hally®

2023 Be Healthy Preventive service benefits made for you.

Effective January 1, 2023

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. 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
Immunizations	
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, 90650–90651	HPV quadrivalent 3 dose ages 9–26
	HPV bivalent 3 dose ages 9–26
90630, 90653–90658, 90660–90662, 90664, 90666–	Influenza
90668, 90672, 90673, 90674, 90682, 90685–90689,	
90694, 90756, Q2034–Q2039	
90670, 90732	Pneumococcal
90680-90681	Rotavirus
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)
60008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
	cco) Abuse Screenings and Brief Interventions
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
Osteoporosis Screening	
76977, 77080, 77081, G0130	DXA, bone density study

Cholesterol		
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
Colorectal Cancer Screening All colorectal cancer screening tests require Z12.11, Z12.12, or Z80.0) as determined app		
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
Diabetes		
82947, 82950–82951	Abnormal blood glucose and T screening	Type 2 Diabetes Mellitus
83036	Hemoglobin A1C	With diagnosis code Z00.00, Z00.01 or Z13.1
HIV		1
86689	Antibody, HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	Annually
86703	Antibody, HIV-1 and HIV-2, single assay	Annually

07200		
87389	Infectious agent antigen	Annually
	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	
87806	HIV-1 antigen with HIV-1	Annually
	HIV-2 antibodies	
G0432, G0433, G0435	Infection agent antibody	Annually
	detection	
G0475	HIV antigen/antibody,	Annually
	combination assay, screening	
SERVICES RELATED TO HIV PRE-EXPOSUR Member must not be HIV Infected to start Pre-		
80081, 86689, 86701-86703, 87389-87391, 87534-	HIV testing	Test prior to start of PrEP
87539, 87806, G0432, G0433, G0435, G0475, S3645		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,	Hepatitis B and C testing	Test prior to starting PrEP
87380, 87520-87522, 87901, 87902,87906, 87910,		therapy, and then
87912, G0472, G0499		periodically monitor - in
		particular after PrEP is
		concluded - to ensure liver
		function returns to normal.
		With diagnosis code Z20.2
82565, 82570, 82575,	Creatinine testing	or Z20.6 With diagnosis code Z20.2
0602T, 0603T	Creatinine testing	6
AND A CONTRACT OF A DECEMBER O		or 720.6
		or Z20.6
	Pregnancy testing	
81025, 84702, 84703	Pregnancy testing	Test before beginning PrEP
	Pregnancy testing	Test before beginning PrEP therapy and during therapy.
	Pregnancy testing	Test before beginning PrEP
	Pregnancy testing Sexually Transmitted	Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2
81025, 84702, 84703 0065U, 0210U, 86592, 86593, 86631, 86632, 86780, 87110, 87164, 87166, 87270, 87285, 87320, 87485-		Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2 or Z20.6
81025, 84702, 84703 0065U, 0210U, 86592, 86593, 86631, 86632, 86780,	Sexually Transmitted	Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2 or Z20.6 Test for a baseline, and periodically thereafter while on PrEP. With
81025, 84702, 84703 0065U, 0210U, 86592, 86593, 86631, 86632, 86780, 87110, 87164, 87166, 87270, 87285, 87320, 87485-	Sexually Transmitted	Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2 or Z20.6 Test for a baseline, and periodically thereafter while on PrEP. With diagnosis code Z20.2 or
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81025, 84702, 84703 0065U, 0210U, 86592, 86593, 86631, 86632, 86780, 87110, 87164, 87166, 87270, 87285, 87320, 87485-	Sexually Transmitted	Test before beginning PrEP therapy and during therapy. With diagnosis code Z20.2 or Z20.6 Test for a baseline, and periodically thereafter while on PrEP. With diagnosis code Z20.2 or

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
Men's Health		
55250 A4267	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* Male condom	With diagnosis code Z30.2 (For contraceptive purpose)
		On for man area (5, 75
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
Newborns and Children		
84030	Phenylalanine (PKU)	Newborns
84437, 84443	Congenital hypothyroidism screening	Infants ages 0-90 days old
85660	Sickle cell screening	Newborns
85014, 85018 83655	Anemia test Lead screening	Age 21 and younger With diagnosis code Z00.121–Z00.129 With diagnosis code
85055		Z00.121–Z00.129
80061, 82465, 83721,	Dyslipidemia screening	Age 21 and younger for children at higher risk of
84478		lipid disorders With diagnosis code Z00.121– Z00.129, Z13.220
S3620	Newborn metabolic screening	lipid disorders With diagnosis code Z00.121– Z00.129, Z13.220
S3620 Sexually Transmitted Infections		lipid disorders With diagnosis code Z00.121– Z00.129, Z13.220 panel
\$3620	Newborn metabolic screening Intensive behavioral counseling to prevent sexually transmitted infections. Includes education, skills training and guidance on how to change sexual behavior.	lipid disorders With diagnosis code Z00.121– Z00.129, Z13.220

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
67650, 67570 67572	Sonormea sereening	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
Women's Health		over, once every five years
P3000–P3001, Q0091	Pap smear	Once every three years for
1 3000-1 3001, 20091	•	females age 21-65
G0123, G0124, G0141, G0143–G0145, G0147–G0148	Screening cytopathology,	Once every three years for
	cervical or vaginal	females age 21-65
88141–88143, 88147, 88148, 88150, 88152–88155,	Cytopathology, cervical or	Once every three years for
88164–88167, 88174–88175	vaginal	females age 21-65
G0101	Clinical breast exam	
\$9443	Lactation classes (breast feeding	<u> </u>
E0603	Double electric breast pump	Once per pregnancy
Women's Health - Contraceptive Management		
(Includes contraceptive counseling, initiation	n of contraceptive use, an	id follow-up care)
A4261	Cervical cap for contraceptive	
A4264	Permanent implantable contraceptive intratubal occlusion	
1 10(0	device(s) and delivery system	
A4268 A4266	Contraceptive supply, condom	
S4989, J7296–J7298, J7301	Diaphragm for contraceptive u Contraceptive intrauterine devi	
54989, J7290–J7298, J7501	implants and supplies	ice (IOD), including
J7307	Contraceptive non-biodegradal	ble drug implant and supplies
J1050, 96372	Medroxyprogesterone acetate a	
11982, 11983	Insertion and removal of non-b	
57170	Diaphragm or cervical cap fitti	
58300, 58301	Insertion and removal of intrauterine device (IUD)	
58565	Hysteroscopy, surgical; with bilateral fallopian tube	
	cannulation to induce occlusion	n by placement of permanent
50(00 50(05 50(1)	implants	· (1() 11 · 1
58600, 58605, 58611	Ligation or transaction of fallo vaginal approach, unilateral or	
58615	Occlusion of fallopian tube(s)	
	Falope ring) vaginal or suprapi	
58670	Laparoscopy, surgical; with fu	lguration of oviducts (with
	or without transaction)	
		alusion of oviduate by
58671	Laparoscopy, surgical; with oc	
58671	Laparoscopy, surgical; with oc device (e.g., band, clip or Falo	
58671		
58671		

Women's Health - Breast Cancer Scr	eening		
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	
77067, 77063	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	
Women's Health - Obstetric Exams a	nd Screening (with maternity dia	ignosis)	
80055, 80081	Obstetric profile		
81000-81002	Urinalysis		
82950-82951	Gestational Diabetes Mellitus	screening	
83540	Iron (Anemia screening)	U	
85007, 85009	Differential WBC count		
85025, 85027	Automated hemogram (Anem	Automated hemogram (Anemia screening)	
86762	Antibody, rubella		
86850, 86900-86901	Rh(D) Incompatibility screeni	ng	
87086, 87088	Urine culture/colony count; ur	ine bacteria	
87340-87341	Hepatitis B surface antigen de	tection	
85004	Blood count; automated differ	ential WBC	
Tobacco Use Cessation			
99406, 99407	Smoking and tobacco use cess	ation counseling visit	
Miscellaneous			
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 assessme 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
Preventive Care Exams		
99381–99387, 99391–99397	Preventive medicine services (physicals and annual well-won	
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, daily from 8 a.m. to 5 p.m. local time. Voicemail is used on holidays and weekends, April 1 to September 30.

*For Covered Persons with pharmacy benefits, a listing of contraceptives covered at the pharmacy can be found at your plan's website.