



# Women's Preventive Services



## Filing Claims

Many women with Affordable Care Act (ACA)-compliant plans have benefits that cover two preventive/wellness visits per year – one with their primary care provider (PCP) and one with their OB-GYN.

There should be no cost for these preventative visits for members with ACA-compliant plans.

The ICD-10 code submitted is the key to making sure benefits are applied correctly.

Refer to the charts below for guidance when filing claims for a new patient versus an established patient when two preventive/wellness visits are allowed per calendar year:

Established Patient		
CPT/HCPCS	ICD-10 Diagnosis	
99393-99397, G0439, S0612 or S0613	PCP	Z00.00 or Z00.01
	OB-GYN	Z01.411 or Z01.419

New Patient		
CPT/HCPCS	ICD-10 Diagnosis	
99383-99387, G0438 or S0610	PCP	Z00.00 or Z00.01
	OB-GYN	Z01.411 or Z01.419

PCP Preventive Visits (allowed one per calendar year)	
ICD-10	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings

OB-GYN Preventive Visits (allowed one per calendar year)	
ICD-10	Description
Z01.411	Encounter for gynecological examination (general/routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general/routine) without abnormal findings

## Eligibility and Benefits

Be sure to check eligibility and benefits to verify that the patient has an ACA-compliant plan. You can find this information in the Routine Services section of the Summary Plan Description.

For more information:



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ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).