<p><b>PREV NEWBORN SCREENINGS</b></p>	<p>Hearing Screening: Please refer to the code sheet</p> <p>Hypothyroidism Screening: Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p> <p>Phenylketonuria Screening: Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p><i>Newborn Screenings:</i> Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply.</p> <p><i>Blood draw:</i> Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
	<p><b>Metabolic Screening Panel (newborns)</b></p>	<p><b>PREV NEWBORN SCREENINGS</b></p>	<p><i>Metabolic Screening Panel:</i> Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p><i>Metabolic Screening Panel:</i> Age 0 – 90 days Does not have diagnosis code requirements for preventive</p>

					benefit to apply.  <i>Blood draw:</i> Age 0-90 days, payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.
	<b>Osteoporosis Screening</b> USPSTF Rating (June 2018): B The USPSTF recommends screening for osteoporosis in women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	<b>PREV OSTEOPOROSIS SCREENING or DX</b>	Please refer to the code sheet	Please refer to the code sheet	Preventive with one of the Diagnosis Codes listed in this row.
	<b>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</b>	<b>PREV WELLNESS EXAMS, SERVICES</b>	Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefit to apply	Does not have diagnosis code requirements for preventive benefits to apply.

	<p>USPSTF Rating (Nov 2018): B The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</p>				
	<p><b>Screening for High Blood Pressure</b> USPSTF Rating (Oct. 2015): A The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.</p>	None	None	None	This service is included in the Wellness Examinations section of the Preventive Care Services.
	<p><b>Chemoprevention of Breast Cancer (Counseling)</b> USPSTF Rating (Oct. 2008): B The USPSTF recommends interventions</p>	<b>PREV BRCA EVAL SCREENING DX</b>	<i>Evaluation and Management (Office Visits):</i> Please refer to the code sheet	Please refer to the code sheet	Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.

	during pregnancy and after birth to promote and support breastfeeding .				
	<b>Breast Cancer: Medication Use to Reduce Risk</b> USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. Women at increased risk for breast cancer aged 35 years or older.				
	<b>Breast Cancer: Screening</b> USPSTF Rating (April 2024): B				

	<p>The USPSTF recommends biennial screening mammography of women aged 40 to 74 years.</p>				
	<b>Benefit Sub-category</b>	<b>Preventive Services</b>			
	<b>Service</b>	<b>QNXT Description</b>	<b>Procedure Codes</b>	<b>Diagnosis Codes</b>	<b>Benefit Instructions</b>
	<p><b>Depression and Suicide Risk in Adults: Screening</b>                      USPSTF Rating (June 2023): B                      Recommendation: The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum persons, as well as older adults.</p>	<p><b>PREV DEPRESSION SCREENING DX</b></p>	<p>Please refer to the code sheet</p>	<p>Please refer to the code sheet</p>	<p>The Diagnosis Codes listed in this row is required for the code listed in the code sheet.</p>
	<p><b>Depression and Suicide Risk in Children and Adolescents: Screening</b>                      USPSTF Rating (Oct. 2022): B                      The USPSTF recommends screening for major depressive</p>	<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p>Please refer to the code sheet</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>

	disorder (MDD) in adolescents aged 12 to 18 years.				
	<b>Benefit Sub-Category</b>	<b>Preventive Care Services</b>			
	<b>Service</b>	<b>QNXT Description</b>	<b>Procedure Codes</b>	<b>Diagnosis Codes</b>	<b>Benefit Instructions</b>
	<b>Screening for Obesity in Adults/Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</b> USPSTF Rating (Sept 2018): B	<b>PREV WELLNESS EXAMS, SERVICES</b>	<i>Medical Nutrition Therapy:</i> Please refer to the code sheet  <i>Preventive Medicine Individual Counseling:</i> Please refer to the code sheet		One of the Diagnosis Codes listed- Please refer to the code sheet

	<p>The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavioral interventions.</p>	<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p><i>Behavioral Counseling or Therapy:</i> Please refer to the code sheet</p>	<p><i>Body Mass Index 30.0 – 39.9:</i> Please refer to the code sheet</p> <p><i>Body Mass Index 40.0 and over:</i> Please refer to the code sheet</p> <p><i>Obesity:</i> Please refer to the code sheet</p> <p>Please refer to code sheet for additional diagnosis codes</p>	<p>Diagnosis Codes NOT required for Please refer to code sheet</p>
	<p><b>PREV BEHAV COUNSEL G0446 1/YR- G0446 - Limit 1/yr (limitation for all states except MS and SC)</b></p>	<p><i>Behavioral Counseling or Therapy:</i> Please refer to the code sheet</p>	<p>Please refer to the code sheet</p>	<p>Please refer to code sheet (limitation varies for each State)</p>	
	<p><b>High Body Mass Index in Children and Adolescents: Interventions</b></p> <p>: USPSTF Rating (June 2024): B The USPSTF recommends that clinicians</p>	<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p><i>Medical Nutrition Therapy:</i> Please refer to the code sheet</p> <p><i>Preventive Medicine Individual Counseling:</i> Please refer to the code sheet</p>	<p><i>Obesity:</i> Please refer to the code sheet</p> <p>Please refer to the code sheet for additional diagnosis codes</p>	<p>No age restriction</p> <p>One of the Diagnosis Codes listed in this row are required for Please refer to the code sheet</p>

	provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.				
		<b>PREV WELLNESS EXAMS, SERVICES</b>	<i>Behavioral Counseling or Therapy:</i> Please refer to the code sheet  <i>Also see codes in the Wellness Examinations section of the Preventive Care Services.</i>		Diagnosis Codes NOT required for Please refer to the code sheet
		<b>PREV BEHAV COUNSEL G0446 1/YR -</b> Please refer to code sheet <b>(limitation varies for each states)</b>	Please refer to the code sheet		G0446 is limited to once per year  Diagnosis Codes NOT required for Please refer to the code sheet
	<b>Behavioral Counseling to Prevent Sexually Transmitted Infections</b> USPSTF Rating (Aug 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults	<b>PREV WELLNESS EXAMS, SERVICES</b>	Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.  2. <b>G0445</b> is limited to twice per year.

	<p>who are at increased risk for sexually transmitted infections (STIs).</p> <p>See the Practice Considerations section for more information on populations at increased risk for acquiring STIs</p>	<p><b>PREV BEHAV COUNSEL G0445 2/YR</b> Please refer to code sheet <b>Limit 2/yr (limitation varies for each states)</b></p>	<p>Please refer to the code sheet</p>		
	<p><b>Perinatal Depression: Preventive Interventions</b> USPSTF Rating (February 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. Pregnant and postpartum persons.</p>				
	<p><b>Ocular Prophylaxis for</b></p>				

	<p><b>Gonococcal Ophthalmia Neonatorum: Preventive Medication</b>          USPSTF Rating (January 2019): A          The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.          Newborns</p>				
	<p><b>Falls Prevention in Community-Dwelling Older Adults: Interventions</b>          : USPSTF Rating (June 2024): B          The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>				

	<p><b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication</b> USPSTF Rating B (Sept. 2022): The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p>				
	<p><b>Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacy Interventions</b></p>	<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p>Code Group 1 <i>Behavioral Interventions:</i> Please refer to the code sheet</p> <p>Also see codes in the Wellness Examinations section of the Preventive Care Services.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>

	USPSTF Rating (January 2021): A ☑ The USPSTF recommends that clinicians ask <b>all pregnant persons</b> about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco. The USPSTF recommends that clinicians ask <b>all adults</b> about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.				
	<b>PREV WELLNESS EXAMS, SERVICES</b>	Code Group 2 <i>Behavioral Interventions:</i> Please refer to the code sheet  Also see codes in the Wellness Examinations section of the Preventive Care Services.	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.	

	<p><b>Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents</b> USPSTF Rating (April 2020): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>School-aged children and adolescents who have not started to use tobacco</p>	<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p>Code Group 1 Please refer to the code sheet</p> <p>Also see codes in the “Wellness Examinations Section”</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>
		<p><b>PREV WELLNESS EXAMS, SERVICES</b></p>	<p>Code Group 2 Please refer to the code sheet</p> <p>Also see codes in the “Wellness Examinations Section”</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>
	<p><b>Screening for Visual Impairment in Children</b> USPSTF Rating (September 2017): B The USPSTF recommends vision screening for</p>	<p><b>PREV VISION SCREENING</b></p>	<p>Please refer to the code sheet</p>	<p>See Benefit Instructions</p>	<p>Age Limit 0-18 years of age</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>

	<p>all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.</p>	<p><b>PREV VISION SCREENING w/ DX</b></p>	<p>N/A</p>	<p>See Benefit Instructions</p>	<p>Requires diagnosis for preventive benefit to apply. See Visual Impairment diagnosis codes list</p>
	<p><b>Anxiety in Children and Adolescents: Screening</b> USPSTF Rating B (October 2022): The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p>				
	<p><b>Anxiety Disorders in Adults: Screening</b> USPSTF Rating B (June 2023): The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons. Adults 64 years or younger, including pregnant and</p>				

	postpartum persons				
	<b>Screening for Lung Cancer with Low-Dose Computed Tomography</b> USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer with low-dose	<b>PREV LUNG CANCER COUNSEL 50-80 YRS</b>  <b>Preventive - LDCT Lung Cancer Screening w/o PA - Limit 1/yr</b>	Please refer to the code sheet  N/A	Please refer to code sheet for additional diagnosis codes	Requires one of the listed diagnosis codes in this row.  Age Limitations G0296 limited to age 50 to 81 years  Benefit Limitations

	<p>computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p><b>Preventive - LDCT Lung Cancer Screening w/PA - Limit 1/yr</b></p>			<p>G0296 (Limitations vary for each State) Please refer to the code sheet</p> <p>1) At least 20 pack-years* of smoking history, and 2) Either a current smoker, or have quit within the past 15 years.</p>
	<p><b>Fluoride Application in Primary Care</b> USPSTF Rating (December 2021): Children younger than 5 years: The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementat ion starting at</p>	<p><b>PREV FLUORIDE APPLICATION</b></p>	<p><i>Application of topical fluoride by physician or other qualified health care professional:</i> Please refer to the code sheet</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Age 0 – 5 years (ends on 6th birthday)</p> <p>Does not have diagnosis code requirements for preventive benefit to apply.</p>

	<p>age 6 months for children whose water supply is deficient in fluoride. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>				
	<p><b>Anemia Screening in Children</b></p>	<p><b>PREV LAB ANEMIA CHILD 0-19 YRS DX</b></p>	<p><i>Anemia Screening in Children:</i> Please refer to the code sheet</p> <p><i>Blood draw:</i> Please refer to the code sheet</p>	<p>Please refer to the code sheet for additional diagnosis codes</p>	<p><i>Anemia Screening in Children:</i> Ages 0 to 19 (ends on 20th birthday). No frequency limit. CPT codes on the code sheet payable as preventive with one of the Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i> Ages 0 to 21 (ends on 21st birthday) payable when billed with the code listed on the code sheet, <b>AND</b> with one of the Diagnosis</p>

					Codes listed in this row.
	<b>Anemia Screening in Pregnancy: Iron Deficiency Anemia Screening</b>				<i>Anemia Screening in Pregnancy: Payable with a Pregnancy Diagnosis Code Blood draws must be billed with an anemia screening procedure codes and with a Pregnancy Diagnosis Code</i>
	<b>Hearing Tests</b>	<b>PREV HEARING SCREENING 1/YR</b>	Please refer to the code sheet	Please refer to the code sheet for additional diagnosis codes	Ages 0 to 19 (ends on 20th birthday). Limit of once per year. Payable as preventive with one of the Diagnosis Codes listed in this row.
	<b>Formal Developmental / Autism Screening</b>	<b>PREV AUTISM SCREEN DX</b>	Please refer to the code sheet	Please refer to the code sheet for additional diagnosis codes	Ages 0 to 3 years (ends on 4th birthday). No frequency limits. Payable as preventive with one of the Diagnosis Codes listed in this row.  Please refer to the code sheet

	<b>Lead Screening</b>	<b>PREV LAB LEAD SCREENING DX</b>	<i>Lead Screening:</i> Please refer to the code sheet  <i>Blood draw:</i> Please refer to the code sheet	Please refer to the code sheet for additional diagnosis codes	<i>Lead Screening:</i> Ages 0 to 19 (ends on 20th birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row.  <i>Blood draw:</i> Ages 0 to 19 (ends on 20th birthday) payable when billed with (Please refer to code sheet ) <b>AND</b> one of the Diagnosis Codes listed in this row.
	<b>Latent Tuberculosis Infection in Adults: Screening</b>	<b>PREV LAB TB SCREENING DX</b>	Please refer to the code sheet	Please refer to the code sheet for additional diagnosis codes	Ages 0 to 19 (ends on 20th birthday). No frequency limit.

	USPSTF Rating (May 2023): B The USPSTF recommends screening for LTBI in populations at increased risk.	<b>PREV PREG EXAMS, SCREENINGS</b>	Please refer to the code sheet		Payable as preventive with one of the Diagnosis Codes listed in this row. Please refer to the code sheet
	<b>Dyslipidemia Screening</b>	<b>PREV LAB CHOLEST SCREENING 20-35 DX</b>	<i>Dyslipidemia Screening:</i> Please refer to the code sheet  <i>Blood draw:</i> Please refer to the code sheet	Please refer to the code sheet For additional diagnosis codes	<i>Dyslipidemia Screening:</i> Ages 24 months to 19 years (ends on 20th birthday). Payable as preventive with one of the Diagnosis Codes listed in this row.  <i>Blood draw:</i> Ages 24 months to 19 years (ends on 20th birthday). Payable when billed with one of the listed Dyslipidemia Screening Procedure Codes listed in this row, <b>AND</b> with one of the Diagnosis

					Codes listed in this row.
	<b>Benefit Sub-Category</b>	Preventive Immunizations (Pediatric = 0 – 18 years old; Adult = 19 years and older)			
	<b>Category</b>	<b>Procedure Codes</b>	<b>Description</b>	<b>Age Group</b>	<b>Benefit Limits</b>

	<b>Immunization Administration</b> Preventive when included as part of a preventive immunization .	Please refer to code sheet		Pediatric	For applicable age see code description  <b>We do not cover non-par travel vaccines.</b>
	<u>QNXT Description</u> For all Preventive Immunization benefits:  <b>Preventive - Immunizations, 0-18 yrs</b>  OR  <b>Preventive - Immunizations - 19+</b>	Please refer to code sheet		Pediatric	For applicable age see code description.

		Please refer to code sheet		Both	N/A
		Please refer to code sheet		Both	N/A
		Please refer to code sheet		Both	N/A
		Please refer to code sheet		Both	N/A
		Please refer to code sheet		Both	N/A
		Please refer to code sheet		Both	N/A

		Please refer to code sheet		Both	N/A
	<b>Meningococcal</b>	Please refer to the code sheet		Both	Benefit Limit: Age 10 and up
		Please refer to the code sheet		Both	Benefit Limit: Age 10 and up
		Please refer to the code sheet		Pediatric	For applicable age see code description.
	<b>Seasonal Influenza ('flu')</b> Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date	Please refer to the code sheet		Both	N/A
<b>Benefit Sub Category</b>	Expanded Women's Preventive Health				

	<b>Service</b>	<b>QNX Description</b>	<b>Procedure Code(s)</b>	<b>Diagnosis Code(s)</b>	<b>Preventive Benefit instructions</b>
	<b>Well-Woman Visits</b>	Preventive Well Woman Visits	<p>Well-woman visits: See the <i>Wellness Examinations section of the Preventive Care Services</i></p> <p>Prenatal Office Visits: <i>Evaluation and Management (Office Visits)</i>: Please refer to the code sheet</p> <p><i>Physician prenatal education, group setting</i>: Please refer to the code sheet</p> <p>Prenatal Care Visits: Please refer to the code sheet</p> <p>Global Obstetrical Codes: Please refer to the code sheet</p> <p>Postpartum Care: Please refer to the code sheet</p>	Pregnancy Diagnosis Code(s) (See <i>Pregnancy Diagnosis Code list</i> )	<p><b>Well-woman visits:</b> See the Wellness Examinations section of the Preventive Care Services.</p> <p><b>Prenatal Office Visits:</b> Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list).</p> <p><b>Prenatal Care Visits:</b> Pregnancy Diagnosis Codes are not required.</p> <p><b>Global Obstetrical Codes:</b> The routine, low-risk, prenatal visits portion of the code is covered as preventive.</p> <p>Pregnancy Diagnosis Codes are not required.</p>

	<b>Screening for Gestational Diabetes</b> HHS Requirement: Women who are 24 to 28 weeks pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.	<b>Preventive - Pregnancy Exams, Screenings</b>	Please refer to the code sheet  <i>Also see Diabetes Screening and the Gestational Diabetes Mellitus Screening Sections in the Preventive Care Services table above.</i>	Pregnancy Diagnosis Code(s) <i>(See Pregnancy Diagnosis Code list)</i>	Payable with Pregnancy Diagnosis Code (regardless of gestational week)  Criteria for Please refer to code sheet  Payable when billed with <b>ALL</b> of the following: With one of the  Diabetes Screening Procedure codes listed in this row <b>AND</b> With a Pregnancy Diagnosis Code  <i>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will <b>not</b> be applied. See Diabetes Diagnosis Codes table.</i>
	<b>Human Papillomavirus DNA Testing (HPV)</b> HHS Requirement:	<b>Preventive - HPV Testing - Female</b>	Please refer to the code sheet	Please refer to the code sheet  Please refer to code	Age 30 and up. Payable as a preventive screening with one of the Diagnosis

	High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.			sheet for additional diagnosis codes	Codes listed in this row.
	<b>Counseling for Sexually Transmitted Infections</b> HHS Requirement: Counseling on sexually transmitted infections for all sexually active women.	<b>Preventive - Wellness Examinations</b>	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.
	<b>Counseling for Sexually Transmitted Infections</b> HHS <u>Requirement:</u> Counseling on sexually transmitted infections for all sexually active women	<b>Preventive - Wellness Examinations</b>	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.
	<b>Counseling and Screening for Human Immune-deficiency Virus</b> HHS Requirement: Counseling and screening	<b>Preventive - Wellness Examinations</b>	<i>Counseling:</i> See the Wellness Examinations section of the Preventive Care Services section.  <i>Screening Tests:</i>	See the Wellness Examinations section of the Preventive Care Services section.	<i>Counseling:</i> See the Wellness Examinations section of the Preventive Care Services section

	for human immune-deficiency virus infection for all sexually active women.		☑ See the HIV – Human  Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services section.		<i>Screening Tests:</i> See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services section.
	<b>Benefit Sub Category</b>	Expanded Women’s Preventive Health			
	<b>Service</b>	QNXT Description	Procedure Code(s)	Diagnosis Code(s)	Preventive Benefit instructions
	<b>Contraceptive Methods (Including Sterilizations)</b> HHS Requirement: For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed).	<b>Preventive - Family Planning &amp; Sterilization - w/o DX</b>	Code Group 1 <b>Sterilizations</b> <i>Tubal Ligation, oviduct occlusion:</i> Please refer to the code sheet  <b>Contraceptive Methods:</b> <i>Diaphragm or cervical cap:</i> Please refer to the code sheet  <i>IUD (copper):</i> Please refer to the code sheet  <i>IUD (Skyla®):</i> Please refer to the code sheet	Code Group 1 Does not have diagnosis code requirements for preventive benefits to apply	Code Group 1 Does not have diagnosis code requirements for preventive benefits to apply.

			<i>IUD (other):</i> Please refer to the code sheet		
		<b>Preventive - Family Planning - Implants/Injections - w/DX</b>	<p><u>Code Group 2 Contraceptive Methods:</u> Implantable devices: Please refer to the code sheet</p> <p><i>IUDs:</i> Please refer to the code sheet</p> <p>☑ See Code Group 1 for additional IUD codes.</p> <p><i>Injections:</i> Please refer to the code sheet</p>	<p><u>Code Group 2</u> <b>Required Diagnosis Codes:</b> <i>Contraceptive Management:</i> Please refer to the code sheet</p> <p>Please refer to code sheet for additional diagnosis codes</p>	<p><u>Code Group 2</u> Preventive when billed with one of the Code Group 2 Diagnosis Codes, listed in this row.</p>
		<b>Preventive - Family Planning- Anesthesia - Sterilization - w/DX</b>	<p><u>Code Group 3 Anesthesia for Sterilization:</u> Please refer to the code sheet</p>	<p><u>Code Group 3</u> <b>Sterilization :</b> Please refer to the code sheet</p> <p>Please refer to the code sheet for additional diagnosis codes</p>	<p><u>Code Group 3</u> Preventive when billed with the Code Group 3 Diagnosis Code listed in this row.</p>
		<b>Preventive - Family Planning - Tubal Ligation - F/U - w/DX</b>	<p><u>Code Group 4 Tubal ligation follow-up hysterosalpingogram:</u></p>	<p><u>Code Group 4</u> <b>Tubal ligation status:</b> Please refer</p>	<p><u>Code Group 4</u> Preventive when billed with the Code Group 4 Diagnosis</p>

			<i>Catheterization and introduction of saline or contrast material:</i> Please refer to the code sheet  <i>Hysterosalpingography</i> Please refer to the code sheet  <i>Contrast material:</i> Please refer to the code sheet  Code Group 5 <b>IUD Follow-up Visit:</b> Please refer to the code sheet	to the code sheet  <u>Code Group 5</u> Please refer to the code sheet  Please refer to the code sheet for additional diagnosis codes	Code listed in this row.  <u>Code Group 5</u> Preventive when billed with the Code Group 5 Diagnosis code listed in this row.  Please refer to the code sheet
	<b>Benefit Sub-Category</b>	Expanded Women's Preventive Health			
	<b>Service</b>	<b>QNX</b> Description	<b>Procedure Code(s)</b>	<b>Diagnosis Code(s)</b>	<b>Preventive Benefit instructions</b>
	<b>Breastfeeding Support, Supplies, and Counseling</b> HHS Requirement: Breastfeeding support, supplies, and counseling; Comprehensive lactation support and counseling, from a trained provider,	<b>Preventive - Breast Feeding Support/Counseling - w/DX</b>	<u>Support and Counseling:</u> Please refer to the code sheet	<u>Support and Counseling:</u> Please refer to the code sheet for additional diagnosis codes	<u>Support and Counseling:</u> The Diagnosis Code listed in this row is required for Please refer to code sheet  Also see the codes in the Wellness Examinations section of the Preventive Care Services.

	during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.	<b>Preventive - Breast Feeding Support/Counseling - wo/DX</b>	Support and Counseling: Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefits to apply.	Does not have diagnosis code requirements for preventive benefits to apply. Also see the codes in the Wellness Examinations section of the Preventive Care Services.
		<b>Preventive - Breast Feeding Support/Counseling - wo/DX</b>	Support and Counseling: Please refer to the code sheet	Does not have diagnosis code requirements for preventive benefits to apply.	Does not have diagnosis code requirements for preventive benefits to apply. Also see the codes in the Wellness Examinations section of the Preventive Care Services.
		<b>Preventive - Breast Feeding Supplies</b>	Breast Pump Equipment & Supplies: <i>Personal Use Electric:</i> Please refer to the code sheet  <i>Breast Pump Supplies:</i> Please refer to the code sheet	Breast Pump Equipment & Supplies: Please refer to Pregnancy Diagnosis Code(s) (see <i>Pregnancy diagnosis code list</i> )	Breast Pump Equipment & Supplies: Please refer to code sheet for limitation.  Please refer to code sheet are payable as preventive with at least one of the diagnosis codes listed in this row.  Group and individual insurance

					plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on preventive services.
	<b>Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions</b> USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.				
	<b>Screening and Counseling for</b>		See the Wellness Examinations section of the	See the Wellness Examinatio	

	<b>Interpersonal and Domestic Violence</b> HHS Requirement: Screening and counseling for interpersonal and domestic violence.		Preventive Care Services.	ns section of the Preventive Care Services.	
	<b>Benefit ICD-10 Codes</b>	<b>Pregnancy Diagnosis Code List</b> The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services section or in the Expanded Women's Preventive Health Service section.  Please refer to the code sheet			
	<b>Benefit ICD-10 Codes</b>	<b>Pregnancy Diagnosis Code List</b> The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services section or in the Expanded Women's Preventive			

		<p>Health Service section.</p> <p>Please refer to the code sheet</p>	
	Benefit ICD-10 Codes	<p><b>Pregnancy Diagnosis Code List</b></p> <p>The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services section or in the Expanded Women’s Preventive Health Service section.</p> <p>Please refer to the code sheet</p>	
	Benefit ICD-10 Codes	<p><b>Pregnancy Diagnosis Code List</b></p> <p>The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services section or in the Expanded Women’s Preventive Health Service section.</p>	

		Please refer to the code sheet
	Benefit ICD-10 Codes	<p><b>Hepatitis C Virus Infection Screening Diagnosis Code List:</b> The following codes are required for the Hepatitis C Virus Infection Screening benefit. For details see the Preventive Care Services section.</p> <p>Please refer to the code sheet</p>
	Benefit ICD-10 Codes	<p><b>Diabetes Diagnosis Code List:</b> Refer to the Preventive Care Services and the Women's Preventive Health sections regarding the following Diabetes Diagnosis Codes.</p> <p>Please refer to the code sheet</p>
	Benefit ICD-10 Codes	<p><b>Visual Impairment Screening Code List:</b> Refer to the Screening for</p>

		<p>Visual Impairment in Children section in the Preventive Care Services section regarding the following required diagnosis codes as configured in QNXT for benefit to apply.</p> <p>Please refer to the code sheet</p>	
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	Benefit ICD-10 Codes	<p><b>Atherosclerosis Diagnosis Code List:</b> Refer to the Preventive Care Services table regarding the following Atherosclerosis Diagnosis Codes which are allowed for:</p> <p>Cholesterol Screening (Lipid Disorders Screening)</p> <p>Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</p> <p>Please refer to the code sheet</p>	
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**B. DEFINITIONS**

[See Glossary](#)

**C. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
3/11/2021	<ul style="list-style-type: none"> <li>• Updated Lung Cancer: Screening for March 2021</li> <li>• Updated Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons for January 2021</li> </ul>
4/23/2021	<ul style="list-style-type: none"> <li>• Added KY 2022 Drafted EOC Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>• Added IL 2022 Drafted Language</li> </ul>
5/18/2021	<ul style="list-style-type: none"> <li>• Added Screening for Colorectal Cancer for 45-49 years of age (USPSTF Recommendation)</li> <li>• Updated Month and Year for Screening for Colorectal Cancer for age group 50-75</li> </ul>
9/30/2021	<ul style="list-style-type: none"> <li>• Added language for additional information on coverage for each state provided from EOC</li> </ul>
7/1/2023	<ul style="list-style-type: none"> <li>• Added NV 2024 EOC Language</li> </ul>

<b>Codification</b>	<a href="#">Marketplace Benefit Interpretation Policies Codification</a>			
<b>Prior Authorization</b>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
<b>Approval</b>	Departments	Product	CIM	Clinical Management
	Date	3/10/2021	3/24/2021	4/21/2021
	Revised (for 1/1/2022)	12/17/2021	4/14/2022	11/29/2021
	Revised (for 1/1/2023)	12/13/2022	3/28/2023	12/13/2022
	Revised (for 1/1/2024)	11/30/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/12/2024	-	11/12/2024