

# LIST OF ACA PREVENTIVE SERVICES AND CPT CODES

This is meant to be a general guide for reporting and billing preventive services covered by the Affordable Care Act (ACA) without cost-sharing. It was developed and formatted based on CPT and ICD-10 billing guidelines. Individual state Medicaid programs and private commercial insurances may have other instructions for reporting and reimbursing for these particular services. Medicare uses HCPCS codes to describe preventive services.

**NOTE: Most private payers expect that these preventive services (counseling, screening, and immunizations) occur during the annual preventive exam and may not reimburse separately for these on the same day, nor at subsequent visits.**

Preventive services covered under the Affordable Care Act	CPT CODE(S) <i>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</i>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare &amp; some commercial payers</i>
<b>CHLAMYDIA SCREENING LAB TEST*</b>	86631 Chlamydia antibody 86632 Chlamydia IGm 87110 Chlamydia culture any source 87270 Chlamydia antigen detection by immunofluorescent technique 87320 Chlamydia antigen detection by enzyme immunoassay technique 87490 Chlamydia direct probe technique 87491 Chlamydia amplified probe technique 87492 Chlamydia quantification 87801 Infectious agent detection by DNA or RNA, direct probe technique 87810 Chlamydia antigen detection by immunoassay with direct optical observation 36415 Venipuncture if performed** 99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**	Z11.8 Encounter for screening for other infectious and parasitic disease†  Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None

\* These screening labs and visits for immunizations may also be billed with preventive medicine visits 99381, 99382, 99383, 99384, 99385, 99386, 99387 (New patients by age)/99391, 99392, 99393, 99394, 99395, 99396, 99397 (established patients by age) as well as counseling visits (99401-99404 by time) or problem-oriented office visit codes (99201-99215).

\*\* Not reimbursed by all payers.

† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

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<b>GONORRHEA SCREENING LAB TEST*</b>	87590 Neisseria gonorrhoea, direct probe technique	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None
	87591 Neisseria gonorrhoea, amplified probe technique	Z11.2 Encounter for screening for other bacterial diseases†	
	87592 Neisseria gonorrhoea, quantification		
	87801 Infectious agent detection by DNA or RNA, direct probe technique		
	87850 Neisseria gonorrhoea antigen detection by immunoassay with direct optical observation		
	36415 Venipuncture if performed**		
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		
<b>HIV SCREENING LAB TEST*</b>	86689 HIV antibody confirmatory test (e.g., Western blot)	Z11.4 Encounter for screening HIV†	G0298 HIV antigen/antibody, combination assay, screening
	86701 HIV-1 antibody	Z11.4 Encounter for screening HIV†	G0432 Infectious agent antibody detection by enzyme immunoassay (eia) technique, HIV-1 and/or HIV-2, screening
	86701 HIV-2 antibody		G0433 Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, HIV-1 and/or HIV-2, screening
	86703 HIV-1 & HIV-2 antibody		
	87389 Infectious agent antigen detection by immunoassay, EIA, ELISA, IMCA, HIV-1 antigens, HIV-1 and HIV-2 antibodies)		G0435 Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
	87391 Infectious agent antigen detection by immunoassay, EIA, ELISA, IMCA, HIV-2)		
	36415 Venipuncture if performed**		G0475 HIV combination screening assay
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		S3645 HIV-1 antibody testing of oral mucosal transudate

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† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

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<b>SYPHILIS SCREENING LAB TEST*</b>	86592 Syphilis test, qualitative (e.g., VDRL, RPR)	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission†	None
	86593 Syphilis test, quantitative (e.g., VDRL, RPR)	Z11.2 Encounter for screening for other bacterial diseases‡	
	36415 Venipuncture if performed**		
	99000 Handling and preparation of specimens if sending to an outside lab, and clinic incurs the cost for transporting them**		
<b>BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTIONS</b>  <i>If the patient has sign, symptom, or has been exposed to an infection, use appropriate ICD-10 code and 99201-99215.</i>	99401 Preventive counseling or risk factor reduction: 15 mins‡	Z71.7 Human immunodeficiency virus [HIV] counseling	G0445 High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes
	99402 Preventive counseling or risk factor reduction: 30 mins‡	Z71.89 Other specified counseling (other than HIV)	
	99403 Preventive counseling or risk factor reduction: 45 mins‡		
	99404 Preventive counseling or risk factor reduction: 60 mins‡		
	----- <b>Option 2</b> <b>New patient problem visit:</b> 99201-99205 <b>Established patient problem visit:</b> 99211-99215  <i>These visits may also be reported based on counseling time. If counseling or coordination of care accounts for more than 50% of the visit, then select the E/M code (99201-99215) based on the length of the visit. Not all payers will reimburse these codes with a corresponding ICD-10 preventive service Z code. For private insurance, append modifier 33 to the <b>E/M code</b> to indicate it is a preventive service.</i>		

\* These screening labs and visits for immunizations may also be billed with preventive medicine visits 99381, 99382, 99383, 99384, 99385, 99386, 99387 (New patients by age)/99391, 99392, 99393, 99394, 99395, 99396, 99397 (established patients by age) as well as counseling visits (99401-99404 by time) or problem-oriented office visit codes (99201-99215).

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† Screening ICD-10 codes are utilized when there is no specific sign, symptom or diagnosis present, AND the patient has not been exposed to a disease.

‡ STD labs and lab collection codes may also be billed with these counseling visits.

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<p><b>CONTRACEPTIVE COUNSELING</b></p> <p><i>If the patient has a side effect from current method or menstrual irregularity, use ICD-10 code for sign or symptom and 99201-99215. When a patient presents with a problem, it is not appropriate to report a preventive CPT code.</i></p>	<p>99401 Preventive counseling or risk factor reduction: 15 mins‡</p> <p>99402 Preventive counseling or risk factor reduction: 30 mins‡</p> <p>99403 Preventive counseling or risk factor reduction: 45 mins‡</p> <p>99404 Preventive counseling or risk factor reduction: 60 mins‡</p> <p>-----</p> <p><b>Option 2</b></p> <p><b>New patient problem visit:</b> 99201-99205</p> <p><b>Established patient problem visit:</b> 99211-99215</p> <p><i>These visits may also be reported based on counseling time. If counseling or coordination of care accounts for more than 50% of the visit, then select the E/M code (99201-99215) based on the length of the visit. Not all payers will reimburse these codes with a corresponding ICD-10 preventive service Z code. For private insurance, append modifier 33 to the <u>E/M code</u> to indicate it is a preventive service.</i></p>	<p>Z30.09 Encounter for other general counseling and advice on contraception</p> <p>Z30.02 Counseling and instruction in natural family planning to avoid pregnancy</p>	<p>None</p>

‡ STD labs and lab collection codes may also be billed with these counseling visits.

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<p><b>WELL WOMAN VISIT</b></p> <p><i>Some payers expect that many of these ACA preventive services—counseling, screening, and immunizations—occur during the annual preventive exam and may not reimburse separately for these on the same day or at subsequent visits.</i></p>	<p><b>Preventive visits for new patients by age:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387</p> <p><b>Preventive visits for established patients by age:</b> 99391, 99392, 99393, 99394, 99395, 99396, 99397</p>	<p>Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings</p> <p>Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings</p> <p>Z00.00 Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01 Encounter for general adult medical examination with abnormal findings</p> <p><b>Note: These may only be used with preventive visit for new or established patients.</b></p>	<p>G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p>G0438 Annual wellness visit; includes a personalized prevention plan of service, initial visit</p> <p>G0439 Annual wellness visit, includes a personalized prevention plan of service, subsequent visit</p> <p>S0610 Annual gynecological examination, new patient</p> <p>S0612 Annual gynecological examination, established patient</p> <p>S0613 Annual gynecological examination; clinical breast examination without pelvic evaluation</p>
<p><b>HUMAN PAPILLOMAVIRUS (HPV) VACCINATIONS</b></p> <p><i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i></p>	<p>90649 Gardasil®</p> <p>90650 Cervarix®</p> <p>90651 Gardasil 9®</p> <p>90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st</p> <p>90461 <b>ADD ON CODE:</b> Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter</p> <p>90471 Administration of vaccine over 18—any route, 1st</p> <p>90472 <b>ADD ON CODE:</b> Administration of vaccine over 18—any route, each additional during that encounter</p> <p><b>Requires a CPT code for the immunization and a CPT code for the administration</b></p>	<p>Z23 Encounter for immunization</p>	<p>None</p>

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<b>HPV DNA LAB TESTING</b>	87623 HPV detection by DNA or RNA, low risk 87624 HPV detection by DNA or RNA, high risk 87625 HPV detection by DNA or RNA, types 16 and 18, includes type 45 if performed	Z11.51 Encounter for HPV screening	None
<b>HEPATITIS (Hep) A IMMUNIZATION</b> <i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i>	90632 Hep A adult dosage 90633 Hep A pedi/adolescent 2-dose schedule 90634 Hep A pedi/adolescent 3-dose schedule 90636 Hep A and Hep B adult dosage 90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st 90461 <b>ADD ON CODE:</b> Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter 90471 Administration of vaccine over 18—any route, 1st 90472 <b>ADD ON CODE:</b> Administration of vaccine over 18—any route, each additional during that encounter <b>Requires a CPT code for the immunization and a CPT code for the administration</b>	Z23 Encounter for immunization	None

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<p><b>HEPATITIS (Hep) B IMMUNIZATION</b></p> <p><i>If not administered during an annual wellness exam, some payers will also reimburse for an office visit.</i></p>	<p>90636 Hep A and Hep B adult dosage</p> <p>90739 Hep B adult 2-dose schedule</p> <p>90740 Hep B for immunosuppressed 3-dose schedule</p> <p>90743 Hep B adolescent 2-dose schedule</p> <p>90744 Hep B pedi/adolescent 3-dose schedule</p> <p>90746 Hep B adult 2-dose schedule</p> <p>90747 Hepatitis B for immunosuppressed 4-dose schedule</p> <p>90460 Administration of vaccine through age 18 with counseling by provider—any route, 1st</p> <p>90461 <b>ADD ON CODE:</b> Administration of vaccine through age 18 with counseling by provider—any route, each additional during that encounter</p> <p>90471 Administration of vaccine over 18—any route, 1st</p> <p>90472 <b>ADD ON CODE:</b> Administration of vaccine over 18—any route, each additional during that encounter</p> <p><b>Requires a CPT code for the immunization and a CPT code for the administration</b></p>	<p>Z23 Encounter for immunization</p>	<p>G0010 Administration of Hep B vaccine</p>

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<b>ALCOHOL MISUSE SCREENING AND COUNSELING</b>	99408 Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, and brief intervention services)—15 to 30 minutes  99409 Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, and brief intervention services)—greater than 30 minutes	F10.10 Alcohol abuse, uncomplicated F10.120 Alcohol abuse with intoxication, uncomplicated  F10.20 Alcohol dependence, uncomplicated  F10.21 Alcohol dependence, in remission F10.220 Alcohol dependence with intoxication, uncomplicated  Z71.41 Alcohol abuse counseling and surveillance of alcoholic	G0442 Annual alcohol misuse screening, 15 minutes  G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
<b>SCREENING FOR INTIMATE PARTNER VIOLENCE</b>	This service is included in a preventive care wellness examination.	None	None
<b>SCREENING FOR HIGH BLOOD PRESSURE</b>	This service is included in a preventive care wellness examination.	None	None
<b>SCREENING FOR DEPRESSION IN ADULTS</b>	99201-99205 New patient problem visit (document and bill based on counseling time)  99211-99215 Established patient problem visit (document and bill based on counseling time)  99420 Administration and interpretation of health risk screening**	Z13.89 Encounter for screening for other disorder	G0444 Annual depression screening, 15 minutes

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