

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

This codelist represents the clinical and coding recommendations based on language received from USPSTF, HRSA, ACIP, NJ Minimum Standards, and CMS. The intent of this codelist is to identify the services/codes that should not apply cost sharing on In-Network (INN) preventive services only, when a covered benefit. It is not an indication of coverage criteria, medical necessity, or benefit application.

Code	Narrative	Outcome
USPSTF RECOMMENDATIONS - The below services are specifically identified by the USPSTF as A or B recommendations		
Adult Aortic Aneurysm Screening (one time age 65-75 if ever smoked)		
The U.S. Preventive Services Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked.		
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	Remove cost-sharing when preventive criteria is met
Asymptomatic Bacteriuria in Adults, Screening		
The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.		
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	Remove cost-sharing when preventive criteria is met
87081	Culture, presumptive, pathogenic organisms, screening only;	Remove cost-sharing when preventive criteria is met
Breast Cancer Screening (Biennial 50-74)		
The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.		
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	Remove cost-sharing when preventive criteria is met
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	Remove cost-sharing when preventive criteria is met
77055	Mammography; unilateral	Remove cost-sharing when preventive criteria is met
77056	Mammography; bilateral	Remove cost-sharing when preventive criteria is met
77057	Screening mammography, bilateral (2-view film study of each breast)	Remove cost-sharing when preventive criteria is met
G0202	Screening mammography, producing direct digital image, bilateral, all views	Remove cost-sharing when preventive criteria is met
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Remove cost-sharing when preventive criteria is met
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Remove cost-sharing when preventive criteria is met
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing Based on Family Risk Factors		
The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.		
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
S0265	Genetic counseling, under physician supervision, each 15 minutes	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Cervical Cancer Screening if Sexually Active		
The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.		
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Remove cost-sharing when preventive criteria is met
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Remove cost-sharing when preventive criteria is met

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Code	Narrative	Outcome
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	Remove cost-sharing when preventive criteria is met
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	Remove cost-sharing when preventive criteria is met
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Remove cost-sharing when preventive criteria is met
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	Remove cost-sharing when preventive criteria is met
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Remove cost-sharing when preventive criteria is met
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Remove cost-sharing when preventive criteria is met
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Remove cost-sharing when preventive criteria is met
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	Remove cost-sharing when preventive criteria is met
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Remove cost-sharing when preventive criteria is met
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Remove cost-sharing when preventive criteria is met
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Remove cost-sharing when preventive criteria is met
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Remove cost-sharing when preventive criteria is met
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	Remove cost-sharing when preventive criteria is met
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	Remove cost-sharing when preventive criteria is met
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	Remove cost-sharing when preventive criteria is met
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	Remove cost-sharing when preventive criteria is met
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Remove cost-sharing when preventive criteria is met
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	Remove cost-sharing when preventive criteria is met
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	Remove cost-sharing when preventive criteria is met
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Remove cost-sharing when preventive criteria is met

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Code	Narrative	Outcome
Chlamydial Infection, Screening		
#1 The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk. _____ # 2 The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.		
87110	Culture, chlamydia, any source	Remove cost-sharing when preventive criteria is met
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Remove cost-sharing when preventive criteria is met
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Remove cost-sharing when preventive criteria is met
Colorectal Cancer Screening (Beginning at 50 and continuing to 75)		
Fecal Occult		
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
S3890	DNA analysis, fecal, for colorectal cancer screening	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Flex Sigmoidoscopy		
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Barium Enema		

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Code	Narrative	Outcome
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0122	Colorectal cancer screening; barium enema	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Colonoscopy		
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
44389	Colonoscopy through stoma; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.

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45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Anesthesia for lower intestinal endoscopic procedures		
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Congenital Hypothyroidism Screening (Newborns)		
The USPSTF recommends screening for congenital hypothyroidism (CH) in newborns.		
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	Remove cost-sharing when preventive criteria is met
Gonorrhea Screening		
The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection.		
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Remove cost-sharing when preventive criteria is met
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	Remove cost-sharing when preventive criteria is met
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	Remove cost-sharing when preventive criteria is met
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Remove cost-sharing when preventive criteria is met
Hepatitis B Virus Infection, Screening		
The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.		

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Code	Narrative	Outcome
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Remove cost-sharing when preventive criteria is met
HIV Screening (At Risk and All Pregnant Women) #1 The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection #2 The USPSTF recommends that clinicians screen all pregnant women for HIV		
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	Remove cost-sharing when preventive criteria is met
86701	Antibody; HIV-1	Remove cost-sharing when preventive criteria is met
86702	Antibody; HIV-2	Remove cost-sharing when preventive criteria is met
86703	Antibody; HIV-1 and HIV-2, single assay	Remove cost-sharing when preventive criteria is met
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	Remove cost-sharing when preventive criteria is met
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	Remove cost-sharing when preventive criteria is met
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	Remove cost-sharing when preventive criteria is met
S3645	HIV-1 antibody testing of oral mucosal transudate	Remove cost-sharing when preventive criteria is met
Iron Deficiency Anemia, Screening The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.		
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Remove cost-sharing when preventive criteria is met
Lipid Disorders in Adults, Screening (Men: 35+ / Women: 45+) The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening men aged 35 and older for lipid disorders. The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (Men at risk for CAD: 20-35 / Women: 20-45) The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.		
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
82465	Cholesterol, serum or whole blood, total	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.

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83719	Lipoprotein, direct measurement; VLDL cholesterol	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
83721	Lipoprotein, direct measurement; LDL cholesterol	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84478	Triglycerides	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
<p>Osteoporosis in Women, Screening: 65+ / 60+ If At Risk The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures.</p>		
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
<p>Phenylketonuria, Screening Newborn The USPSTF recommends screening for phenylketonuria (PKU) in newborns.</p>		
84030	Phenylalanine (PKU), blood	Remove cost-sharing when preventive criteria is met
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	Remove cost-sharing when preventive criteria is met

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Rh (D) Incompatibility, Screening		
The U.S. Preventive Services Task Force (USPSTF) strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.		
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Remove cost-sharing when preventive criteria is met
Sickle Cell Disease, Screening Newborns		
The U. S. Preventive Services Task Force (USPSTF) recommends screening for sickle cell disease in newborns.		
85660	Sickling of RBC, reduction	Remove cost-sharing when preventive criteria is met
Syphilis Infection Screening (At Risk and All Pregnant Women)		
The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen persons at increased risk for syphilis infection. The USPSTF strongly recommends that clinicians screen all pregnant women for syphilis infection.		
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	Remove cost-sharing when preventive criteria is met
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Remove cost-sharing when preventive criteria is met
Tobacco Use and Tobacco-Caused Disease, Counseling		
The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.		
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Remove cost-sharing when preventive criteria is met
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Remove cost-sharing when preventive criteria is met
Type 2 Diabetes Mellitus in Adults, Screening with sustained blood pressure		
The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.		
82947	Glucose; quantitative, blood (except reagent strip)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.

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82950	Glucose; post glucose dose (includes glucose)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
82952	Glucose; tolerance test, each additional beyond 3 specimens	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
83036	Hemoglobin; glycosylated (A1C)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Visual Impairment in Children Younger than 5 Years, Screening		
The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.		
99173	Screening test of visual acuity, quantitative, bilateral	Remove cost-sharing when preventive criteria is met
<p>PREVENTIVE MEDICINE SERVICES - Although not specifically identified by the USPSTF, the below preventive medicine services encompass many of the specific USPSTF topics listed above. In addition, these evaluation and management services are specifically identified by CPT as preventive medicine.</p>		
Alcohol Misuse Screening and Behavioral Counseling Intervention		
The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse		
<p>Aspirin for the Prevention of Cardiovascular Disease (Men 45-79) The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (Women 55-79) The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.</p>		
Service included in Preventive E/M (see Preventive Medicine codes listed below)		
Breastfeeding, Primary Care Interventions to Promote		
The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.		
Service included in Preventive E/M (see Preventive Medicine codes listed below)		
Daily Supplement of Folic Acid		
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.		
Service included in Preventive E/M (see Preventive Medicine codes listed below)		

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Code	Narrative	Outcome
	<p>Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water) The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Depression (Adults) Screening (When staff-assisted depression care supports are in place) The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Diet, Behavioral Counseling in Primary Care for Adults with Hyperlipidemia and Other Risk Factors The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Discuss Chemoprevention When at High Risk for Breast Cancer The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Gonorrhea, Prophylactic Eye Medication, (Newborns) The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.</p>	Service included in Newborn Care
	<p>Hearing Loss in Newborns, Screening The USPSTF recommends screening for hearing loss in all newborn infants.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>High Blood Pressure Screening (18 and older) The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Major Depressive Disorders in Adolescents, Screening The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)
	<p>Obesity in Adults Screening and Intensive Counseling and Behavioral Interventions The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.</p>	Service included in Preventive E/M (see Preventive Medicine codes listed below)

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Code	Narrative	Outcome
Obesity in Children and adolescents: Screening		
	The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	Service included in Preventive E/M (see Preventive Medicine codes listed below)
Sexually Transmitted Infections, Counseling (at risk adolescents and adults)		
	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	Service included in Preventive E/M (see Preventive Medicine codes listed below)
PREVENTIVE MEDICINE SERVICES - Although not specifically identified by the USPSTF, the below preventive medicine services encompass many of the specific USPSTF topics listed above. In addition, these evaluation and management services are specifically identified by CPT as preventive medicine.		
Pediatric and Adult Preventive Exams		
	There is no specific language in the USPSTF recommendations outlining routine preventive exams. HRSA / Bright Futures guidelines recommend pediatric physical examinations (through age 21).	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	Remove cost-sharing when preventive criteria is met
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	Remove cost-sharing when preventive criteria is met
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	Remove cost-sharing when preventive criteria is met
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	Remove cost-sharing when preventive criteria is met
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	Remove cost-sharing when preventive criteria is met
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	Remove cost-sharing when preventive criteria is met
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	Remove cost-sharing when preventive criteria is met

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Code	Narrative	Outcome
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	Remove cost-sharing when preventive criteria is met
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	Remove cost-sharing when preventive criteria is met
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	Remove cost-sharing when preventive criteria is met
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	Remove cost-sharing when preventive criteria is met
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	Remove cost-sharing when preventive criteria is met
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	Remove cost-sharing when preventive criteria is met
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	Remove cost-sharing when preventive criteria is met
<p>Preventive Medicine Counseling Risk Factor Reduction There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above mentioned services are included in a routine exam.</p>		
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Remove cost-sharing when preventive criteria is met
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Remove cost-sharing when preventive criteria is met
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	Remove cost-sharing when preventive criteria is met
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	Remove cost-sharing when preventive criteria is met
<p>Behavior Change Interventions, Individual There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above mentioned services are included in a routine exam.</p>		
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Remove cost-sharing when preventive criteria is met

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Code	Narrative	Outcome
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Remove cost-sharing when preventive criteria is met
Preventive Medicine Group Counseling There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above mentioned services are included in a routine exam.		
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	Remove cost-sharing when preventive criteria is met
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	Remove cost-sharing when preventive criteria is met
Other Preventive Exams There is no specific language in the USPSTF recommendations outlining routine preventive exams. Nonetheless, they are included in the worksheet because many of the above mentioned services are included in a routine exam.		
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	Remove cost-sharing when preventive criteria is met
99429	Unlisted preventive medicine service	Remove cost-sharing when preventive criteria is met

Advisory Committee on Immunization Practices (ACIP) - The immunizations below were identified using ACIP guidelines.

Immunizations		
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.

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Code	Narrative	Outcome
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90660	Influenza virus vaccine, live, for intranasal use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90663	Influenza virus vaccine, pandemic formulation, H1N1	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90703	Tetanus toxoid adsorbed, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90704	Mumps virus vaccine, live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90705	Measles virus vaccine, live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90706	Rubella virus vaccine, live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.

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Code	Narrative	Outcome
90708	Measles and rubella virus vaccine, live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90716	Varicella virus vaccine, live, for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90719	Diphtheria toxoid, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90749	Unlisted vaccine/toxoid	Remove cost-sharing on services submitted according to ACIP immunization schedule.

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G9142	Influenza A (H1N1) vaccine, any route of administration	Remove cost-sharing on services submitted according to ACIP immunization schedule.
J3530	Nasal vaccine inhalation	Remove cost-sharing on services submitted according to ACIP immunization schedule.
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from 5 years to 9 years of age who have not previously received the vaccine	Remove cost-sharing on services submitted according to ACIP immunization schedule.
Immunization Administration		
90465	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90466	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90467	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90468	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately i	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	Remove cost-sharing on services submitted according to ACIP immunization schedule.
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Remove cost-sharing on services submitted according to ACIP immunization schedule.
G0008	Administration of influenza virus vaccine	Remove cost-sharing on services submitted according to ACIP immunization schedule.
G0009	Administration of pneumococcal vaccine	Remove cost-sharing on services submitted according to ACIP immunization schedule.
G0010	Administration of hepatitis B vaccine	Remove cost-sharing on services submitted according to ACIP immunization schedule.
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	Remove cost-sharing on services submitted according to ACIP immunization schedule.
The Health Resources and Services Administration (HRSA) Pediatric guidelines (Bright Futures)		
Hearing Screening		
92551	Screening test, pure tone, air only	Remove cost-sharing on services submitted according to BrightFutures recommendations.

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92560	Bekesy audiometry; screening	Remove cost-sharing on services submitted according to BrightFutures recommendations.
V5008	Hearing screening	Remove cost-sharing on services submitted according to BrightFutures recommendations.
Sexually Transmitted Infections (used CDC as source)		
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	Remove cost-sharing on services submitted according to BrightFutures recommendations.
82120	Amines, vaginal fluid, qualitative	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86593	Syphilis test, non-treponemal antibody; quantitative	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86628	Antibody; Candida	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86692	Antibody; hepatitis, delta agent	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86695	Antibody; herpes simplex, type 1	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86696	Antibody; herpes simplex, type 2	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86704	Hepatitis B core antibody (HBcAb); total	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86705	Hepatitis B core antibody (HBcAb); IgM antibody	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86706	Hepatitis B surface antibody (HBsAb)	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86707	Hepatitis Be antibody (HBeAb)	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86708	Hepatitis A antibody (HAAb); total	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86709	Hepatitis A antibody (HAAb); IgM antibody	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86729	Antibody; lymphogranuloma venereum	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86780	Antibody; Treponema pallidum	Remove cost-sharing on services submitted according to BrightFutures recommendations.
86803	Hepatitis C antibody;	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87110	Culture, chlamydia, any source	Remove cost-sharing on services submitted according to BrightFutures recommendations.

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87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

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Code	Narrative	Outcome
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Remove cost-sharing on services submitted according to BrightFutures recommendations.
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Remove cost-sharing on services submitted according to BrightFutures recommendations.
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening	Remove cost-sharing on services submitted according to BrightFutures recommendations.
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening	Remove cost-sharing on services submitted according to BrightFutures recommendations.
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	Remove cost-sharing on services submitted according to BrightFutures recommendations.

NJ MINIMUM STANDARDS - Although the USPSTF does not specifically recommend the below services, guidelines for the NJ Minimum Standards specifically identify these services as preventive.

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

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Code	Narrative	Outcome
Preventive Gyn Exams		
S0610	Annual gynecological examination, new patient	Remove cost-sharing when preventive criteria is met
S0612	Annual gynecological examination, established patient	Remove cost-sharing when preventive criteria is met
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	Remove cost-sharing when preventive criteria is met
Nutritional Counseling for Weight Management		
Benefits are provided for nutrition counseling visits/sessions for the purpose of weight management when performed and billed by a network physician, specialist or a Registered Dietitian (RD) [in an office setting].		
S9452	Nutrition classes, nonphysician provider, per session	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
S9470	Nutritional counseling, dietitian visit	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
S9449	Weight management classes, nonphysician provider, per session	Remove cost-sharing when preventive criteria is met (6 visits per year, unless group specifies different limits)
Lead Poisoning Screening		
This blood test detects elevated lead levels in the blood. Children are covered for:		
<ul style="list-style-type: none"> • One (1) test between 9-12 months of age • One (1) test at twenty-four (24) months of age 		
83655	Lead	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Hemoglobin/Hematocrit Testing		
This blood test measures the size, shape, number and content of red blood cells. Children are covered for:		
<ul style="list-style-type: none"> • One (1) test between 0-12 months of age • One (1) test between one (1) and four (4) years of age • One (1) test between five (5) and twelve (12) years of age • One (1) test between thirteen (13) and seventeen (17) years of age 		

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

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Code	Narrative	Outcome
85014	Blood count; hematocrit (Hct)	Remove cost-sharing when preventive criteria is met
85018	Blood count; hemoglobin (Hgb)	Remove cost-sharing when preventive criteria is met
<p>Rubella Titer Testing The rubella titer blood test checks for the presence of rubella antibodies. If no antibodies are present, the rubella immunization should be given. The rubella titer blood test is recommended when it is unsure whether the child has ever been immunized.</p> <p>Children are covered for one (1) test and immunization between eleven (11) and seventeen (17) years of age. Adults are covered for one (1) test and immunization between eighteen (18) and forty-nine (49) years of age</p>		
86762	Antibody; rubella	Remove cost-sharing when preventive criteria is met
<p>Urinalysis Testing</p> <p><u>Pediatric</u> This test detects numerous abnormalities. Children are covered for:</p> <ul style="list-style-type: none"> • One (1) test every 365 days between 0-24 months of age • One (1) test every calendar year between two (2) and seventeen (17) years of age <p><u>Adult</u> This test detects numerous abnormalities.</p> <ul style="list-style-type: none"> • One (1) test every calendar year, beginning at eighteen (18) years of age 		
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Remove cost-sharing when preventive criteria is met
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Remove cost-sharing when preventive criteria is met
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Remove cost-sharing when preventive criteria is met
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Remove cost-sharing when preventive criteria is met
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	Remove cost-sharing when preventive criteria is met
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	Remove cost-sharing when preventive criteria is met
81015	Urinalysis; microscopic only	Remove cost-sharing when preventive criteria is met
81020	Urinalysis; 2 or 3 glass test	Remove cost-sharing when preventive criteria is met
81099	Unlisted urinalysis procedure	Remove cost-sharing when preventive criteria is met
<p>Complete Blood Count (CBC) This blood test checks the red and white blood cell levels, hemoglobin and hematocrit.</p> <ul style="list-style-type: none"> • One (1) test every calendar year at eighteen (18), nineteen (19), twenty (20), and twenty-one (21) years of age • One (1) examination every three (3) calendar years between twenty-two (22) and thirty-nine (39) years of age • One (1) test every calendar year, beginning at forty (40) years of age 		
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Remove cost-sharing when preventive criteria is met
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Remove cost-sharing when preventive criteria is met
G0306	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count	Remove cost-sharing when preventive criteria is met

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

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Code	Narrative	Outcome
G0307	Complete (CBC), automated (Hgb, HCT, RBC, WBC, without platelet count)	Remove cost-sharing when preventive criteria is met
Prostate Specific Antigen (PSA) Screening		
This blood test may be used to detect tumors of the prostate.		
• One (1) test every calendar year, beginning at fifty (50) years of age		
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	Remove cost-sharing when preventive criteria is met
84152	Prostate specific antigen (PSA); complexed (direct measurement)	Remove cost-sharing for Medicare members only. Eligible one time only.
84153	Prostate specific antigen (PSA); total	Remove cost-sharing when preventive criteria is met
84154	Prostate specific antigen (PSA); free	Remove cost-sharing when preventive criteria is met
Thyroid Function Testing		
This test detects hyperthyroidism and hypothyroidism.		
• One (1) series of tests every calendar year, beginning at eighteen (18) years of age		
84436	Thyroxine; total	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84439	Thyroxine; free	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84442	Thyroxine binding globulin (TBG)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84443	Thyroid stimulating hormone (TSH)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84480	Triiodothyronine T3; total (TT-3)	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
84481	Triiodothyronine T3; free	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) - Although the USPSTF does not specifically recommend the below services, the 2011 Medicare Preventive Guidelines specifically identify these services as preventive.		
Also known as the "Welcome to Medicare Physical Exam" or "Welcome to Medicare Visit".		
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	Remove cost-sharing for Medicare members only. Eligible one time only.
EKG Screening for Initial Preventive Physical Exam (IPPE)		
The screening EKG is an optional service that may be performed as a result of a referral from an IPPE		
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	Remove cost-sharing for Medicare members only. Eligible one time only.

NATIONAL HEALTHCARE REFORM (NHR) RECOMMENDATIONS

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Code	Narrative	Outcome
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	Remove cost-sharing for Medicare members only. Eligible one time only.
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	Remove cost-sharing for Medicare members only. Eligible one time only.
Diabetes Self-Management Training (DSMT)		
Medicare members at risk for complications from diabetes, recently diagnosed with diabetes, or previously diagnosed with diabetes (physician must certify that DSMT is needed).		
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Remove cost-sharing for Medicare members only. Eligible one time only.
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Remove cost-sharing for Medicare members only. Eligible one time only.
Glaucoma Screening		
Members with diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over.		
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Preventive when submitted with appropriate preventive diagnosis codes. Remove cost-sharing when preventive criteria is met.
Prostate Cancer Screening - Digital Rectal Exam (DRE)		
All Male Medicare members 50 or older (coverage begins the day after 50th birthday).		
G0102	Prostate cancer screening; digital rectal examination	Remove cost-sharing when preventive criteria is met