

# Private Payer Coding Guide

Due to the Affordable Care Act (ACA), when physicians order certain evidence-based preventive services for patients, the insurance company may cover the cost of the service, with the patient having no cost-sharing responsibility (zero-dollar). The ACA requires that most private insurance plans provide zero-dollar coverage for the preventive services recommended by four ACA designated organizations (the **U.S. Preventive Services Task Force (USPSTF)**, the **Advisory Committee on Immunization Practices (ACIP)**, **Women's Preventive Services Initiative**, and **Bright Futures**).

As coverage is directly aligned with these evidence-based recommendations, it is important to recognize which patient populations are eligible for each preventive service without cost-sharing and which patients may require cost-sharing for the same services. This Private Payer Coding Guide helps physicians ensure that they are coding services correctly to be eligible for zero-dollar coverage. Click [here](#) for more information.

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	<b>76706</b>	Yes
Aspirin preventive medication: adults aged 50 to 59 years with a $\geq 10\%$ 10-year cardiovascular risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	<b>N/A</b>	Yes
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	<b>87081, 87084, 87086 or 87088</b>	Yes
Blood pressure screening: adults	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	<b>99385-99387; 99395-99397</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	<b>81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81167, 81217</b>	Yes
Breast cancer preventive medications	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	<b>99401-99404</b>	Yes
Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	<b>77065, 77066, 77067</b>	Yes
Breastfeeding interventions	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	<b>99401-99404</b>	Yes
Cervical cancer screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	<b>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174,</b>	Yes
Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	<b>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	Fecal occult blood testing: <b>82270, 82274</b> Oncology (colorectal) screening: <b>81528</b> Sigmoidoscopy <b>45330-45350</b> Colonoscopy <b>44388-45398</b>	Yes
Dental caries prevention: infants and children up to age 5 years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	<b>99188</b>	Yes
Depression screening: adolescents	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>96127</b>   May also be part of a comprehensive preventive visit <b>(99384-99385, 99394-99395)</b>	Yes
Depression screening: adults	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>96127</b>   May also be part of a comprehensive preventive visit <b>(99381-99387, 99391-99397)</b>	Yes
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	<b>82947 or 83036</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Falls prevention: older adults	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	<b>97110, 97112, 97116, 97530</b>	Yes
Folic acid supplementation	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	<b>Typically a pharmacy benefit</b>	Yes
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	<b>82947, 82948, 82950, 82951, 82952</b>	Yes
Gonorrhea prophylactic medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	<b>Typically included as part of delivery</b>	Yes
Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	<b>87590, 87591, 87592, 87850</b>	Yes
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	<b>97802, 97803, 97804</b>	Yes
Hemoglobinopathies screening: newborns	The USPSTF recommends screening for sickle cell disease in newborns.	<b>83020, 83021</b>	Yes
Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	<b>86704, 86705, 86706, 86707, 87340, 87341</b>	Yes
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	<b>80055, 80081</b>	Yes
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	<b>86803, 87520, 87521, 87522</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	<b>86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806</b>	Yes
HIV screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	<b>86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806</b>	Yes
Hypothyroidism screening: newborns	The USPSTF recommends screening for congenital hypothyroidism in newborns.	<b>84436, 84437, 84439, 84443</b>	Yes
Intimate partner violence screening: women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.	May be included in a comprehensive preventive visit ( <b>99381-99387, 993941-99397</b> ) or preventive counseling visit ( <b>99401-99404</b> )	Yes
Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	<b>NA</b>	Yes
Obesity screening and counseling: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	<b>97802, 97803, 97804</b>	Yes
Obesity screening: children and adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	<b>97802, 97803, 97804</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Osteoporosis screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.	<b>76977, 77078, 77080, 77081, 77085</b>	Yes
Osteoporosis screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	<b>76977, 77078, 77080, 77081, 77085</b>	Yes
Perinatal depression: counseling and interventions	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	<b>96161</b>	Yes
Phenylketonuria screening: newborns	The USPSTF recommends screening for phenylketonuria in newborns.	<b>84030</b>	Yes
Preeclampsia prevention: aspirin	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	<b>Typically a pharmacy benefit</b>	Yes
Preeclampsia: screening	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	<b>Typically part of prenatal care visit</b>	Yes
Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	<b>80055, 80055, 80081, 86850, 86901</b>	Yes
Rh incompatibility screening: 24–28 weeks' gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	<b>80055, 80055, 80081, 86850, 86901</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	May be included in a comprehensive preventive visit ( <b>99381-99387, 99391-99397</b> ) or preventive counseling visit ( <b>99401-99404</b> )	Yes
Skin cancer behavioral counseling	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	May be included in a comprehensive preventive visit ( <b>99383-99387, 99393-99397</b> )	Yes
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	Adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	<b>Typically a pharmacy benefit</b>	Yes
Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	<b>86592, 86593, 86780</b>	Yes
Syphilis screening: pregnant women	The USPSTF recommends early screening for syphilis infection in all pregnant women.	<b>80055, 80081, 86592, 86593, 86780</b>	Yes
Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	<b>99406, 99407</b>	Yes
Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	<b>99406, 99407</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Tobacco use interventions: children and adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	May be included as part of preventive counseling ( <b>99381-99384</b> ) or comprehensive preventive medicine visit ( <b>99391-99394</b> ) or preventive counseling ( <b>99401-99404</b> )	Yes
Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	<b>86480, 86481, 86580</b>	Yes
Unhealthy alcohol use: adults	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	<b>99408, 99409</b>	Yes
Unhealthy drug use: adults	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.	<b>99408, 99409</b>	Yes
Vision screening: children	The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.	<b>99173, 99174, 99177</b>	Yes
Hearing Screening	Bright Futures: Hearing Tests: Recommended at ages: Newborn; Between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; Once between age 11-14 years; Once between age 15-17 years; Once between age 18-21 years; Also recommended for those that have a positive risk assessment.	<b>92551, 92552, 92567</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Developmental/Autism Screening and Emotional/Behavioral Assessment	Bright Futures: A formal, standardized developmental screen is recommended during the 9 month visit. A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. A formal, standardized autism screen is recommended during the 24 month visit. A formal, standardized developmental screen is recommended during the 30 month visit.	<b>96110, 96127</b>	Yes
Psychosocial / Behavioral Assessment	Bright Futures recommends physicians conduct psychosocial / behavioral assessment at each of the recommended visits between newborn–21 years.	See the appropriate preventive medicine visit code: • Initial comprehensive ( <b>99381–99387</b> ), • Periodic ( <b>99391–99397</b> ) preventive medicine evaluation • Preventive counseling ( <b>99401–99404, 99411, 99412</b> )	Yes
Anemia Screening in Children	Bright Futures recommends anemia screening at 12 months with additional screenings recommended periodically for patients determined to be at risk.	Anemia Screening in Children: <b>85014, 85018</b> Blood Draw: <b>36415, 36416</b>	Yes
Lead Screening	Bright Futures: Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo.	Lead Screening: <b>83655</b> Blood Draw: <b>36415, 36416</b>	Yes
Dyslipidemia Screening	Bright Futures: Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9–11 years; once between age 17–21 years	Dyslipidemia Screening Lab Work: <b>80061, 82465, 83718, 83719, 83721, 83722, 84478</b> Blood Draw: <b>36415, 36416</b>	Yes
Vaccines for Children Program		See the appropriate CPT related vaccine and administration code	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Wellness Examinations		See the appropriate preventive medicine visit code: • Initial comprehensive ( <b>99381-99387</b> ), • Periodic ( <b>99391-99397</b> ) preventive medicine evaluation • Preventive counseling ( <b>99401-99404, 99411, 99412</b> ) • Newborn Care <b>99461</b>	Yes
Urinary Incontinence Screening	The Women's Preventive Services Initiative recommends 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.	May be included as part of preventive counseling ( <b>99381-99387</b> ) or comprehensive preventive medicine visit ( <b>99391-99397</b> ) or preventive counseling ( <b>99401-99404</b> )	Yes
Diabetes Mellitus After Pregnancy Screening	The Women's Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and 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	<b>82947 or 83036</b>	Yes
Contraception	The Women's Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (eg, management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method)	May be included as part of preventive counseling ( <b>99381-99387</b> ) or comprehensive preventive medicine visit ( <b>99391-99397</b> ) or preventive counseling ( <b>99401-99404</b> )	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Well Woman Visit	The Women's Preventive Services Initiative recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors.	May be included as part of preventive counseling ( <b>99381-99387</b> ) or comprehensive preventive medicine visit ( <b>99391-99397</b> ) or preventive counseling ( <b>99401-99404</b> )	Yes
Vaccine: Anthrax	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90581</b>	Yes
Vaccine: BCG	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/ HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90585</b>	Yes
Vaccine: Cholera	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/ HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90625</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Vaccine: DTaP/Tdap/Td	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90696, 90697, 90698, 90700, 90714, 90715, 90723</b>	Yes
Vaccine: Hepatitis A	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90632, 90633, 90634, 90636</b>	Yes
Vaccine: Hib	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90644, 90647, 90648, 90697, 90698, 90748</b>	Yes
Vaccine: HPV	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90649, 90650, 90651</b>	Yes

<b>Preventive Service</b>	<b>Applicable Patient Population</b>	<b>CPT Codes</b>	<b>Use Modifier 33</b>
Vaccine: Influenza	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90662, 90756, 90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689</b>	Yes
Vaccine: Japanese Encephalitis	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90738</b>	Yes
Vaccine: Measles, Mumps and Rubella	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90707, 90710</b>	Yes
Vaccine: MMRV	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90710</b>	Yes

<b>Preventive Service</b>	<b>Applicable Patient Population</b>	<b>CPT Codes</b>	<b>Use Modifier 33</b>
Vaccine: Meningococcal	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90620, 90621, 90644, 90733, 90734</b>	Yes
Vaccine: Pneumococcal	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90670, 90732</b>	Yes
Vaccine: Polio	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90713</b>	Yes
Vaccine: Rabies	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90375, 90376, 90675, 90676</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Vaccine: Rotavirus	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90680, 90681</b>	Yes
Vaccine: Smallpox (Vaccinia)	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90393</b>	Yes
Vaccine: Typhoid	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90690, 90691</b>	Yes
Vaccine: Varicella (Chickenpox)	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90396, 90716</b>	Yes

Preventive Service	Applicable Patient Population	CPT Codes	Use Modifier 33
Vaccine: Yellow Fever	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90717</b>	Yes
Vaccine: Zoster (Shingles)	The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR).	<b>90736, 90750</b>	Yes