



Clinical Policy

Subject: PREVENTIVE SERVICES

Policy Number: HS-CP-P5

Effective Date: September 29, 2021

Service/Product Line: Commercial-Medical

These guidelines are used in conjunction with the independent judgment of a qualified licensed physician and do not constitute the practice of medicine or medical advice. This Clinical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This Clinical Policy is not intended to recommend treatment for members. Members should consult with their treating provider in connection with diagnosis and treatment decisions.

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Sharp Health Plan develops Clinical Policies that serve as guidelines for medical necessity decisions utilizing evidence-based guidelines, compiled from local, national, governmental, and professional organizations, literature, and current peer-reviewed publications, as described in further detail below.

I. Benefit Statement: Any service reviewed and approved by this Sharp Health Plan Clinical Policy must be a covered benefit according to the member's evidence of coverage (EOC). Since benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in this clinical policy, decisions are subject to all terms and conditions of the applicable benefit plan. Benefit determinations should be based in all cases on the member's contract benefits in effect at the time of service. All reviewers must first identify member eligibility and all decisions of this clinical policy are subject to current state and/or federal law. This Clinical policy does not constitute plan authorization, nor is it an explanation of benefits. In the event of a conflict, a member's benefit plan, EOC, always supersedes the information in the Clinical Policies.

II. Regulatory:

- A. Effective for plan years on or after September 23, 2010: The Federal Patient Protection and Affordable Care Act (ACA) requires non-grandfathered benefit plans to cover certain "recommended preventive services" identified by ACA under the Preventive Care Services benefit, without cost sharing (i.e., covered at 100% of Eligible Expenses without deductible, coinsurance, or copayment) to members when provided by Plan Providers.
- B. Grandfathering for Preventive Services: A Grandfathered Plan as defined by the ACA is a group or individual benefit plan created on or before March 23, 2010. Grandfathered Plans are exempt from the requirement to provide the additional Preventive Services listed in I(C). If the additional Preventive Services are covered by a Grandfathered Plan, it is not required by law to provide this coverage without cost sharing.

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- C. § 1367.3. Coverage plan for comprehensive preventive care of children (a) Every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall offer benefits for the comprehensive preventive care of children. This section shall apply to children 17 and 18 years of age, except as provided in subparagraph (D) of paragraph (2) of subdivision (b). Every plan shall communicate the availability of these benefits to all group contract holders and to all prospective group contract holders with whom they are negotiating. This section shall apply to a plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as 269 STANDARDS § 1367.35 that section and the rules thereunder relate to the provision of the preventive health care services described herein. (b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following: (1) Be consistent with both of the following: (A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics. (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section. (2) Provide for the following: (A) Periodic health evaluations. (B) Immunizations. (C) Laboratory services in connection with periodic health evaluations. (D) Screening for blood lead levels in children of any age who are at risk for lead poisoning, as determined by a physician and surgeon affiliated with the plan, if the screening is prescribed by a health care provider affiliated with the plan. (c) For purposes of this section, a health care provider is any of the following: (1) A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code. (2) A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code. (3) A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

III. Description:

The Plan is committed to ensuring that members receive timely and appropriate preventive health assessments. Preventive Services are health assessments, including the physical examination of an asymptomatic, healthy member, consistent with The Guide to Clinical Preventive Services, a report of the U. S. Preventive Services Task Force (USPSTF) Advisory Committee for Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and other clinical preventive service guidelines as applicable or stated by law. Covered preventive services that were given an 'A' or 'B' rating from the USPSTF and are considered important for implementing the ACA include but are not limited to those below. The source is noted if it is a recommendation not included in the USPSTF 'A' and 'B' recommendations. Preventive Services covered ~~will~~ be updated as new recommendations and guidelines are issued, revised, or removed by the applicable regulating authority.

IV. Definitions:

- A. Preventative Services- are those performed on a person who has:
1. Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities
 2. Had screening done within the recommended interval with the findings considered normal

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3. Had diagnostic service results that were normal, after which the physician recommendation was for future preventive screening studies using the preventive services intervals
 4. Had a therapeutic service provided at the same encounter and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy).
- B. Diagnostic Services-are those performed on a person who has or has had:
1. Symptom(s) that required further diagnosis.
 2. Abnormalities on previous preventive or diagnostic studies that require repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals.
 3. Abnormalities on previous preventive or diagnostic studies that require further diagnostic studies.

V. Medical Necessity:

Summary of Preventive Care Services include, but are not limited to the following services and/or screenings:

- A. All Members: Member's Primary Care Physician (PCP) is responsible for basic medical care management and the provision an initial and periodic preventive health assessments unless, otherwise indicated. At a minimum the initial health assessment includes:
1. Medical history
 2. Height / Weight
 3. Blood pressure
 4. Body Mass Index (BMI) assessment.
 5. Percentile assessment for pediatric patients, if applicable.
 6. Preventive health screens and tests considered necessary in the best clinical judgment of the practitioner and consistent with Plan policy.
 7. Discussion of age, risk, and gender appropriate preventive measures.
 8. Follow-up appointments as needed.
 9. In Addition, Include:
 - a) Age and/or gender appropriate Preventive Medicine visits (Wellness Visits).
 - b) Routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).
 - c) Age gender and/or risk status appropriate counseling and/or screening for:
 - (1) Alcohol abuse.
 - (2) Aspirin as a preventive measure in adult men and women (actual medication covered under pharmacy benefits).
 - (3) Colorectal cancer for adults age 45 until age 75.

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- (4) Depression
- (5) Diabetes
- (6) Diet and nutrition.
- (7) Elevated cholesterol and lipids for members at higher risk.
- (8) Falls prevention for older adults.
- (9) Hepatitis C Virus screening in adults aged 18-79 years of age.
- (10) High blood pressure age 18 and older.
- (11) HIV
- (12) Obesity
- (13) Skin cancer
- (14) Syphilis and other Sexually Transmitted Infections for adults and adolescents at higher risk.
- (15) TB screening for pediatrics and adults at higher risk.
- (16) Tobacco use and cessation interventions.
- (17) Hepatitis B for people at high risk
- (18) Lung cancer screening age 50-80 years by low dose CT (LDCT) scan for persons at high risk who have a 20 pack-year smoking history and currently smoke or quit within past 15 years.
- (19) Preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.
- (20) Unhealthy drug use screening (refers to asking questions about use) in adults aged 18 years or older and connect to care if needed.

B. Women's Health (Age 18 years and up):

1. Age-appropriate screening mammography.
2. Cervical cancer screening.
3. Genetic counseling and evaluation for the BRCA testing.
4. Counseling for chemoprevention for women at high risk for breast cancer. Clinicians should offer to prescribe risk-reducing medications (e.g., tamoxifen, raloxifene or aromatase inhibitors) to women who are at increased risk for breast cancer and at low risk for adverse medication effects.
5. Screening for gonorrhea, chlamydia, and syphilis.
6. Osteoporosis screening for all woman over 65 years of age and screening in postmenopausal women younger than 65 years who are at increased risk.
7. For Pregnant Women:

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- a) Instructions to promote and aid with breast feeding.
 - b) Screening for
 - (1) Anemia
 - (2) Asymptomatic Bacteriuria
 - (3) Depression (pregnancy or postpartum) increased risk of perinatal depression
 - (4) Gestational diabetes
 - (5) Hepatitis B virus at first prenatal visit.
 - (6) HIV
 - (7) Rh incompatibility.
 - (8) Syphilis
 - (9) Tobacco use.
 - (10) HIV
 - c) Prevention
 - (1) Preeclampsia
 - (2) Excess weight gain. Offer effective counseling programs to help maintain a healthy amount of weight and prevent excess weight gain
8. Well Woman Preventive visits to include preconception and prenatal service.
 9. Folic Acid Supplements for women who may become pregnant (actual medication covered under pharmacy benefit).
 10. FDA-approved contraception methods and contraceptive counseling.
 11. Human papillomavirus (HPV) screening DNA testing for women 30 years and older.
 12. Breastfeeding support and counseling.
 13. Domestic violence screening and counseling.
 14. Annual human immunodeficiency virus (HIV) screening and counseling.
 15. Annual sexually transmitted infection behavioral counseling.
 16. Screening for gestational diabetes for women 24-28 weeks pregnant and those at higher risk that have no prior history of diabetes⁵
 17. Human papillomavirus (HPV) vaccine for females aged 9-26; a shared clinical decision for ages 27-45 years of age
- C. Men's Health: (age 18 years and up):
1. Screening for prostate cancer for men aged 40 and older.
 2. Screening for abdominal aortic aneurysm in men 65 – 75 years old who have ever smoked.

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3. Human papillomavirus (HPV) vaccine for males aged 9-26¹; a shared clinical decision for ages 27-45 years of age
 4. Annual sexually transmitted infection behavioral counseling.
- D. Pediatrics: (infancy birth up to 2 years, childhood age 2 years up to 11 years of age, adolescence age 11 years up to 18 years of age)
1. Measurements
 - a) Height and Weight.
 - b) Head Circumference.
 - c) Weight for Length.
 - d) BMI
 - e) BMI percentile.
 2. Assessments/Examinations/Screening:
 - a) Anticipatory Guidance
 - b) Assessments for:
 - (1) Alcohol and Drug Use
 - (2) Developmental Surveillance
 - (3) Psychosocial/Behavioral
 - (4) Oral Health risk
 - (5) Obesity
 3. Counseling for:
 - a) Fluoride for children without fluoride in their water source (actual supplements provided through pharmacy benefit).
 - b) Firearm safety
 - c) Obesity, including diet and nutrition.
 - d) Skin cancer behavior.
 - e) Tobacco use (includes e-cigarettes, vaping) among school-aged children and adolescents to include interventions, including education or brief counseling.
 - f) Counseling for all sexually active teens who are at increased risk for STDs
 4. Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.
 5. Iron supplementation for asymptomatic children ages 6-12 who are at increased risk for iron deficiency anemia (iron supplements covered under pharmacy benefit).
 6. Screening for:

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- a) Autism
- b) Anemia
- c) Basic vision screening and referral to vision provider if necessary
- d) Cervical Dysplasia screening for sexually active females
- e) Developmental delay
- f) Dyslipidemia screening for children at higher risk for lipid disorders
- g) Hearing Screening³
- h) Hemoglobinopathies or sickle cell anemia
- i) HIV Screening for adolescents aged 15 years age and younger adolescents at higher risk
- j) Lead
- k) Major depressive disorders
- l) Phenylketonuria
- m) Sexually Transmitted Infections
- n) Thyroid disease (Congenital hypothyroidism (in neonates)
- o) Tuberculosis
- p) Hepatitis B for adolescents at higher risk
- q) BP screening per age-appropriate screenings

E. Preventive vs. Diagnostic Services:

1. Certain services can be done for both preventive and diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be adjudicated under the Preventive Care Services benefit.
2. Diagnostic services will be adjudicated under the applicable non-preventive medical benefit.

VI. Not Medically Necessary:

- A. Services not under the preventive care benefit may be reviewed under another portion of the medical, dental, vision or pharmacy benefit plan.
- B. The drugs, medications, vitamins , supplements, or over the counter contraceptive barrier methods that are recommended or prescribed for preventive measures are processed under the pharmacy preventive care benefit. Examples include, but are not limited to:
 1. Aspirin for any indication, including but not limited to, aspirin for prevention of cardiovascular disease.
 2. Chemoprevention for any indication, including but not limited to, chemoprevention for breast cancer and PrEP
 3. Supplements, including but not limited to oral fluoride supplementation, and folic acid



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supplementation

4. Tobacco cessation products or medications.
- C. An off-label use for immunization is not medically necessary.
- D. Examinations, screenings, testing, or immunizations are not medically necessary when:
1. Required solely for the purpose of travel (travel immunizations).
 2. Related to judicial or administrative proceedings or orders.
 3. Conducted for purposes of medical research, unless covered under an approved Clinical Trial.
 4. Required to obtain or maintain a license of any type.
 5. Required for school pre-participation athletic physicals, camp.
 6. Required for adoption, insurance, education.
- E. Services that are investigational or experimental, are not medically necessary under preventive services but may be reviewed under SHP Medical Policy HS-CMP-E1 titled Experimental and Investigational Treatment.

VII. Process/Procedures:

- A. Requests for preventive services are to be reviewed by the delegated PMG or by the Plan through their regular and appropriate utilization management process and administered consistent with Plan benefit.
- B. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. This Policy provides assistance in determining coverage under the member's benefit plan.
- C. The terms of a member's benefit plan summary defined in the evidence of coverage document may differ from the standard benefit plans upon which this guideline is based. In the event of a conflict, the member's specific benefit document supersedes these guidelines.

VIII. Codes: The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all-inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Inclusion of a code in this section does not guarantee that it will be reimbursed. The member specific benefit plan document and applicable laws that may require coverage for a specific service determine benefit coverage for health services.

CPT Codes	Description
76706	Ultrasound screening study for abdominal aortic aneurysm in men ages 65 to 75 years who have ever smoked.
81007, 87086, 87088	Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12-16 weeks gestation or at first prenatal visit, if later.
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810	Screening for chlamydia in sexually active women aged 24 years and younger and in older women who are increased risk for infection. This recommendation applies to all sexually active adolescents and adult women, including pregnant women.

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87590, 87591, 87592, 87801, 87850	Screening for gonorrhea in sexually active women aged 24 years and younger and in older women who are at increased risk for infection.
87340, 87341, G0499	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit and in persons at high risk for infection.
86803, 86804, G0472	Screening for hepatitis C virus infection in persons at high risk for infection and one-time screening for adults born between 1945 and 1965.
86689, 86701, 86702, 86703, 87389, 87390, 87391, 87391, 87806, G0432, G0433, G0433, G0435, G0475, S3645	Screening for HIV infection in adolescents and adults ages 15 to 65 years, younger adolescents and older adults who are at increased risk and all pregnant women, including those who present in labor who are untested and whose HIV status is unknown.
86901	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care, repeated antibody testing for all unsensitized Rh (D) - negative women at 24-28 weeks gestation, unless biological father is known to be Rh (D) - negative.
86592, 86593	Screening for syphilis infection in persons who are at increased risk for infection and early in all pregnant women.
96040, S0265,	Genetic counseling and evaluation for BRCA1 and BRCA2 cancer susceptibility genes.
82947, 82948, 82950, 82951, 82952, 83036	Diabetes screening, screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestational age and in pregnant women between 24 and 28 weeks of gestation.
77063, 77067	Screening Mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older.
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175	Screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus testing alone, or every 5 years with human papillomavirus testing in combination with cytology.
80061, 82465, 83718, 83719, 83721, 84478	Cholesterol Screening (Lipid Disorders Screening)
G0104, G0106, G0105, G0120, G0121, G0122, G0328, 81528	Screening for colorectal cancer starting at age 50 years and continuing until age 75 years; includes sigmoidoscopy, colonoscopy, FOBT, FIT, Fecal DNA
G0445	STIs behavioral counseling
S0610, S0612, S0613	Annual gynecological exams
99381, 99382, 99383, 99384, 99385, 99386, 99387 99391, 99392, 99393, 99394, 99395, 99396, 99397	Preventive medicine services (evaluation and management). Preventive care wellness exam includes prevention of falls in older adults, screening for domestic violence, sexually transmitted disease, urinary incontinence, immunizations, hearing tests, psychosocial-behavioral assessment,
99401, 99402, 99403, 99404	Preventive medicine, individual counseling; includes counseling to prevent skin cancer, prevention of falls in older adults, breast feeding support and counseling, contraceptive methods, sexually transmitted disease counseling including HIV,
99411, 99412	Preventive medicine, group counseling



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99461	Newborn Care (evaluation and management)
92551, 92558, 92585, 92586, 92587, 92588	All newborns Hearing Screening
84437, 84443	All newborns Hypothyroidism Screening:
84030, S3620	All newborns Phenylketonuria Screening
83020, 83021, 83030, 83033, 83051, S3850	All newborns Sickle Cell Screening
82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620	All newborns Metabolic Screening Panel
76977, 77078, 77080, 77081 G0130	Osteoporosis Screening in women 65 and older and in Postmenopausal women younger than 65 years at increased risk of osteoporosis.
99408, 99409, G0442, G0443	Screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
93784, 93786, 93788 or 93790	Screening for high blood pressure in adults aged 18 years or older.
96127, G0444	Screening for Depression in the general adult population, including pregnant and postpartum women. Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.
97802, 97803, 97804, G0270, G0271, S9470	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Medical Nutrition Therapy or Counseling:
99401, 99402, 99403, 99404	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Preventive Medicine Individual Counseling
0403T, G0446, G0447, G0473	Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors- Behavioral Counseling or Therapy
97802, 97803, 97804	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Medical Nutrition Therapy
99401, 99402, 99403, 9940	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Preventive Medicine Individual Counseling
G0446, G0447, G0473	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions- Behavioral Counseling or Therapy
97802, 97803, 97804	Screening for Obesity in Children and Adolescents- Medical Nutrition Therapy
99401, 99402, 99403, 99404	Screening for Obesity in Children and Adolescents- Preventive Medicine Individual Counseling
G0446, G0447, G0473	Screening for Obesity in Children and Adolescents-Behavioral Counseling or Therapy
99401, 99402, 99403, 99404, G0445	Behavioral Counseling to Prevent Sexually Transmitted Infections
99406, 99407 99401, 99402, 99403, 99404	Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions

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99406, 99407, 99401, 99402, 99403, 99404	Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents
99173, 99174, 99177	Screening for Visual Impairment in Children.
G0297	Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
99188	Primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption up to 5 years of age.
86480, 86481, 86580	Screening for latent tuberculosis infection (LTBI) in populations at increased risk or asymptomatic adults 18 years and older at increased risk for tuberculosis.
85014, 85018	Anemia Screening in Children
92551, 92552, 92553	Hearing tests ages prenatal to 21 years of age.
96110	Formal Developmental / Autism Screening
83655	Lead Screening
86580	Tuberculosis (TB) Testing
80061, 82465, 83718, 83719, 83721, 83722, 84478	Dyslipidemia Screening
90620, 90621, 90644, 90733, 90734	Preventive vaccines-meningococcal recombinant, conjugate, or polysaccharide vaccines
90632, 90633, 90634, 90636	Hepatitis A vaccines
90647, 90648	Haemophilus influenzae b vaccine (Hib)
90649, 90650, 90651	Human Papilloma virus vaccine,
90630, 90653-58, 90660-62, 90664, 90666-68, 90672-74, 90682, 90685-89, 90756, Q2034-39	Influenza vaccines
90732	Pneumococcal polysaccharide (PPSV23)
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13)
90680, 90681	Rotavirus (RV1, RV5)
90696	Diphtheria, tetanus toxoids, acellular pertussis, and polio inactive (DTap-IPV)
90698	Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)
90700	Diphtheria, tetanus, acellular pertussis (DTap)
90702	Diphtheria and tetanus (DT)
90707, 90710	Measles, Mumps, Rubella (MMR)
90713	Polio (IPV)
90714	Tetanus and diphtheria (Td)
90715	Tetanus, diphtheria toxoids and acellular pertussis (Tdap)
90716	Varicella (VAR) ('chicken pox')
90723	Diphtheria, tetanus and acellular pertussis, hepatitis B, and polio inactive (DTaP-HepB-IPV)
90736, 90750	Zoster / Shingles (HZV/ZVL, RZV)

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90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule,
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule
90748	Hepatitis B and Haemophilus influenza b vaccine (HibHepB)
ICD-10 Codes	Description
Z20.6	Contact with and (suspected) exposure to HIV
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z20.89	Contact with and (suspected) exposure to other communicable diseases
Z20.9	Contact with and (suspected) exposure to unspecified communicable diseases
Z72.51	High-risk heterosexual behavior
Z72.52	High-risk homosexual behavior
Z72.53	High-risk bisexual behavior
Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
Z77.9	Other contact with and (suspected) exposure hazardous to health
W46.0XXA	Contact with hypodermic needle (initial encounter)
W46.0XXD	Contact with hypod needle (subsequent encounter)
W46.1XXA	Contact with contaminated hypodermic needle (initial encounter)
W46.1XXD	Contact with contaminated hypodermic needle (subsequent encounter)
Z79.899	Other long-term (current) drug therapy

IX. References:

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<https://uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-weight-and-weight-gain-during-pregnancy-behavioral-counseling-interventions>
- T. S. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening> Effective May 18, 2021
 T. Recommendation: Screening for Hypertension in Adults
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening> Effective April 27, 2021

X. Revision History:

Date	Modification (Original, Reviewed or Revised)
08/28/2013	Replaces two previous policies (Adults/Peds & Young
11/19/2014	Revised – Approved at QMC
11/18/15	Revised
11/01/2016	Revised
12/6/2017	Revised
09/26/2018	Revised, Approved
9/25/19	Revised, References updated
9/30/20	Revised, Updated USPSTF recommendations, References updated
9/29/21	Updated USPSTF recommendations, References updated

Approved by: 
 Cary Shames, DO, CMO/VP

Date: 9/29/21