

| Services | Details | CPT/HCPCS Codes | ICD Codes | Effective Date | Comments |
|--|--|--|--|-----------------|----------|
| Preventive Services (No Authorization from Prime UM is needed when rendered by Tier 1 or Tier 2 Provider) “Benefits quoted are not a guarantee of coverage and all claims are subject to the benefits of the plan and the eligibility of the plan participants at the time of service, information provided is basic plan information and not an authorization for treatment.” | | | | | |
| Colon Screening/ Testing and Cologuard | <p>The USPSTF recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults.</p> <p>The USPSTF recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults. Cologuard is a multi-target stool DNA-based colorectal cancer screening test. It's considered a non-invasive screening and is approved for patients with average risk of colorectal cancer.</p> | <p>00731-00732, 00740, 00810-00814, 0261U, 43235, 43239, 43249, 43251, 45378, 45380-45381, 45383-45385, 45388- 45398, 99150-99157, G0104-G0106, G0120-G0121, G0500, G6022-G6025, G9937, 80285</p> <p>81528</p> | <p>Z12-Z12.13, Z80.0, Z85, Z85.00, Z85.02-Z85.020, Z85.028, Z85.03, Z85.030, Z85.04, Z85.040-Z85.048, Z86.01, Z86.010, Z86.0100, Z87.1, Z87.11, Z87.19</p> | <p>01/01/25</p> | |
| Immunizations | <p>Immunizations for Adults-Doses, recommended ages, and recommended populations vary and include: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella.</p> <p>Immunizations for Children-Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary, including: Diphtheria, Tetanus, Pertussis, Haemophiles Influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus. Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus and Varicella.</p> | <p>90460-90461, 90465-90468, 90470-90698, 90700-90750, 90756, 90758, 90759, G0008-G0010, G8423-G8425, G8482-G8484, G9141-G9142, M1168-M1180</p> | | <p>01/01/25</p> | |

| Services | Details | CPT/HCPCS Codes | ICD Codes | Effective Date | Comments |
|--|---------------------------|---|---|----------------|----------|
| Preventive Services (No Authorization from Prime UM is needed when rendered by Tier 1 or Tier 2 Provider) “Benefits quoted are not a guarantee of coverage and all claims are subject to the benefits of the plan and the eligibility of the plan participants at the time of service, information provided is basic plan information and not an authorization for treatment.” | | | | | |
| Immunizations | COVID-19 Vaccine | 0001A-0004A, 0011A-0013A, 0021A-0022A, 0031A, 0034A, 0041A-0042A, 0051A-0054A, 0064A, 0071A-0074A, 0081A-0083A, 0094A, 0111A-0111A, 0121A, 0124A, 0134A, 0141A-0142A, 0144A, 0151A, 0164A, 0171A-0174A, 90480, 91300-91322, M0201 | | 01/01/25 | |
| Adult Screening | Annual Well Exam Services | 1159F, 3008F, 3016F, 3074F, 3078F-3079F, 36415-36425, 70010-79999, 80048-89399, 93020-93042, 96127, 99000-99001, 99454, G0107, G0121, G0464, G8417-G8482, G9919 0208T, 0210T, 1000F-1039F, 1050F-1101F, 1159G-1183F, 1220F, 1450F-1451F, 1490F-1494F, 2000F-2004F, 2010F, 2014F-2016F, 2028F-2031F, 2035F, 2040F, 2044F, 2050F, 2060F, 3008F-3017F, 3023F-3028F, 3035F, 3037F, 3040F, 3042F, 3044F, 3046F, 3048F-3055F-3085F | Z00-Z00.01, Z00.8, Z01.4-Z01.419, Z01.8, Z01.89, Z02-Z02.0, Z02.2, Z02.89-Z02.9, Z04, Z04.4-Z04.42, Z04.7-Z04.72, Z11.1, Z11.5, Z11.51, Z12-Z12.2, Z12.5-Z12.71, Z12.73-Z12.79, Z12.8-Z12.9, F17-F17.299, Z13.8-Z13.83, Z80-Z80.9, Z82.3-Z82.8, Z83-Z83.49 F17-F17.299, Z00-Z00.01, Z00.8, Z01.4-Z01.419, Z01.8, Z01.89, Z02-Z02.0, Z02.2, Z02.5, Z02.89-Z02.9, Z04, Z04.4-Z04.42, Z04.7-Z04.72, Z11.1, Z11.5, Z11.51, Z12-Z12.2, Z12.5-Z12.71, Z12.73-Z12.79, Z12.8-Z12.9, Z13.8-Z13.83, Z80-Z80.9, Z83.3-Z82.8, 83-Z83.49, Z11.7 | 01/01/25 | |

| Services | Details | CPT/HCPCS Codes | ICD Codes | Effective Date | Comments |
|--|--|--|---|----------------|----------|
| Preventive Services (No Authorization from Prime UM is needed when rendered by Tier 1 or Tier 2 Provider) | | | | | |
| “Benefits quoted are not a guarantee of coverage and all claims are subject to the benefits of the plan and the eligibility of the plan participants at the time of service, information provided is basic plan information and not an authorization for treatment.” | | | | | |
| Adult Screening | Blood Pressure Screening: Adults | 3089F, 3091F-3093F, 3119F, 3215F-3220F, 3230F, 3265F, 3268F, 3271F-3174F, 3278F, 3288F, 3291F-3292F, 3319F-3320F, 3324F, 3328F, 3330F, 3340F-3345F, 3350F-3354F, 3394F-3395F, 3450F-3355F, 3510F-3517F, 3555F, 3570F-3575F, 3650F, 3754F, 3759F, 3760F-3761F, 3776F, 4010F, G0042-G0047, G0451, G8417-G8421, G8783-G8785 | F17-F17.299, Z00-Z00.01, Z00.8, Z01.4-Z01.419, Z01.8, Z01.89, Z02-Z02.0, Z02.2, Z02.5, Z02.89-Z02.9, Z04, Z04.4-Z04.42, Z04.7-Z04.72, Z11.1, Z11.5, Z11.51, Z12-Z12.2, Z12.5-Z12.71, Z12.73-Z12.79, Z12.8-Z12.9, Z13.8-Z13.83, Z80-Z80.9, Z83.3-Z82.8, 83-Z83.49, Z11.7 | 01/01/25 | |
| Female Screening | BRCA risk assessment and genetic counseling/testing | 01380, 0153U-0155U, 81175-81176, 81211-81213, 81214-81215, 81216-81217 | C50-C50.929, C51-C57.9, Z15.0, Z15.01, Z15.02, Z80.3, Z80.41, Z85.4, Z85.40, Z85.41, Z85.42, Z85.44, Z86.000, Z86.001 | 01/01/25 | |
| | Contraceptive methods and counseling (Sterilization) | 58600-58615, 58670-58671 | Z30.2, Z98.5, Z98.51, Z98.52 | | |
| | Contraceptive methods and counseling | 11975-11977, 57170, 58300-58301, A4260, J1050-J1055, J7300-J7307, 57170, 96372, A4266, J7296-J7298 | Z30.0-Z30.09, Z30.4-Z30.49, Z30.8-Z30.9, Z79.3, Z97.5 | | |
| | Contraceptive methods and counseling All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, as prescribed by a health care Provider. | 98966-98967, 99201-99215, 99241-99243, 99441-99444, G2212 | Z30.0-Z30.09, Z30.4-Z30.49, Z79.3, Z97.5 | | |

| Services | Details | CPT/HCPCS Codes | ICD Codes | Effective Date | Comments |
|--|--|---|--|----------------|----------|
| Preventive Services (No Authorization from Prime UM is needed when rendered by Tier 1 or Tier 2 Provider) | | | | | |
| “Benefits quoted are not a guarantee of coverage and all claims are subject to the benefits of the plan and the eligibility of the plan participants at the time of service, information provided is basic plan information and not an authorization for treatment.” | | | | | |
| Women's Screening | Breast cancer screening The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. | 3340F, 3342F, 7025F, 76082-76085, 76090-76092, 77051-77059, 77061-77067, G0202-G0206, G0279 | Z00-Z00.01, Z12.3-Z12.39, Z80.3, Z85.3 | 01/01/25 | |
| Child Screening | Dental caries prevention: infants and children up to age 5 years The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. The USPSTF recommends primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption | 99188 | | 01/01/25 | |
| Child Screening | Developmental Screening for Children under 3 Vision screening: children- The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors. Hearing screening: newborns Well baby and well childcare | 3016F, 36415-36425, 36510, 70010-79999, 80048-89399, 92551, 92582-92586, 93000-93042, 96110-96113, 96127, 96160-96161, 99000-99002, 99173-99177, G8417-G8482, G9919 1159F-1160F, 3008F, 3074F, 3078F, 3725F, 92012, 92014, 92081, 92551-92587, 96110, 96127, 96160-96161, 97802, 98960, 99172-99173, 99177, 99201-99205, 99211-99215, 99381-99385, 99391-99394, 99395, 99401-99404, 99411-99429, G0439, G0442, G0444, G0446, G0447, G0468, G0513-G0514, G9920 99381-99384, 99391- 99394 | Z00-Z00.01, Z00.1-Z00.3, Z00.7-Z00.8, Z01.8, Z01.89, Z02-Z02.0, Z02.7, Z02.89, Z02.9, Z04, Z04.4-Z04.42, Z04.7-Z04.72, Z11.1, Z11.51, Z23, Z38, Z61.1-Z61.2 Z00-Z00.01, Z00.1-Z00.3, Z00.7-Z00.8, Z01.8, Z01.89, Z02-Z02.0, Z02.5, Z02.7, Z02.89, Z02.9, Z04, Z04.4, Z04.42, Z04.7-Z04.72, Z11.1, Z11.51, Z11.7, Z23, Z38, Z38.8, Z76.1-Z76.2 | 01/01/25 | |

| Services | Details | CPT/HCPCS Codes | ICD Codes | Effective Date | Comments |
|--|--|---------------------------|--|----------------|----------|
| Preventive Services (No Authorization from Prime UM is needed when rendered by Tier 1 or Tier 2 Provider) | | | | | |
| “Benefits quoted are not a guarantee of coverage and all claims are subject to the benefits of the plan and the eligibility of the plan participants at the time of service, information provided is basic plan information and not an authorization for treatment.” | | | | | |
| Lung Screening/Mgmt. | Lung cancer screening: adults aged 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years | 1000F, 4004F, 99406-99407 | F17-F17.299, T65.2-T65.294S, Z87.891 | 01/01/25 | |
| PSA | Prostate-specific antigen (PSA) | 84152-84154 | Z00-Z00.01, Z01, Z12.5, Z80.4, Z80.42-Z80.49, Z85.4, Z85.45-Z85.47, Z87, Z87.43, Z84.430 | 01/01/25 | |

***Z02.5 limited coverage. Only covered if in conjunction with a covered well exam, it is not covered as a standalone exam.**