Preventive Services

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Medi-Cal covers preventive services recommended by three different national organizations: (1) the U.S. Preventive Services Task Force (USPSTF); (2) the Advisory Committee on Immunization Practices (ACIP); and (3) the Bright Futures/American Academy of Pediatrics (AAP).

Specific policies and procedures are included in this section to ensure adherence to both these recommendations and Department of Health Care Services (DHCS) policy. This includes appropriate Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes for each preventive service.

The reimbursable procedure codes and applicable diagnosis codes for each preventive service are below. Unless otherwise specified, the listed diagnosis codes may be used with any of the listed procedural codes. Providers may provide many of the recommended services on the same day as other Evaluation and Management (E&M) services, as long as a separate and distinct billable service is being provided.

Section 1: USPSTF Grade A and B Recommendations

Medi-Cal covers USPSTF grade A and B recommended preventive services without cost-sharing. The full recommendations are on the Published Recommendations web page of the USPSTF website. Providers should note that not all guidelines posted on the website have a grade of A or B. It is important to read the actual USPSTF recommendations to determine the population-specific criteria for each recommendation.

USPSTF A and B Recommendations

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Abdominal aortic aneurysm screening: men	76706 99385 thru 99387 99395 thru 99397	Z87.891 I71.4 I71.9
Bacteriuria screening: pregnant women	87086 87088 ‹‹HCPCS Level III codes: Z1032 Z1034 Z1038››	Z33.1 Z34.00 thru Z34.03 Z34.80 thru Z34.83 Z34.90 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Blood pressure screening: adults	99385 thru 99387 99395 thru 99397	‹‹N/A››

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
BRCA risk assessment and genetic counseling/testing	81162 81215 81217 99385 thru 99387 99395 thru 99397 **Note:** CPT codes 81215 and 81217 require a *Treatment Authorization Request* (TAR).	Modifier 33 may be used
Breast cancer: preventive medications	99202 thru 99205 99211 thru 99215	Z80.3
Breast cancer screening	77067 99385 thru 99387 99395 thru 99397	N/A
Breastfeeding interventions	99202 thru 99205 99501 99502 HCPCS Level III codes: Z1032 Z1034 Z1038 Z6200 thru Z6414 Z6500	N/A
Cervical cancer screening	‹‹87624 thru 87626›› 88141 thru 88175 99384 thru 99387 99394 thru 99397	‹‹Modifier 33 may be used››

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Chlamydia screening: women	87110 87491 99384 thru 99387	Modifier 33 may be used.
Colorectal cancer screening	45378 81528 82270 99384 thru 99387	Modifier 33 may be used
Dental caries prevention: infants and children up to 5 years of age	99188 99381 thru 99383 99391 thru 99393	‹‹N/A››
Depression screening	‹‹99384 thru 99387 99394 thru 99397››	Refer to the *Evaluation and Management* (E&M) section of this provider manual for correct modifier use.

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Prediabetes and Type 2 Diabetes	82947 82948 82950 82951 83036 99383 thru 99387 99393 thru 99397	Z00.00 Z00.01 Z13.1 Modifier 33 may be used.
Falls prevention: older adults	97110 97112 97116 97530 99386 99387 99396 99397	‹‹N/A››
Gestational diabetes: screening	82947 thru 82952	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Gonorrhea prophylactic medication: newborns	99460	N/A
Gonorrhea screening: women	87590 thru 87592 87850	Z00.00 Z00.01 Z01.411 Z01.419 Z72.51 thru Z72.53 Z11.3 During pregnancy only, the following are recommended diagnosis codes: O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	99202 thru 99215 99242 thru 99245 99385 thru 99387 99395 thru 99397 ‹‹G0446, G0537››	N/A

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Hepatitis B screening: non-pregnant adolescents and adults	86704 thru 86706 87340 87341 99384 thru 99387 99394 thru 99397	B20 F11.10 thru F16.99 F19.10 thru F19.99 Z00.01 Z11.59 Z20.6 Z21 Z22.8 Modifier 33 may be used.
Hepatitis B screening: pregnant women	80055 80081 87340 HCPCS Level III codes: Z1032 Z1034 Z1038	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used.
Hepatitis C virus infection screening: adults	86803 86804 99384 thru 99387 99394 thru 99397 G0472	Modifier 33 may be used.
HIV pre-exposure and post-exposure prophylaxis	99202 thru 99215 99384 thru 99387 99394 thru 99397 ‹‹G0011 J0750 J0751 J0799››	N/A

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
HIV screening: non-pregnant adolescents and adults	86689 86701 86703 87389 87390 87534 87535 87806 99384 thru 99387 99394 thru 99397 G0432 G0433 G0435	Z11.4 Z72.51 thru Z72.53 For all of the HIV laboratory codes, there is no diagnosis code restriction. Modifier 33 may be used.
‹‹HIV screening: pregnant women	86689 86701 86703 87389 87390 87534 87535 87806 G0432 G0433 G0435 HCPCS Level III codes: Z1032 Z1034 Z1038	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 For all of the HIV laboratory codes, there is no diagnosis code restriction. Modifier 33 may be used.
Hypertension screening: adults	99202 thru 99215 99385 thru 99387 99395 thru 99397	Modifier 33 may be used.››

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Intimate partner violence screening: women of childbearing age	99202 thru 99215 99384 thru 99386 99394 thru 99396 HCPCS Level III codes: Z1032, Z1034, Z1038, Z6300 thru Z6308	N/A
Lung cancer screening (ages 50 to 80)	71271	F17.200, F17.210, F17.211 F17.213, F17.218 thru F17.221; F17.223, F17.228 F17.229, F17.290, F17.291 F17.293, F17.298, F17.299 Z12.2, Z87.891
‹‹Obesity screening and counseling: adults	97802 thru 97804 99385, 99386, 99395, 99396 G0447, G0473	E66. E66.0, E66.01, E66.8 Z00.00, Z00.01, Z68.30 Z68.39, Z68.41 thru Z68.45››
‹‹Obesity screening and counseling: children and adolescents	99381 thru 99384 99391 thru 99394, 97802, 97803,97804 G0447, G0473	Z68.5, Z65.51, Z68.52 Z68.53, Z68.54, Z71.3, Z71.82, Z72.4 Z00.121, Z00.129››
Osteoporosis screening: women	99384 thru 99387 99394 thru 99397	N/A
Perinatal depression: counseling and interventions	90832, 90837, 90853 HCPCS Level III codes: Z6300 thru Z6308	Modifier 33 must be used.

USPSTF A and B Recommendations (continued)

Preeclampsia prevention: screening	HCPCS Level III codes: Z1032 Z1034	‹‹N/A››
Rh incompatibility screening: first pregnancy visit Rh incompatibility screening: 24 thru 28 weeks' gestation	80055 80081 86850 86901 ‹‹HCPCS Level III codes: Z1032 Z1034››	O09.00 thru O09.93 Z31.82 Z33.1 Z34.00 thru Z34.93 Z36.5 Modifier 33 may be used.
Sexually transmitted infections: counseling	‹‹99202 thru 99215››	‹‹N/A››
Skin cancer behavioral counseling	99202 thru 99215 99381 thru 99397	‹‹N/A››
Syphilis screening	0064U 0065U 0210U 86592 86593 86780 99384 thru 99387 99394 thru 99397	B20 Z11.3 Z20.6 Z21 Z72.51 Modifier 33 may be used.
Syphilis screening: pregnant women	0064U 0065U 0210U 80055 80081 86592 86593 86780 ‹‹HCPCS Level III codes: Z1032 Z1034››	O09.00 thru O09.93 Z33.1 Z34.00 thru Z34.93 Z36.89 Z36.9 Modifier 33 may be used

USPSTF A and B Recommendations (continued)

USPSTF Recommendation Topic	CPT/HCPCS Codes	ICD-10-CM Diagnosis Codes
Tobacco use counseling and interventions	99381 thru 99387 99391 thru 99397 99406 99407	‹‹N/A››
Tobacco use counseling: pregnant women	99406 99407 HCPCS Level III codes: Z1032 Z1034 Z1038 ‹‹Z6402 thru Z6408 Z6410 thru Z6414››	F17.200 thru F17.299 O99.330 thru O99.335 Z71.6 Z72.0
Tuberculosis screening	86480 86481 86580 99381 thru 99387 99391 thru 99397	Modifier 33 may be used.
‹‹Unhealthy alcohol use screening and behavioral counseling interventions	99381 thru 99397	N/A
Unhealthy drug use screening	99381 thru 99397	N/A››
Vision screening: children	99381 thru 99385 99391 thru 99395	‹‹N/A››

‹‹Alcohol and Drug Screening, Brief Interventions and Referral to Treatment (SBIRT)

Medi-Cal reimburses alcohol and drug use screening, assessment, brief interventions and referral to treatment for recipients ages 11 and older, including pregnant women in primary care settings. These services are reimbursable to physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists and licensed marriage and family therapists.

Screening

Screening for unhealthy alcohol and drug use is only reimbursable when a validated screening tool is used. Alcohol use screenings are billable using HCPCS code G0442 and drug use screenings are billable using HCPCS code H0049. Validated screening tools include, but are not limited to:

- Cut down Annoyed Guilty Eye-opener Adapted to Include Drugs (CAGE-AID)
- Tobacco, Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.

Note: G0442 is reimbursable when the single NIDA Quick Screen alcohol-related question is used without including the additional NIDA Quick Screen questions.››

‹‹Brief Assessment

When a screen is positive, providers should use an appropriate validated assessment tool to determine whether an alcohol or substance use disorder is present. Medi-Cal permits billing for alcohol and/or drug screening when a validated alcohol and/or drug assessment tool is used without initially using a validated screening tool.

Validated assessment tools include, but are not limited to:

- NIDA-modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
- Drug Abuse Screening Test (DAST-20)
- Alcohol Use Disorders Identification Test (AUDIT)

Brief Interventions and Referral to Treatment

Recipients whose brief assessment reveals alcohol misuse should be offered brief alcohol misuse counseling, which is separately reimbursable. Recipients whose brief assessment reveals probable alcohol or substance use disorder must be offered a referral for further evaluation or for treatment, including medications for addiction treatment (MAT) as appropriate.

Medi-Cal reimburses alcohol and/or drug brief interventions services using HCPCS code H0050. Brief interventions include alcohol misuse counseling, counseling a patient regarding the need for further evaluation or referral to treatment when an alcohol and/or drug use disorder is suspected. There is no minimum number of minutes for brief interventions but they must include the following:

- Providing feedback to the patient regarding screening and assessment results.
- Discussing negative consequences that have occurred and the overall severity of the problem.
- Support the patient in making behavioral changes.
- Discussing and agreeing on plans for follow up with the patient, including referral to other treatment if indicated.››

‹‹Provider Resources

Provider resources for brief interventions include:

- Brief Negotiated Interview (BNI)
- The Substance Abuse and Mental Health Services Administration (SAMHSA) website
- Information about treatment programs may be found at:
  - SAMHSA's National Helpline or
  - Substance Use Disorder County Access Lines on the Department of Healthcare Services (DHCS) website

Documentation Requirements

Patient medical records must include:

- The service provided, for example: screen and brief intervention.
- The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record).
- The name of the assessment instrument (when indicated) and the score on the assessment (unless the assessment tool is embedded in the electronic health record).
- If a referral to an alcohol or substance use disorder program was made.

SBIRT Billing Codes and Frequency Limits Table

Billing Code	Description	When to Use	Frequency Limit
G0442	Annual alcohol misuse screening, 15 minutes	Alcohol use screening	1 per year, per provider
H0049	Alcohol and/or drug screening	Drug use screening	1 per year, per provider
H0050+	Alcohol and/or drug services, brief intervention, per 15 minutes	Alcohol misuse counseling or counseling regarding the need for further evaluation/treatment	1 per day, per provider››

‹‹Brief intervention services may be provided on the same date of service as the alcohol or drug use screen, or on subsequent days, using HCPCS code H0050.

For Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers, the costs of providing SABIRT services are included in the all-inclusive prospective payment systems (PPS) rate. SBIRT services that meet the definition of an FQHC/RHC visit, as defined in the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)* section of the appropriate Part 2 manual, are reimbursable.

For Indian Health Service (IHS), Memorandum of Agreement (MOA) 638 Clinics, SABIRT services that meet the definition of a visit, as defined in *the Indian Health Services (IHS), Memorandum of Agreement (MOA)* 638, *Clinics* section of the appropriate Part 2 manual, are reimbursable.

Smoking and Tobacco Cessation Counseling

For information about Medi-Cal coverage of smoking and tobacco cessation counseling, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* section of the Medi-Cal Part 2 manual.

Depression Screening

Medi-Cal reimburses screening adults and children ages 12 and older for depression as an outpatient service only. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment options including referral to mental health specialists, and appropriate follow-up.

For information about Medi-Cal coverage of dyadic depression screening, refer to the *Dyadic Services* section of the Medi-Cal Provider Part 2 manual.

Billing Codes

HCPCS Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as being negative, a follow-up plan is not required››

‹‹Pregnant or Postpartum Individuals

Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum individual: once when the individual is pregnant and once when they are postpartum.

The combined total claims for screening pregnant or postpartum recipients using HCPCS codes G8431 and/or G8510 may not exceed two per year, per recipient, by any provider of prenatal or postpartum care. When billing medically necessary medical services during the prenatal or postpartum period, providers must include a pregnancy or postpartum diagnosis code on all claims. Claims submitted without a pregnancy or postpartum diagnosis code may be denied. For additional claim submission instructions, providers should refer to the *Pregnancy: Early Care and Diagnostic Services* and *Pregnancy: Postpartum and Newborn Referral Services* sections in the appropriate Part 2 manual.

Postpartum Screening at Infant Visits

Providers of well-child and episodic care for infants may submit claims for postpartum depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for postpartum depression at the infant's one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. When a postpartum depression screening is provided at the infant's medical visit, the screening must be billed with the infant's Medi-Cal ID. The only exception to this policy is that the birthing parent's Medi-Cal ID may be used during the first two months of life if the infant's Medi-Cal eligibility has not yet been established.

Records for postpartum depression screening billed using the child's Medi-Cal ID require HIPAA-compliant documentation in the child's medical record of the screening results and any recommendations/referrals that were given. The American Academy of Pediatrics and the Centers for Medicare & Medicaid Services (CMS) recommend that treatment of postpartum depression include a parenting component. For information about mental health services for Medi-Cal recipients, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* section of the appropriate Part 2 provider manual. For more information on resources, providers and patients may visit Maternal Mental Health.

Recipients Who Are Not Pregnant or Postpartum

Screening for depression is reimbursable for recipients 12 years of age or older who are not pregnant or postpartum once per year, per recipient, per provider.

Not Separately Reimbursable

HCPCS codes G8431 and G8510 may not be billed for the same date of service, for the same recipient, by the same provider.››

‹‹Screening Tools

Medi-Cal requires the use of a validated depression screening tool. Some examples include

- Patient Health Questionnaire (PHQ-9)
- Edinburgh Postnatal Depression Scale (EPDS)
- Beck Depression Inventory (BDI)
- Geriatric Depression Scale (GDS)››

Section 2: Recommended Immunization Schedule For Adults Aged 19 Years or Older in the United States

The following vaccines are reimbursable for use in adults 19 years of age or older, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The recommended immunization schedules for adults by age group or by medical condition or other indications are available on the CDC ACIP website. There is no cost-sharing for Medi-Cal recipients who receive these vaccinations.

Reimbursable Vaccines for Adults 19 Years or Older

Vaccine	Abbreviation	CPT Code(s)
Hepatitis A	HepA	90632
Hepatitis A-Hepatitis B	HepA-HepB	90636
Hepatitis B	HepB	90740 90746 90747
Haemophilus influenzae type b conjugate	Hib	90647 90648
Human papillomavirus	HPV	90651
Herpes zoster	HZV	90736 90750
Influenza	Not Applicable	90656 90658 90662 90673 90674 90682 90686 90688 90756 90694

Reimbursable Vaccines for Adults 19 Years or Older (continued)

Vaccine	Abbreviation	CPT Code(s)
Meningococcal conjugate A, C, Y, W-135 quadrivalent	MenACWY	90734
Meningococcal serogroup B	MenB	90620 90621
Measles, mumps and rubella	MMR	90707
Meningococcal polysaccharide A, C, Y, W-135 quadrivalent	MPSV4	90733
Pneumococcal conjugate 13-valent	PCV13	90670
Pneumococcal polysaccharide 23-valent	PPSV23	90732
Tetanus and diphtheria toxoids	Td	90714
Tetanus and diphtheria toxoids and acellular pertussis	Tdap	90715
Varicella	VAR	90716

Medi-Cal reimburses vaccine counseling-only services when a beneficiary does not receive the vaccine from the same provider on the same date of service.

Vaccine Counseling-Only Services

Code	Description
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same day of the service, 5 to 15 mins time
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same day of the service, 16 to 30 mins time

Section 3: American Academy of Pediatrics Bright Futures

Medi-Cal reimburses periodic screening assessments for infants, children, and adolescents under 21 years of age, as specified in the American Academy of Pediatrics *Bright Futures*® preventive healthcare periodicity schedule.

These comprehensive, periodic, no-cost preventive visits for children include an age and gender appropriate history, physical examination, counseling/anticipatory guidance, developmental surveillance, risk factor reduction interventions and the ordering of laboratory or diagnostic procedures if medically appropriate.

Medi-Cal also reimburses inter-periodic health assessments when performed aside from the *Bright Futures*® periodicity schedule when medically necessary. Examples may include but are not limited to the following:

- A foster care or out-of-home placement medical history and physical examination
- A school enrollment pre-participation medical history and physical examination
- A sports or camp pre-participation medical history and physical examination
- An additional anticipatory guidance to the child or the parent or legal guardian
- A history of perinatal problems
- A history of developmental disability

Medically necessary, inter-periodic health assessments should be billed using the appropriate preventive medicine CPT code and ICD-10 CM diagnosis code Z00.8 (encounter for other general examination). The reason for an inter-periodic health assessment must be documented in the medical record.

For more information regarding evaluation and management services for children and adults, see the *Evaluation and Management* section of the provider manual.

Billing Codes for Preventive Medicine Evaluation and Management Visits: Infants, Children and Adolescents

CPT Code	Description
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)
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)
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)
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)
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
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)
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)

Billing Codes for Preventive Medicine Evaluation and Management Visits: Infants, Children and Adolescents continued

CPT ® Code	Description
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)
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)
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

Note: Use CPT codes 99385 or 99395 for recipients who are 18 to 20 years of age.

Inter-periodic health assessments provided due to medical necessity will not count toward the frequency limit for the preventive visit CPT code when the claim is submitted with the appropriate preventive visit CPT code and ICD-10-CM diagnosis code, Z00.8 (encounter for other general examination). The reason for an inter-periodic health assessment must be documented in the medical record.

Refer to the *Evaluation and Management* (E&M) section in this manual for more information on preventive medicine services for children.

Developmental/Behavioral Health

Developmental Screening: CPT code 96110 (developmental screening, with scoring and documentation, per standardized instrument) is reimbursable at ages specified in the Bright Futures/AAP Periodicity Schedule (9, 18 and 30 months) and when medically indicated. A validated screening tool that tests for all four developmental domains (motor, language, cognitive and social/emotional) and meets the Centers for Medicare & Medicaid Services (CMS) Child Core Set developmental screening criteria must be used. The frequency limit for general developmental screening is twice a year for children ages 0 to 5, any provider.

Autism Spectrum Disorder Screening: Autism screening is reimbursable at ages specified in the Bright Futures/AAP Periodicity Schedule (18 and 24 months) and when medically indicated. A validated screening tool must be used. Autism screening must be billed with CPT code 96110 and modifier KX. Claims for CPT code 96110 with modifier KX will not count toward the twice-a-year frequency limit for CPT code 96110.

General developmental screening and autism screening are reimbursable when performed on the same day as recommended at 18 months and when medically indicated. When both services are delivered on the same date, the claim form should include CPT code 96110 without modifier KX (for general developmental screening) and CPT code 96110 with modifier KX (for autism screening) on separate claim lines.

Developmental Surveillance: The AAP recommends that routine developmental surveillance occur at every preventive visit. This surveillance is not separately reimbursable when billing for the appropriate preventive visit E&M code.

Psychosocial/Behavioral Assessment: Brief emotional/behavioral assessments are separately reimbursable with CPT code 96127 (brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument) when performed using a standardized tool. Adverse Childhood Experience (ACE) screening is reimbursable using HCPCS codes G9919 and G9920 for providers who have taken a certified Core Training and self-attested to their completion of the training. ‹‹For more information refer to the *Local Educational Agency (LEA) Service: Psychology/Counseling* section of the appropriate Part 2 manual and to the ACEs Aware webpage.››

Dyadic Services: Dyadic Behavioral Health (DBH) well-child visits are reimbursable using HCPCS code H1011 when billed with modifier U1 to designate dyadic services. For more information about dyadic services and dyadic caregiver services, refer to the *Dyadic Services* section of the appropriate Part 2 manual.

Obesity Screening and Counseling: Adults

The USPSTF recommends that clinicians offer or refer adults with Body Mass Index (BMI) of 30 or higher (calculated weight in kilograms divided by height in meters squared) to intensive, multicomponent behavior interventions (B recommendation).

Intensive behavioral therapy (IBT) is a Medi-Cal benefit for recipients with obesity defined as BMI greater than or equal to 30 kg/m2 in accordance with USPSTF recommendations and Medicare guidelines.

Obesity Screening and Counseling: Children and Adolescents

The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer them comprehensive, intensive behavior intervention to promote improvement in weight status (B recommendation, 2017). Current USPSTF recommendations are pending as of June 23, 2022.

Immunizations

All immunizations recommended in the Bright Futures/AAP Periodicity Schedule are Medi-Cal benefits.

Medi-Cal reimburses vaccine counseling-only services when a beneficiary does not receive the vaccine from the same provider on the same date of service.

To report vaccine counseling-only services when provided to a beneficiary who is under the age of 21 years, use the following codes:

Vaccine Counseling-Only Services under 21 years of age

Code	Description
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same day of the service for ages under 21, five to 15 minutes time
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same day of the service for ages under 21, 16 to 30 minutes time

To report COVID-19 vaccine counseling-only services when provided to a beneficiary who is under the age of 21 years, use the following codes:

COVID-19 Vaccine Counseling-Only Services under 21 years of age

Code	Description
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time

Laboratory Procedure Codes

All laboratory procedures recommended in the Bright Futures/AAP Periodicity Schedule are Medi-Cal benefits.

Oral Health

Fluoride varnish and supplementation are benefits to the extent recommended in the Bright Futures/AAP Periodicity Schedule. See the *Dental Benefits* section in this manual for additional information.

Sensory Screening Codes

CPT codes 92551 (screening test, pure tone, air only) and 92552 (pure tone audiometry [threshold]; air only) may be used when billing for hearing screenings. Providers should use one of the following ICD-10-CM diagnosis codes when billing for hearing screenings: Z00.121, Z00.129, Z01.10 or Z01.11.

Section 4: Expedited Partner Therapy for the Prevention of Sexually Transmitted Infection (STI) Reinfections

Expedited Partner Therapy for the Prevention of STI Reinfections

STIs can be a serious risk to an individual's health and can create a preventable threat to fertility. One factor that contributes to high rates of STIs is reinfection from an untreated sexual partner. The medical necessity for both treatment of the initial client with an STI and prevention of reinfection is determined by the medical professional evaluating the clinical needs of the Medi-Cal beneficiary.

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a treatable STI without the health care provider first examining the partner. EPT usually involves the implementation of patient-delivered partner therapy, an evidence-based practice to reduce reinfection, in which the patient delivers medication or a prescription to his or her partner(s). Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia, gonorrhea and/or trichomoniasis.

Medi-Cal covers medically necessary services for the treatment of STIs. If a Medi-Cal provider diagnoses a Medi-Cal beneficiary with gonorrhea, chlamydia and/or trichomoniasis and determines that offering the beneficiary EPT is medically necessary to prevent reinfection of the beneficiary, then the provider may either dispense medication directly to the Medi-Cal beneficiary to provide to his/her partner(s) or may provide the Medi-Cal beneficiary with a prescription, written in the name of the beneficiary, for medications with a quantity and duration of therapy sufficient to treat the acute infection in the beneficiary and to prevent reinfection of the beneficiary by treating the beneficiary's partner(s).

For Medi-Cal family planning programs, pursuant to family planning encounters, treatment regimens for chlamydia, gonorrhea and/or trichomoniasis may be dispensed in the clinic. For more information about family planning-related services, providers may refer to the *Family Planning* section of the appropriate Part 2 manual.

For non-family planning related encounters in the Medi-Cal program, the treatment regimens for chlamydia, gonorrhea and/or trichomoniasis are covered by prescription only.

For additional prescribing and clinical guidelines on the treatment of partners of patients diagnosed with STIs, providers may review guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
‹‹+	There is no required minimum duration for brief counseling.››