



## **2024 Be Healthy Preventive service benefits made for you.**

**Effective January 1, 2024**

Your health matters most.

Your plan covers preventive services and tests even when you're healthy. Here's a partial list of the services included in your comprehensive preventive service benefit.\*

- One preventive service exam per Covered Person (no age limitations) per plan year.
- One preventive visit to a Woman's Principal Healthcare Provider per plan year.
- Well-child care.
- The screenings, procedures and immunizations listed below, within the applicable preventive service benefit:
  - Blood sugar screening.
  - Cervical cancer screening (Pap smear).
  - Cervical cancer vaccine.
  - Childhood immunizations.
  - Chlamydia screening.
  - Cholesterol screening.
  - Colorectal cancer screening (flexible sigmoidoscopy, screening colonoscopy, fecal occult blood test, including FIT).

*NOTE: Benefits listed are accurate at the time of print. Additional information is available by logging into [hally.com](https://www.hally.com). For complete information about all the preventive benefits available to you, please see your Plan Document/Summary Plan Description or call us at the phone number on the back of your health plan ID card.*

\*Office visit copayment and/or coinsurance may apply.

A detailed listing of preventive service-covered procedures and services follows.

Procedure Codes            Descriptions

<b>Immunizations</b>	
90460, 90461, 90471–90474	Immunization administration
90632–90634	Hepatitis A
90636	HepA-HepB adult
90619, 90644, 90733, 90734	Meningococcal
90620, 90621	MenB
90647, 90648	Hib
90649	HPV quadrivalent 3 dose ages 9–26
90650, 90651	HPV bivalent 3 dose ages 9–26
90630, 90653–90658, 90660–90662, 90664, 90666–90668, 90672, 90673, 90674, 90682, 90685–90689, 90694, 90756, Q2034–Q2039	Influenza
90670, 90732	Pneumococcal
90680, 90681	Rotavirus
90380, 90381	RSV 2 years and younger
90696	DTaP-IPV ages 4–6
90697	DTap-IPV-Hib-HepB
90698	DTaP-Hib-IPV
90700	DTaP < 7 years
90702	DT < 7 years
90707	Measles, mumps and rubella (MMR)
90710	Measles, mumps, rubella and varicella vaccine (MMRV)
90713	Poliovirus (IPV)
90714	Td 7 years and older
90715	Tdap 7 years and older
90716	Varicella (VZV) – chicken pox
90723	DTaP-HepB-IPV
90750	Herpes Zoster (shingles) ages 50 and older
90739, 90740, 90743, 90744, 90746, 90747	Hepatitis B
90748	HepB-Hib
90759	Hepatitis B (Recombinant)
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
90480	Administration of COVID Vaccine
91304	COVID 12 years and older
91318, 91319, 91320, 91321, 91322	COVID
<b>Alcohol and/or Substance (other than Tobacco) Abuse Screenings and Brief Interventions</b>	
99408, 99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST and brief intervention (SBI) services)
G0442	Alcohol misuse screening
G0443	Brief face-to-face behavioral counseling for alcohol misuse
<b>Osteoporosis Screening</b>	
76977, 77080, 77081, G0130	DXA, bone density study

<b>Cholesterol</b>		
80061	Lipid profile	Once every 5 years ages 20 and older, and children at high risk
82465	Cholesterol, serum or whole blood, total	Once every 5 years ages 20 and older, and children at high risk
83718	Lipoprotein, direct measurement; high-density cholesterol (HDL cholesterol)	Once every 5 years ages 20 and older, and children at high risk
83721	Lipoprotein, direct measurement; LDL cholesterol	Once every 5 years ages 20 and older, and children at high risk
84478	Triglycerides	Once every 5 years ages 20 and older, and children at high risk
<b>Colorectal Cancer Screening</b>		
<b>All colorectal cancer screening tests require submission of a diagnosis code (Z12.10, Z12.11, Z12.12, or Z80.0) as determined appropriate for your situation, by your physician</b>		
G0104, G0106, 45330, 45331, 45338	Sigmoidoscopy	Once every 5 years ages 45–75
G0105, G0120, G0121, 45378, 45380, 45384, 45385, 45388	Colonoscopy	Once every 10 years ages 45–75
74263	Virtual colonoscopy	Once every 5 years ages 45-75. Requires health plan prior authorization
G0328, 82270, 82274	Fecal immunochemical test (FIT) and Fecal Occult Blood Tests (FOBT), including immunoassay	Annually starting at age 45
81528	At-home DNA stool test	Once every 3 years ages 45-75
<b>Diabetes</b>		
82947, 82950, 82951	Abnormal blood glucose and Type 2 Diabetes Mellitus screening	
83036	Hemoglobin A1C	With diagnosis code Z00.00, Z00.01 or Z13.1
<b>HIV</b>		
86689	Antibody, HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	Annually
86703	Antibody, HIV-1 and HIV-2, single assay	Annually
87389	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV2 antibodies, single result	Annually
87806	HIV-1 antigen with HIV-1 HIV-2 antibodies	Annually
G0432, G0433, G0435	Infection agent antibody detection	Annually
G0475	HIV antigen/antibody, combination assay, screening	Annually
<b>Services Related to HIV Pre-Exposure Prophylaxis (PrEP) Medication - Member must not be HIV infected to start PrEP therapy</b>		
80081, 86689, 86701–86703, 87389–87391, 87534–87539, 87806, G0432, G0433, G0435, G0475, S3645	HIV testing	Test prior to start of PrEP therapy, and then once every three months. With diagnosis code Z20.2 or Z20.6
36415	Venipuncture	With diagnosis code Z20.2 or Z20.6
81596, 86803, 87516, 87517, 87340, 87341, 87350, 87380, 87520–87522, 87901, 87902, 87906, 87910, 87912, G0472, G0499	Hepatitis B and C testing	Test prior to starting PrEP therapy, and then periodically monitor - in particular after PrEP is concluded - to ensure liver function returns to normal. With diagnosis code Z20.2 or Z20.6
82565, 82570, 82575, 0602T, 0603T	Creatinine testing	With diagnosis code Z20.2 or Z20.6

81025, 84702, 84703	Pregnancy testing	Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2 or Z20.6
0065U, 0210U, 86592, 86593, 86631, 86632, 86780, 87110, 87164, 87166, 87270, 87285, 87320, 87485–87487, 87490–87492, 87590–87592, 87810, 87850	Sexually Transmitted Infection Screening	Test for a baseline, and periodically thereafter while on PrEP. With diagnosis code Z20.2 or Z20.6
G0445, 99401–99404, 99411, 99412	Adherence counseling to ensure adherence to the prescribed medication and to maximize PrEP's effectiveness	With diagnosis code Z20.2 or Z20.6
<b>Men's Health</b>		
55250	Vasectomy *For Members on a Health Savings Account (HSA)-eligible High Deductible Health Plan (HDHP), your Plan Year Deductible must be met before this service is covered at no cost*	With diagnosis code Z30.2 (For contraceptive purpose)
A4267	Male condom	
76706	Ultrasound abdominal aortic aneurysm screening	Once for men ages 65–75 who have ever smoked
89320	Semen analysis post vasectomy *For Members on a Health Savings Account (HSA)-eligible High Deductible Health Plan (HDHP), your Plan Year Deductible must be met before this service is covered at no cost*	2 tests post vasectomy with diagnosis code Z30.8
<b>Newborns and Children</b>		
84030	Phenylalanine (PKU)	Newborns
84437, 84443	Congenital hypothyroidism screening	Infants ages 0-90 days old
85660	Sickle cell screening	Newborns
85014, 85018	Anemia test	Age 21 and younger. With diagnosis code Z00.121–Z00.129
83655	Lead screening	With diagnosis code Z00.121–Z00.129
80061, 82465, 83721, 84478	Dyslipidemia screening	Age 21 and younger for children at higher risk of lipid disorders. With diagnosis code Z00.121–Z00.129, Z13.220
S3620	Newborn metabolic screening panel	
<b>Sexually Transmitted Infections</b>		
G0445	Intensive behavioral counseling to prevent sexually transmitted infections. Includes education, skills training and guidance on how to change sexual behavior.	Annually, for all sexually active Members who are at an increased for sexually transmitted infections
86592–86593	Syphilis screening	Annually, with diagnosis code Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, or Z20.2
87270, 87320, 87490–87492, 87810	Chlamydia screening	Annually for women age 24 or younger, and in older women with increased risk of infection (with diagnosis code Z11.3)
87850, 87590–87592	Gonorrhea screening	Annually for women age 24 or younger, and in older women with increased risk of infection (with diagnosis code Z11.3)
87623–87625, G0476	Papillomavirus (HPV) testing	Screening by DNA testing for women age 30 and over, once every five years
<b>Women's Health</b>		
P3000, P3001, Q0091	Pap smear	Once every three years for females age 21-65
G0123, G0124, G0141, G0143–G0145, G0147, G0148	Screening cytopathology, cervical or vaginal	Once every three years for females age 21-65
88141–88143, 88147, 88148, 88150, 88152–88155, 88164–88167, 88174, 88175	Cytopathology, cervical or vaginal	Once every three years for females age 21-65

G0101	Clinical breast exam	
S9443, 99401, 99402, 99403, 99404, 99411, 99412, 98960, 98961, 98962, 99202–99205, 99212–99215, 96156, 96158, 96159, 96164, 96165, 96167, 96187, 96168, 96170, 96171, S9443, A4281–A4286	Breastfeeding services and supplies and lactation support	This benefit is available during the antenatal, perinatal and postpartum period. With diagnosis code Z39.1, O91.02, O91.03, O91.12, O91.13, O91.22, O91.23, O92.03, O92.13, O92.29, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, Q83.8, R20.3, B37.2, or L01.00. Quantities for equipment and supplies may be limited based on reasonable medical management.
E0602, E0603	Manual or Electric Breast Pump	Once per pregnancy
<b>Women's Health - Contraceptive Management** (with contraceptive purpose diagnosis)</b>		
A4261	Cervical cap for contraceptive use	
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
A4268	Contraceptive supply, condom, female	
A4266	Diaphragm for contraceptive use	
S4989, J7296–J7298, J7301	Contraceptive intrauterine device (IUD), including implants and supplies	
J7307	Contraceptive non-biodegradable drug implant and supplies	
J1050, 96372	Medroxyprogesterone acetate and administration	
11982, 11983	Insertion and removal of non-biodegradable implant	
57170	Diaphragm or cervical cap fitting with instructions	
58300, 58301	Insertion and removal of intrauterine device (IUD)	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	
58600, 58605, 58611	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transaction)	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip or Falope ring)	
<b>Women's Health - Breast Cancer Screening</b>		
76641, 77046–77049, C8903, C8905	Breast Ultrasound and MRI *For Members on a Health Savings Account (HSA)-eligible High Deductible Health Plan (HDHP), your Plan Year Deductible must be met before this service is covered at no cost*	Once per year ages 35 and up with diagnosis code Z12.39
77063, 77067	Screening mammography	Once a year ages 35 and older
96040	Medical genetics counseling and evaluation (for BRCA)	For women whose personal or family history of breast, ovarian, tubal or peritoneal cancer is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes; with diagnosis code Z80.3, Z80.41, C57.01, C57.02, Z85.3, Z85.43, Z85.44, Z85.89, Z15.01
<b>Women's Health - Obstetric Exams and Screening (with maternity diagnosis)</b>		
80055, 80081	Obstetric profile	
81000–81002	Urinalysis	
82950, 82951	Gestational Diabetes Mellitus screening	
83540	Iron (Anemia screening)	
85007, 85009	Differential WBC count	
85025, 85027	Automated hemogram (Anemia screening)	
86762	Antibody, rubella	
86850, 86900, 86901	Rh(D) Incompatibility screening	
87086, 87088	Urine culture/colony count; urine bacteria	
87340, 87341	Hepatitis B surface antigen detection	
85004	Blood count; automated differential WBC	

<b>Tobacco Use Cessation</b>		
99406, 99407	Smoking and tobacco use cessation counseling visit	
<b>Miscellaneous</b>		
86480, 86481, 86580	Tuberculosis (TB) screening	For adults and children at higher risk of tuberculosis with diagnosis code Z00.00, Z00.129, or Z11.1
92551	Hearing screening, pure tone	Age 21 and younger
G0444	Depression screening	
96127	Behavioral assessment	
G0446	Face-to-face intensive behavioral therapy to reduce CVD risk	Annually
G0447	Face-to-face behavioral counseling for obesity, individual	For adults and children age 6 and older
G0473	Face-to-face behavioral counseling for obesity, group (2–10 people)	For adults and children age 6 and older
G0499	Hepatitis B screening	For Members at high risk for infection
G0472, 86803	Hepatitis C screening	Annually
99173	Vision screening	Ages 0–21 years
96160	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	
96110	Developmental testing	
99188	Application of fluoride varnish	Ages 0-6 years
G0296	Visit to determine low dose CT eligibility	With diagnosis code Z87.891
71271	Low dose CT for lung cancer screening	Annually ages 50–80 for Members with a 20 pack-year smoking history and currently smoke or who have quit within the past 15 years
99201, 99202, 99203, 99211, 99212 or 99213	Visit for purpose of whole body skin examination for skin cancer screening. *For Members on a Health Savings Account (HSA)-eligible High Deductible Health Plan (HDHP), your Plan Year Deductible must be met before this service is covered at no cost*	Annually with dx code Z12.83
99473, 99474	High blood pressure screenings (to obtain measurement outside of the clinical setting for diagnostic confirmation before starting treatment)	For adults ages 18 and older with diagnosis code R03.0
<b>Preventive Care Exams</b>		
99381–99387, 99391–99397	Preventive medicine services (well-child care, annual physicals and annual well-woman visits)	
99401–99404, 99411, 99412	Preventive counseling	

If you have any questions about your preventive service benefit, please call the number on the back of your health plan ID card, Monday through Friday, 8 a.m. – 5 p.m.

\*Members enrolled in a High Deductible Health Plan (HDHP) intended to be paired with a health savings account (HSA), must satisfy their Plan Year Deductible specified on the Description of Coverage and/or the SBC and as defined in the Policy in order for the asterisk-noted services to be covered at no cost sharing to the Member. This limitation is designed to preserve the Member's eligibility for certain federal tax benefits associated with HSAs under federal tax law.

\*\*For Members with pharmacy benefits, a listing of preventive drugs covered at the pharmacy, including contraceptives, can be found at [HealthAlliance.org](http://HealthAlliance.org).