PREVENTIVE SERVICES
U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS

Policy

AllWays Health Partners (AllWays Health Partners) preventive care coverage complies with the Affordable Care Act (ACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated screenings.

The ACA 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 four 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 that became effective as applicable for health plans upon inception or renewal on or after August 1, 2012.

The U.S. Department of Health and Human Services also issued guidelines to ensure that all women have access to preventive health services necessary for women’s health and well-being. These guidelines require health plans and health insurance issuers to cover the recommended women’s preventive health services without charging a copayment, co-insurance, or deductible for in-network services.

Preventive Care Services

The ACA 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.
  [https://www.uspreventiveservicestaskforce.org/Page/Name/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 four immunization schedules.
  [https://www.cdc.gov/vaccines/hcp/acip-recs/index.html]
- Comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
  [https://www.hrsa.gov/womens-guidelines/index.html]
- 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...
Reimbursement

AllWays Health Partners follows the United States Preventive Services Task Force guidelines for appropriate preventive care. AllWays Health Partners offers USPSTF A and B recommended services with no member cost share when these services are administered by in-network doctors and hospitals.

Please reference the USPSTF site https://www.uspreventiveservicestaskforce.org/ for more information.

Also, please reference AllWays Health Partners guide to coverage at LINK.

Providers are reimbursed in accordance with the plan’s network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member’s benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider’s agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member’s benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located here.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to General Coding and Billing for more information.

All claims are subject to audit services and medical records may be requested from the provider.
AllWays Health Partners reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

*MassHealth members: entire policy applies*
*Commercial members: entire policy applies*

**AllWays Health Partners Reimburses**

Please refer to this link for the CPT codes that adhere to the guideline and authorization requirement:  
[AllWays Health Partners Preventive Grid](#)

**Provider Payment Guidelines and Documentation: USPSTF A and B Recommendations**

Correctly coding preventive care services are keys to receiving accurate payment for those services.

- Preventive care services must be submitted with an ICD-10 code that represents health services encounters that are not for the treatment of illness or injury. The ICD-10 code must be placed in the first diagnosis position of the claim form (see the list of designated codes in the following table for each preventive service)
- If claims for preventive care services are submitted with diagnosis codes other than those noted on this PPG, such as a diagnosis codes that represent treatment of illness or injury, the service will not be identified as preventive care and claims will be paid using their normal medical benefits rather than preventive care coverage
- Services rated “A” or “B” by the US Preventive Services Task Force (USPSTF)
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screens for children as recommended by Bright Futures (American Academy of Pediatrics) and Newborn Testing (American College of Medical Genetics)
- Preventive care and screenings provided for women supported by the Health Resources and Services Administration.

**Related AllWays Health Partners Payment Guidelines**
- [Evaluation and Management](#)
- [General Coding and Billing Modifiers](#)
- [Vaccines and Administrations](#)

**References**

AMA CPT Assistant Current Year
ACIP vaccination recommendations: https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
ACIP Resolution No. 06/09-3: MMRV vaccine recommendations:
ACIP Resolution No. 010/11-1: HPV vaccine recommendations:
https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html

Bright Futures Recommendations:
http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf

Additional Bright Futures information: https://brightfutures.aap.org/Pages/default.aspx

The USPSTF A and B Recommendations:
https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

The U.S. Preventive Services Task Force Recommendations, an A to Z Topic Guide:
http://www.uspreventiveservicestaskforce.org/uspstftopics.htm

The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children:
https://www.hrsa.gov/advisory-committees/heritable-disorders/about/index.html

Implementation Center for the Recommended Preventive Services:
https://www.healthcare.gov/coverage/preventive-care-benefits/

The regulations issued by the U.S. Departments of Health and Human Services (HHS) (47 CFR Part 147),
Labor (29 CFR Part 2590) and Treasury (26 CFR Part 54) are recorded in the Federal Register/ Vol. 75,

Clinical Preventive Services for Women, Closing the Gaps, July 19, 2011: Women’s Preventive Services
Recommended by IOM to be covered under Affordable Care Act:
https://www.nap.edu/resource/13181/reportbrief.pdf

Publication History

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 23, 2010</td>
<td>Original documentation</td>
</tr>
<tr>
<td>May 6, 2011</td>
<td>Authorization grid and modifier grids updated, documentation guidelines,</td>
</tr>
<tr>
<td></td>
<td>vaccine administration codes, references and disclaimer updated</td>
</tr>
<tr>
<td>May 17, 2011</td>
<td>Modifiers U1-U8 updated</td>
</tr>
<tr>
<td>August 8, 2011</td>
<td>Added chlamydial infection screening for all plan members, added limit to 16</td>
</tr>
<tr>
<td></td>
<td>sessions per calendar year for CPT 99406-9940, removed diagnosis requirement from CPT 96110.</td>
</tr>
</tbody>
</table>
July 27, 2012  
Annual review. Added Women’s Health and Well-Being Codes. Updated diagnosis and procedure codes, vaccine code table; added AllWays Health Partners does not reimburse (effective 10/01/2012), under: Diagnoses and Procedure Codes Applicable to Guideline: USPSTF A and B Recommendations. Effective: August 1, 2012

November 8, 2015  
Updated procedure codes, expanded policy language, added ICD-10 codes, FDA pending table added

February 1, 2018  
Document review; template update. Removal of coverage information

September 1, 2019  
Document restructure; codes, code descriptor and references updated Preventive Service Grid added.

January 24, 2020  
Updated Preventive Service Grid

June 05, 2020  
Updated Preventive Service Grid

June 11, 2020  
Updated Preventive Service Grid

November 11, 2020  
Updated Preventive Service Grid

January 12, 2021  
Updated Preventive Service Grid

April 12, 2021  
Updated Preventive Service Grid

August 04, 2021  
Updated Preventive Service Grid

September 20, 2021  
Updated Preventive Service Grid

October 13, 2021  
Updated Preventive Service Grid

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.
AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.