

# Preventive Healthcare Age 19 +

Employees and family members with medical coverage\* through the Board of Pensions pay \$0 for covered preventive services from network providers, including recommended well-child and annual well-woman exams. See below for a list of covered preventive services for adults and the corresponding insurance codes. If a health condition is diagnosed during the exam, the visit will still qualify for preventive care coverage.

	Procedure	Frequency	Insurance code
General	Physical exams/Health guidance	Annually	99385-99387, 99395-99397, G0447
	Blood pressure screening	At each office visit	
	Pelvic/Breast exam	Annually	S0610, S0612, S0613
Screenings/ Procedures	Cholesterol screening	Annually	80061, 82465, 83718, 83721, 84478
	Fasting blood glucose	Screenings should start at age 45 at three-year intervals unless risk factors are involved	82947, 82948
	A1C	Annually for adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese)	82985, 83036, 83037, 84450, 84460
	Abdominal aortic aneurysm screening	One screening for men from ages 65-75 who have smoked	76706, G0389
	Lung cancer screening	Annual screening for adults from ages 50 to 80 who have 20 pack/year smoking history and currently smoke or have quit within the last 15 years	S8032
	Mammogram	Annually after age 40	76083, 76090, 76902, 77052, 77057, 77067, G0202, G0203, Y7608, Y7609
	BRCA mutation	One-time genetic assessment for breast and ovarian cancer susceptibility (as recommended by your physician); annual breast MRI if BRCA positive or immediate family of BRCA carrier but untested. As recommended by your physician for women meeting high-risk criteria.	81211-81217, S3818-S3820, S3822, S3823
	Pap test	Females 21-65: Every three years, or annually as recommended by your physician. Females 30-65: Can be done every five years if combined Pap and HPV are negative. Females over 65: As recommended by your physician.	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091, S8810, Z8810
	Gonorrhea, chlamydia, and syphilis screening	As recommended by your physician	86592, 86593, 86631, 86632, 86689, 86701-86703, 87110, 87270, 87320, 87389, 87490-87492, 87534-87539, 87590-87592, 87620, 87623-87625, 87660, 87806, 87808, 87810, 87850, 0500T,
	HIV screening	During pregnancy and as recommended by your physician	G0432, G0433, G0435, G0475, G0476, S3645,
	Bone mineral density screening	Every two years: women over age 65, men over age 70, and post-menopausal women who have had a fracture or have risk factors	76070, 76071, 76075, 76076, 76977, 77078, 77079, 77080, 77081, 78351, G0130
	Colorectal cancer screening	Beginning at age 45, annual screening with fecal occult blood test, sigmoidoscopy, or colonoscopy; as of June 1, 2022, diagnostic colonoscopy when performed within one year of a positive result obtained by another mandated non-invasive colon cancer screening.	44388, 44389, 44391, 44392, 44394, 45300, 45331, 45333, 45335, 45338, 45339, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45390, 45391, 45392, 45398, 74263, 81528, 82270, G0104, G0105, G0121, G0328
	Prostate cancer screening	Annually	84152, 84154, G0102, G0103, S0605
	Urinalysis	Annually	81000-81003, 81005
	Venipuncture	Annually	36415, 36416, G0001, S9529
	Complete blood count (CBC)	Annually	85025, 85027
	Hepatitis B screening	As recommended by your physician	86704-86706, 87340, 87341
Hepatitis C (HCV) screening	Age 18 and older as recommended by your physician	86803, 86804, 87520-87522, G0472, G0499	

(continued on next page)



# Preventive Healthcare Age 19 +

	Procedure	Frequency	Insurance code
Immunizations	<b>Tetanus/Diphtheria/Pertussis (Whooping Cough) (Tdap)</b>	Booster every 10 years and during each pregnancy	90698, 90700, 90701, 90703, 90714, 90715, 90718-90720
	<b>Measles/Mumps/Rubella (MMR)</b>	As recommended by your physician	90704-90708, 90710
	<b>Pneumococcal</b>	At-risk adults or at age 65: one to two doses as recommended by your physician.	90732
	<b>Influenza</b>	Annually	90630, 90653, 90654, 90656, 90658, 90659, 90661, 90662, 90672-90674, 90682, 90686, 90688, 90756, Q2033-Q2039
	<b>H. Influenza B (HIB)3</b>	One dose administered for functional or anatomic asplenia or sickle cell disease or 14 or more days before elective splenectomy if not received before. Three-dose regimen 6-12 months after successful hematopoietic stem cell transplant; 4 weeks between doses. Not recommended for adults with HIV infection.	90645-90648, 90721
	<b>H1N1</b>	As recommended by your physician	90470, G9141
	<b>Chickenpox</b>	One two-dose series for those who have not had chicken pox	90716
	<b>Hepatitis A</b>	One two-dose series	90632-90634, 90636
	<b>Hepatitis B</b>	One three-dose series	90723, 90739, 90740, 90744, 90746-90748, Q3021-Q3023
	<b>Meningococcal</b>	One dose per lifetime	90619, 90620, 90621, 90733, 90734
	<b>Human papillomavirus (HPV)</b>	Females 19-26: one three-dose series; beginning 7/1/2020, ages 27-45 at-risk per doctor's advice	90649, 90651
	<b>Zoster</b>	One dose as recommended by your physician	90736, 90750

This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit [pensions.org](https://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.

\*Triple-S and GeoBlue enrollees should consult their plans' provisions for information about covered preventive care services.