

A guide to CIGNA'S PREVENTIVE HEALTH COVERAGE for health care professionals



Introduction

Cigna's preventive care coverage complies with the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include periodic well visits, routine immunizations, and certain designated screenings for symptom-free or disease-free individuals. They also include designated services for individuals at increased risk for a particular disease.

Patients' payment responsibility

The PPACA requires health plans to cover preventive care services with no patient cost-sharing, unless the plan qualifies under the grandfather provision or for an exemption. The majority of Cigna plans fall under the PPACA, and cover the full cost of preventive care services, including copay and coinsurance. Typically, these services must be provided by in-network health care professionals. There are some exceptions.

To determine whether or not your patient's Cigna-administered plan covers preventive care and at what coverage level (100% or patient cost share), visit the Cigna for Health Care Professionals website (CignaforHCP.com) to verify benefit and eligibility information, or call **1.800.88Cigna (882.4462)**.

Preventive care services

The PPACA has designated specific resources that identify the preventive services required for coverage by the act.

- U.S. Preventive Services Task Force (USPSTF) A and B recommendations.
- Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control. Recommendations of the ACIP appear in three immunization schedules.
- Comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

- Guidelines for infants, children and adolescents appear in two charts: The periodicity schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.
- Guidelines specifically issued for women.
- In addition, Cigna covers prostate cancer screening and virtual colonoscopy for colorectal cancer screening as covered preventive services.

Consult the federal government website for more information about preventive recommendations and implementation of the PPACA regulations: Healthcare.gov/news/factsheets/2010/07/preventive-services-list.html.

Coding for preventive services

Correctly coding preventive care services is essential for receiving accurate payment.

- Submit the preventive care services with an ICD-9 code that represents health services encounters that are not for the treatment of illness or injury.
- Place the ICD-9 code in the first diagnosis position of the claim form (see the list of designated "V codes" in the following table).
- Use CPT coding designated as "Preventive Medicine Evaluation and Management Services" to differentiate preventive services from problem-oriented evaluation and management office visits (99381–99397, 99461, 99401–99404, S0610, S0612).
- Preventive care service claims submitted with diagnosis codes that represent treatment of illness or injury as the primary (first) diagnosis on the claim, will be paid as applicable under normal medical benefits rather than preventive care coverage.

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- Non-preventive care services incorrectly coded as “Preventive Medicine Evaluation and Management Services” will not be covered as preventive care.
- For informational purposes only, this guide includes the newly-designated ICD-10 codes that will be effective on or after 10/01/2015.
- Note that Cigna claim systems are not yet configured to process preventive service claims solely based on the presence of modifier 33, which was developed by the industry in response to the PPACA’s preventive service requirements. We will notify you when our claim systems can accept and recognize modifier 33.

Screening versus diagnostic, monitoring, or surveillance testing

A positive result on a preventive screening exam does not alter its classification as a preventive service but does influence how that service is classified when rendered in the future.

One example is a screening colonoscopy that is performed on an asymptomatic individual, who has not been diagnosed with the target condition of colorectal cancer or additional risk factors for colorectal cancer, such as adenomatous polyps or inflammatory bowel disease. If the screening colonoscopy detects colorectal cancer or polyps, the purpose of the procedure remains a preventive screening colonoscopy, not a diagnostic colonoscopy. This is true even when polyps are removed during the preventive screening. However, once a diagnosis of colorectal cancer or additional risk factors for colorectal cancer are identified, future colonoscopies will no longer be considered preventive screening; they will be considered monitoring or surveillance of a diagnosed condition and typically will be provided more frequently than the routine screening frequency, which is 10 years for colonoscopy.

Services associated with a screening colonoscopy or sterilization procedure

Ancillary services directly related to a screening colonoscopy or female sterilization procedures are considered part of the preventive service. This includes the pre-procedure evaluation office visit with the physician performing the procedure, the ambulatory facility fee, anesthesiology, and pathology. The claims for these services must be submitted using the preventive diagnosis and procedure codes in order to be covered for your patient as preventive services.

Payment of preventive services

Payment of preventive services by Cigna is dependent on claim submission using diagnosis and procedure codes which identify the services as preventive. The coding guidance on the following pages will assist you and your billing staff.

The following pages reflect the PPACA designated clinical recommendations and the associated ICD-9, ICD-10, CPT, and HCPCS codes. Age and frequency limits of these recommendations are not utilized for reimbursement with the exception of vision and hearing screening, administration of HPV vaccines, and services related to prevention of falls. All standard correct coding practices should be observed.

Additional information about preventive care guidelines is available in the health care professionals section of Cigna’s Informed on Reform website: InformedonReform.com.

This information does not supersede the specific terms of an individual’s health coverage plan, or replace the clinical judgment of the treating physician with respect to appropriate and necessary care for a particular patient.

References:

International Classification of Diseases, 9th Revision, Copyright © 2013, Practice Management Information Corporation
Current Procedural Terminology (CPT®) 2013, American Medical Association



Preventive coverage	ICD-9 codes/ ICD-10 codes (effective on or after 10/01/2015) <i>(represent services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services)</i>	CPT codes/ HCPCS codes <i>(represent the services listed)</i>
<p>Comprehensive preventive evaluation and management services (preventive office visits for well baby, well child and well adult, including well woman)</p> <p>The frequency of visits for infants, children and adolescents complies with the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule, which can be located on the Department of Health and Human Services website, accessible via InformedonReform.com.</p> <p>Comprehensive preventive medicine evaluation and management of an individual includes:</p> <ul style="list-style-type: none"> • An age- and gender-appropriate history • Physical examination • Counseling/anticipatory guidance • Risk factor reduction interventions and • The ordering of appropriate immunization(s) and laboratory/screening procedures <p>See the following pages for the specific preventive laboratory screenings. Lab screenings not listed in this reference guide will not be covered at the preventive benefit level of reimbursement.</p> <p>These preventive evaluation and management (E&M) services are represented by distinct CPT codes from those that represent problem-oriented evaluation and management services.</p> <ul style="list-style-type: none"> • Preventive initial E&M (new patient) (CPT codes 99381–99387) • Preventive periodic E&M (established patient) (CPT codes 99391–99397) <p><i>Note that codes 99381–99397 include counseling, anticipatory guidance, and risk factor reduction interventions that are provided at the time of the initial or periodic comprehensive preventive medicine examination.</i></p>	<p>ICD-9 codes: V20.0, V20.1, V20.2, V20.3, V20.31, V20.32, V65.11</p> <p>V70.0, V70.8, V70.9, V72.3, V72.31, V79.0, V79.1, V79.3, V79.8, V79.9, V81.1</p> <p>ICD-10 codes: Z76.1, Z76.2, Z00.121, Z00.129, Z00.110, Z00.111, Z76.81</p> <p>Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z13.4, Z13.6, Z01.30, Z01.33, Z00.3</p>	<p>99381–99387 (new patient)</p> <p>99391–99397 (established patient)</p> <p>99461 (initial newborn care)</p> <p>S0610 } S0612 } annual GYN exam S0613 }</p> <p>99420 (administration of HRA)</p> <p>G0402, G0438, G0439 (Medicare only)</p>

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<p>Comprehensive preventive evaluation and management services <i>(continued)</i></p> <p>Typically, the examination component of the preventive evaluation and management service includes, but is not limited to:</p> <ul style="list-style-type: none"> • Age- and gender-appropriate review of physical condition, including vital signs such as blood pressure, height/weight/BMI calculation (utilized to screen for obesity) • Review of family and personal health risks • Screening (not examination) of vision and hearing status • Screening for growth and development milestones and developmental surveillance • Autism screening • Psychosocial/behavioral assessment • Screening for depression in adolescents and adults • Screening for alcohol and substance misuse/abuse • Screening for tobacco use <p>Typically, the counseling/anticipatory guidance/risk factor reduction component of the preventive evaluation and management service includes, but is not limited to:</p> <ul style="list-style-type: none"> • Oral health (including water fluoridation discussion and referral to dental home) • Counseling regarding obesity, weight loss, healthy diet and exercise • Breast-feeding counseling and support • Discussion/referral for genetic counseling and evaluation for BRCA testing (see page 7 for additional description of services related to genetic counseling/testing) • Discussion of chemoprevention with women at high risk for breast cancer • Counseling related to sexual behavior/STD/STI prevention • Aspirin prophylaxis for cardiovascular risk • Guidance and counseling regarding substance abuse, alcohol misuse, tobacco use, obesity, exercise and healthy diet/nutritional counseling as indicated • Behavioral dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related disease • Screening procedure recommendations (such as breast cancer, colorectal cancer, osteoporosis) • Review of laboratory test results available at the time of the encounter • Counseling regarding minimizing exposure to ultraviolet radiation in persons 10–24 years of age • Screening and counseling for domestic and interpersonal violence • Counseling and education regarding FDA-approved contraception methods for women with reproductive capacity <p>(Continued to next page)</p>		<p>If counseling services are required beyond what is described as included in the preventive medicine E&M visit codes, see specific counseling codes in the following section, as well as the following codes:</p> <p>96110 (developmental testing , limited (such as developmental screening test II)</p> <p>S0302—early periodic screening, diagnosis and treatment (EPSDT)</p> <p>97802–04, S9470 (medical nutrition therapy services) up to three visits for a preventive indication</p> <p>G0442, G0443, G0444, G0445, G0446, G0447, G0449, G0451</p>

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<ul style="list-style-type: none"> • Identification of persons age 65 and older at risk for falls (see page 9 for additional services related to prevention of falls) • Education/brief counseling to prevent initiation of tobacco use (school-age children and adolescents) <p>Preventive medicine, individual counseling</p> <p>CPT codes 99401–99404 are designated to report services provided to individuals at a face-to-face encounter for the purpose of promoting health and preventing illness or injury.</p> <p>Preventive medicine counseling and risk factor reduction interventions will vary with age and should address such issues as:</p> <ul style="list-style-type: none"> • Diet and exercise (such as related to obesity, hyperlipidemia) • Substance misuse/abuse • Tobacco use and cessation ; prevention of initiation of tobacco use • Sexual practices and STD/STI prevention • Screening procedures and laboratory test results available at the time of the encounter • Breast-feeding counseling and support (see page 10 for breast-feeding equipment and supplies) • Domestic and interpersonal violence • FDA-approved contraception methods for women with reproductive capacity <p>Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.</p> <p>These codes are not to be used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness.</p> <p>For counseling individual patients with symptoms or established illness, use the appropriate office, hospital, consultation, or other evaluation and management codes.</p>	<p>ICD-9 codes: V65.3, V65.42, V65.44, V65.45</p> <p>ICD-10 codes: Z71.3, Z71.7</p>	<p>99401–99404</p> <p>If behavior change interventions are required beyond what is described in the preventive medicine counseling code descriptions here, see specific codes in the following section which represent smoking and tobacco cessation counseling, alcohol or substance abuse screening and counseling</p> <p>G0443, G0445, G0446, G0447, S9443</p>
<p>Behavior change interventions</p> <p>CPT codes 99406–99412 are designated to report services provided to individuals at a face-to-face encounter and are utilized for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse, or obesity. Behavior change services may be reported when performed as part of the treatment of conditions related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in illness. Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow-up.</p>	<p>ICD-9 codes: V65.42, V70.0, V79.1</p> <p>ICD-10 codes: Z00.00, Z00.01</p>	<p>99406–99412</p> <p>G0446, G0447</p>

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<p>Routine immunizations and administration of vaccines</p> <p>Please note that immunizations that are administered solely for the purpose of travel or occupation are typically excluded from coverage in most Cigna plans.</p> <p>There are three immunization schedules on the website of the Centers for Disease Control and Prevention (CDC). These represent the routine immunization services that are currently designated as preventive care by the PPACA regulations. The schedules are:</p> <ul style="list-style-type: none"> • Childhood: ages birth through 18 years • Childhood: catch-up schedule • Adult schedule <p>Refer to the CDC website to view the schedules: cdc.gov/vaccines/schedules/index.html</p> <p>Diphtheria, tetanus toxoids and acellular pertussis (DTaP) (Tdap) (Td)</p> <p>Haemophilus influenzae type b conjugate (Hib)</p> <p>Hepatitis A (HepA)</p> <p>Hepatitis B (HepB)</p> <p>Human papillomavirus (HPV) (age and gender criteria apply)</p> <p>Influenza vaccine</p> <p>Measles, mumps and rubella (MMR)</p> <p>Meningococcal (MCV)</p> <p>Pneumococcal (pneumonia)</p> <p>Poliovirus (IPV)</p> <p>Rotavirus</p> <p>Varicella (chickenpox)</p> <p>Zoster</p>	<p>ICD-9 codes: V20.2, V70.0, V03.5, V03.6, V03.7, V03.81, V03.82, V03.89, V04.0, V04.2, V04.3, V04.6, V04.8, V04.81, V04.89, V05.3, V05.4, V06.1, V06.2, V06.3, V06.4, V06.5, V06.6, V06.8, V06.9</p> <p>ICD-10 codes: Z00.121, Z00.129, Z00.00, Z00.01, Z23</p>	<p>Administration codes:</p> <p>90460, 90461, 90471–90474, G0008–G0010, J3530</p> <p>Vaccine codes:</p> <p>90632–90650, 90654–90662 90669–90673, 90680–90686 90688–90716, 90719–90723, 90732–90734, 90736, 90740–90748 S0195 Q2033–Q2039 (Medicare only)</p>
<p>Screenings</p> <p>Additional laboratory or procedural services if ordered, will be subject to standard medical plan provisions of deductible, coinsurance or copay by the patient. Venipuncture associated with preventive laboratory screenings will be paid as a preventive service.</p>		<p>36415, 36416</p>
<p>Abdominal aortic aneurysm screening by ultrasonography: men, age 65–75 who have ever smoked</p>	<p>ICD-9 codes: V70.0, V70.8</p> <p>ICD-10 codes: Z00.00, Z00.01, Z00.8</p>	<p>76700, 76705, 76770, 76775, G0389</p>

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Screenings (continued) Anemia screening, iron deficiency: pregnant women	Covered as preventive only when submitted with a maternity diagnosis code	85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307
Bacteriuria screening with urine culture: pregnant women at 12–16 weeks gestation or at the first prenatal visit, if later	Covered as preventive only when submitted with a maternity diagnosis code	87086, 87088
Breast cancer screening: women age 40 and older: screening mammography with or without clinical breast exam, every one to two years	ICD-9 codes: V76.10, V76.11, V76.12, V76.19, V10.3, V16.3 ICD-10 codes: Z12.31, Z12.39, Z80.3, Z85.3	77055, 77056, 77057, 77051, 77052, G0202, G0204, G0206
Breast cancer/ovarian cancer risk assessment: discuss referral for genetic counseling ³ —women whose family history is associated with increased risk for BRCA1 and BRCA2 gene mutations. BRCA1/BRCA2 genetic testing for susceptibility to breast or ovarian cancer: women	ICD-9 codes: V26.33, V16.3, V16.41 ICD-10 codes: Z31.5, Z80.3, Z80.41	96040, S0265 81211 ³ –81217 ³
Cervical cancer screening: <ul style="list-style-type: none"> • Pap smear, women age 21–65 every three years • HPV DNA test in combination with Pap smear, women age 30–65, every five years 	ICD-9 codes: V76.2, V72.32, V73.81 ICD-10 codes: Z01.42, Z11.51, Z12.4	87620–22, 88141–43, 88147–48, 88150, 88152, 88153, 88154, 88164–67, 88174–75, G0101, G0123–24, G0141, G0143–45, G0147–48, P3000, P3001, Q0091
Chlamydial infection screening: all sexually active women age 24 and younger, and older women at increased risk	ICD-9 codes: V73.88, V73.98; or a maternity diagnosis code ICD-10 code: Z11.8	86631–32, 87110, 87270, 87320, 87490–92, 87810
Cholesterol screening (dyslipidemia): children at risk due to known family history, when family history is unknown, or with personal risk factors such as obesity, high blood pressure or diabetes, after age two but by age 10 (periodicity schedule/Bright Futures)	ICD-9 code: V 77.91 ICD-10 code: Z13.220	80061, 82465, 83718, 83719, 83721, 84478
Cholesterol screening (dyslipidemia) in adults: <ul style="list-style-type: none"> • Men age 35 and older: or age 20–35 if risk factors for coronary heart disease are present • Women age 45 and older: or age 20–45 if risk factors for coronary heart disease are present 	ICD-9 code: V77.91 ICD-10 code: Z13.220	80061, 82465, 83718, 83719, 83721, 84478

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Screenings (continued) Colorectal cancer screening: beginning at age 50 by any of the following methods: <ul style="list-style-type: none"> • Fecal occult blood testing (FOBT)/fecal immunochemical test (FIT), annually; or • Sigmoidoscopy every five years; or • Colonoscopy every 10 years; or • Computed tomographic colonography¹ (virtual colonoscopy) every five years; or • Double contrast barium enema (DCBE) every five years 	ICD-9 codes: V76.41, V76.50, V76.51, V76.52, V16.0, V18.51 ICD-10 codes: Z12.10, Z12.11, Z12.12, Z12.13, Z80.0, Z83.71	82270, 82274, G0328, 45330, 45331, 45338, 45339, G0104, 45378, 45380, 45381, 45383, 45384, 45385, G0105, G0121 74263 ¹ 74270, 74280, G0106, G0120, G0122 00810, 88305
Congenital hypothyroidism screening: newborns	ICD-9 codes: V77.0, V20.2 ICD-10 codes: Z00.121, Z00.129,	84436, 84437, 84443
Diabetes screening: adults with sustained blood pressure greater than 135/80 (whether treated or untreated)	ICD-9 code: V77.1 ICD-10 code: Z13.1	82947, 82948, 83036
Gestational diabetes: pregnant women at first prenatal visit for those at risk; all pregnant women at 24 to 28 weeks gestation	Covered as preventive only when submitted with a maternity diagnosis code	82950, 82951, 82952
Gonorrhea screening: sexually active women including pregnant women if they are at increased risk for infection	ICD-9 code: V74.5; or a maternity diagnosis code ICD-10 code: Z11.3	87850, 87590, 87591
Gonorrhea: prophylactic ocular medication for all newborns to prevent blindness (typically instilled at birth)	ICD-9 code: V20.2 ICD-10 codes: Z00.121, Z00.129	No specific code; typically included on hospital billing, miscellaneous charge
Hearing screening: infants, children through age 10 (not a full hearing examination)	ICD-9 code: V20.2 ICD-10 codes: Z00.121, Z00.129	May be a component of the preventive E&M visit service or 92551, 92552, 92553, 92558, 92568, 92583, 92586, 92587
Hemoglobin or hematocrit: infants, children (see anemia screening for pregnant women, page 7)	ICD-9 code: V20.2	85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307
Hemoglobinopathy screening for sickle cell disease: newborns	ICD-9 codes: V78.2, V20.2 ICD-10 codes: Z00.121, Z00.129	85660
Hepatitis B screening: pregnant women, first prenatal visit	Covered as preventive only when submitted with a maternity diagnosis code	87340, 87341

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Screenings (continued) Hepatitis C screening: adults at high risk for infection; one-time screening for adults born between 1945 and 1965 (effective 6/1/14)	ICD-9 codes: V72.62, V73.89 ICD-10 codes: Z00.00, Z11.59	86803, 87522
HIV screening: pregnant women, adolescents and adults 15 to 65 years; younger adolescents or older adults with risk factors; annually for sexually active women	ICD-9 codes: V73.89; or a maternity diagnosis code ICD-10 code: Z11.4	86701, 86703, 87390, G0432, G0433, G0435, S3645
Lead screening for children at risk for lead exposure (periodicity schedule/Bright Futures)	ICD-9 code: V20.2 ICD-10 codes: Z00.121, Z00.129	83655
Newborn metabolic screening panel (specific combination of tests will vary according to state law): there are not designated codes for all heritable diseases which are identified for screening in this recommendation	ICD-9 codes: V20.2, V78.3 ICD-10 codes: Z00.121, Z00.129	S3620
Nutrition counseling for adults with hyperlipidemia, and other known risk factors for cardiovascular and diet-related chronic disease; nutrition counseling and behavioral interventions to promote sustained weight loss for obese adults and children age six years and older	ICD-9 codes: V65.3, V77.8 ICD-10 code: Z71.3	97802, 97803, 97804, S9470 May also be performed as component of preventive E&M visit or in context of preventive counseling visit (99401–99404)
Osteoporosis screening: women age 65 or older (or younger women at risk) ²	ICD-9 codes: V82.81, V17.81 ICD-10 codes: Z13.820, Z82.62	76977, 77078, ² 77080, 77081, G0130
Phenylketonuria (PKU) screening: newborns	ICD-9 codes: V20.2, V77.3 ICD-10 codes: Z00.121, Z00.129	84030
Prevention of falls: Physical therapy for community dwelling adults age 65 and older who are at risk for falls	ICD-9 codes: V15.88, V57.1, V69.0, V69.9, 728.87 ICD-10 codes: Z91.81, M62.81, W19.xxxS	97001, 97002, 97110, 97112, 97113, 97116, 97150, 97530, G0159, S8990, S9131
Prostate cancer screening: PSA age 50 and older or age 40 with risk factors	ICD-9 codes: V76.44, V16.42 ICD-10 codes: Z12.5, Z80.42	84152, 84153, 84154, G0103
Rh incompatibility screening: Rh (D) blood typing and antibody testing for all pregnant women at first visit and repeat for unsensitized Rh negative women at 24–28 weeks	Covered as preventive only when submitted with a maternity diagnosis code	86900, 86901
Syphilis screening: all pregnant women and persons at increased risk of syphilis infection	ICD-9 codes: V74.5; or a maternity diagnosis code ICD-10 code: Z11.3	86592, 86593

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Tobacco use: counseling and interventions for tobacco cessation in adults who smoke	Any diagnosis code	99406, 99407, G0436, G0437
Tuberculin testing: children and adolescents at high risk	ICD-9 codes: V20.2, V74.1 ICD-10 codes: Z00.121, Z00.129, Z11.1	86580
Visual impairment screening: age three through age 18 (USPSTF and periodicity schedule/Bright Futures)	ICD-9 code: V20.2 ICD-10 codes: Z00.121, Z00.129	Preventive E&M visit component or 99173

1. CPT code 74263 (computerized tomographic colonography) requires precertification
2. CPT code 77078 (computed tomography, bone density study) requires precertification
3. CPT codes 81211–81217 (BRCA1/BRCA2 testing) require precertification. Please refer to the Cigna medical coverage policy for additional information on genetic counseling and testing criteria (Cigna.com > Health Care Professionals > Resources > Clinical Payment and Reimbursement Policies > Coverage Policies > Genetic Testing for Susceptibility to Breast and Ovarian Cancer (e.g., BRCA1 & BRCA2)).

Breast-feeding equipment and supplies	Examples	HCPCS codes
Provision of breast pumps and supplies for postpartum women to ensure successful breast-feeding. Requires a prescription and must be ordered through CareCentrix, Cigna's national durable medical equipment vendor ⁴	Breast pump, manual (purchase only)	E0602
To obtain the breast pump and initial supplies, your patient may contact CareCentrix at 1.877.466.0164 (Option 3)	Breast pump, electric (rental)	E0603
To obtain replacement supplies, your patient may contact Edgepark Medical Supplies at 1.800.321.0591	Breast pump, hospital grade	E0604 ⁵
	Supplies	A4281–A4286

4. This benefit is one of the recommendations issued by the Department of Health and Human Services (HHS) for preventive care services for women. Plans exercising their rights under the grandfather provision or for an exemption do not cover these services except for medical necessity. Consult Cigna resources for your patient's plan coverage.
5. HCPCS code E0604 requires precertification

Contraceptive services for women

The following contraceptive methods are covered for women with reproductive capacity.^{6,7}

Method/type	Examples	CPT/HCPCS codes
Services for insertion/removal of intrauterine devices, implants; fitting diaphragm or cervical cap		58300–58301, 11976, 11981–11983, 57170, S4981
IUD devices	Mirena, ParaGard, Skyla	J7302, J7300, J7301
Injection	Depot medroxyprogesterone acetate	J1050 (Use J1050 when physician administration is required; must be submitted with V25.49); 96372 (must be submitted with V25.49) ICD-10 code: Z30.42
Implants	Implanon, Nexplanon	J7307
Surgical sterilization procedures for women		58565, 58600, 58605, 58611, 58615, 58670, 58671, 00851, A4264, 88302 (must be submitted with V25.2 or V25.49) 58340, 74740 (follow-up confirmation procedure related to CPT 58565; must be submitted with V25.2 or V25.49) ICD-10 codes: Z30.2, Z30.42

- This benefit is one of the recommendations issued by the Department of Health and Human Services (HHS) for preventive care services for women. Plans exercising their rights under the grandfather provision or for an exemption do not cover these services under preventive care, but may or may not cover under normal medical benefits. Other plans meeting the criteria to exercise their right to a religious exemption do not cover these services; Cigna as insurance carrier covers it under a special plan as mandated by PPACA. Consult Cigna resources for your patient's plan coverage.
- Please refer to Cigna's "No Cost Preventive Medications by Drug Category" guide for information on drugs and products with no out-of-pocket cost to individuals, including Food and Drug Administration (FDA) approved female contraceptives; available at Cigna.com>About Cigna>Informed on Reform>Preventive Services.



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