



## Women’s Preventive Health Services Addendum to the Highmark 2023 Preventive Health Guidelines

Effective Date: Non-grandfathered Plan Year Renewals Beginning*	Guideline	Description
8/1/2012	<b>Well Woman Visits</b>	<p>Well woman preventive care visits annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate</p> <ul style="list-style-type: none"> <li>Up to four wellness visits annually for women: two visits with a Primary Care Physician (PCP) and two visits with an Obstetrician/Gynecologist Physician with a routine diagnosis</li> <li>The initial visit to determine pregnancy defined as E&amp;M procedure codes 99201-99215 when accompanied by diagnosis codes 626.0 and V22.0 or V22.1</li> </ul>
8/1/2012	<b>Sexually Transmitted Infections (STI) Counseling</b>	<p>Counseling on STI for all sexually active women Up to two counseling sessions per year for women with code G0445 when accompanied by a routine diagnosis</p>
8/1/2012  Already included in 2013 Preventive Health Guidelines	<b>Human Immune-deficiency Virus (HIV) Counseling Human Immune-deficiency Virus (HIV) Screening</b>	<p>Counseling for HIV infection for all sexually active women Up to two counseling sessions per year for women with code 99401, 99402, 99403, or 99404 when accompanied by V65.44</p> <p>HIV screening test with a routine diagnosis code 2022 Clarified Language – already a benefit</p>

		<ul style="list-style-type: none"> <li>- ages 15 and older, receive a screening test for HIV at least once during their lifetime</li> <li>- risk assessment and prevention education for HIV infection beginning at age 13</li> <li>- screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors</li> </ul>
<b>Effective Date: Non-grandfathered Plan Year Renewals Beginning</b>	<b>Guideline</b>	<b>Description</b>
<b>Already included in the Preventive Health Guidelines</b>	<b>Breastfeeding Counseling</b>	Breast feeding counseling for women with code 99401, 99402, or 99403 when accompanied by V24.1
<b>8/1/2012</b>	<b>Breast Feeding Supplies</b>	Breastfeeding equipment (breast pumps) in conjunction with each birth Breast pumps are DME items requiring a prescription The benefit includes manual E0602 and electric E0603 breast pumps and A4281, A4282, A4283, A4284, A4285, and A4286 supplies
<b>8/1/2012</b>	<b>Gestational Diabetes Screening</b>	Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes with code 82947, 82950, 82951, 82952 or 83036 When accompanied by V22.0, V22.1, or V.22.2
<b>Already included in the Preventive Health Guidelines</b>	<b>HPV Screening Test</b>	HPV screening is recommended once every three years for women ages 30 and older with normal PAP cytology results with code 87620, 87621, or 87622 when accompanied by a routine diagnosis
<b>Already included in the Preventive Health Guidelines</b>	<b>Screening and Counseling for Interpersonal and Domestic Violence</b>	Integral to the physical exam

<b>8/1/2012</b>	<b>**Contraceptive and Sterilization Services</b>	Food and Drug Administration (FDA) approved contraceptive methods, including sterilization and procedures as prescribed.
<b>1/1/2019</b>	<b>Postpartum Diabetes Screening</b>	<p>Recommends women with a 1) a history of gestational diabetes mellitus and 2) who are not currently pregnant and 3) who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy. For women with a positive postpartum screening test result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test (e.g., oral glucose tolerance test, fasting plasma glucose, or hemoglobin A1c). Repeat testing is indicated in women who were screened with hemoglobin A1c in the first six months postpartum regardless of the result.</p> <p>Coding: no pregnancy diagnosis, no diabetes diagnosis: with diagnosis code Z86.32 or Z87.59: procedure codes 82947, 82950, 82951, 82952, 83036: frequency: 2 annually, no age limits.</p>
<b>1/1/2019</b>	<b>Urinary Incontinence Screening</b>	<p>Integral to the Well Women Visits</p> <p>Screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women’s Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated. Urinary incontinence is defined as involuntary leakage of urine, such as with coughing or sneezing.</p>
<b>1/1/2021</b>	<b>Screening for Anxiety</b>	The Women’s Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant

		or postpartum.
<b>1.1.2023</b>	<b>Nutritional Counseling</b>	Ages 40 - 60 years with normal BMI and overweight BMI for prevention of obesity in midlife women

\*Grandfathered plans are health care plans that were established before March 23, 2010, and have not changed their benefit structure.

Certain PPACA provisions differ or do not apply to these plans. However, grandfathered employers may opt to cover these benefits.

**Providers should always check the NaviNet Eligibility and Benefits function or utilize the ASC X12 270/271 Eligibility Benefits Inquiry and Response transactions, each time a member presents for service.**

\*\*\*\*FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One or more forms of contraception in each of the 18 FDA-approved methods, as well as any particular service or FDA approved, cleared or granted contraceptive product that an individual's provider determines is medically appropriate, are covered without cost sharing. Exception Process: Your provider may request an exception for use of a prescribed nonformulary contraception drug due to medical necessity by completing the online request form. When approved, the prescribed drug will then be made available to you with zero-dollar cost share. An initial 'Fail First' is not required, only provider determined medical necessity is needed when completing the exception form. The provider may note if there was a failed initial formulary drug, however it is not necessary for the formulary exception process for contraceptive drugs. [<https://hdebcbs.highmarkprc.com/Forms/Pharmacy-Prior-Authorization-Forms>]. Only FDA approved contraception apps, which are not part of the 18 method categories, and are available for download to a cell phone are reimbursable through the paper claim process with a prescription. Members need to submit three documents to obtain reimbursement; 1) completed the paper Claim Form: [[https://www.highmarkbcbs.com/redesign/pdfs/mhs/Medical\\_Claim\\_Form.pdf](https://www.highmarkbcbs.com/redesign/pdfs/mhs/Medical_Claim_Form.pdf)] Under section DIAGNOSIS OR NATURE OF ILLNESS OR INJURY – write "contraception app purchase" 2) receipt of payment for the FDA approved contraception app, 3) provider prescription for the FDA approved contraception app.