

## ISSUE BRIEF

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# Utilization of Preventive Care by Blue Cross Blue Shield Individual Marketplace Members

## EXECUTIVE SUMMARY

Preventive care saves lives and saves money. Access to zero-cost screenings, counseling services and preventive medications is critical to improving overall health, detecting health concerns early and saving members on costly hospital stays and doctor's visits.

Using Blue Cross and Blue Shield (BCBS or Blue) companies' (Plans) claims data, this issue brief highlights utilization patterns of individual marketplace members. Key findings include:

- In 2023, for the 5.6 million individual market members included in this study, 18.8 million visits included preventive services.
- There were no out-of-pocket costs for members for nearly three-quarters of preventive services visits. BCBS Plans covered over \$1.5 billion in preventive care costs for individual marketplace members, spending \$267 on preventive services per member.
- Members primarily utilized services for chronic condition prevention and health promotion (e.g. routine physicals). There were 1.7 million diabetes screenings, 2.2 million cholesterol screenings, and 1.3 million hypothyroidism screenings among individual market members.
- Individual market members tend to be older and more socially vulnerable compared to the commercially insured population. Preventive care utilization is highest among the youngest (0–9 years, 65%) and oldest (60–69 years, 68%) individual market members. Utilization decreases as social vulnerability increases: 65% in the lowest social vulnerability index (SVI) quartile used preventive care, versus 50% in the highest.
- When compared to the employer-provided coverage (EPC) population, disparities are more pronounced among older and more socially vulnerable groups, with EPC members in the highest SVI quartile having notably higher utilization than their individual marketplace counterparts.

Preventive care is linked to early detection, promotes improved long-term health outcomes, and helps manage health care costs. Maintaining affordable individual marketplace coverage is crucial for continued access. Loss of supports like first-dollar coverage, where preventive services are not subject to a deductible, could reduce utilization and worsen health outcomes.

## BACKGROUND

Under the current law, most commercial insurance plans are required to cover certain preventive services without any cost-sharing from patients. In 2024, health insurance coverage reached an all-time high, which has enabled millions of Americans to affordably access preventive services.

When physicians order evidence-based preventive services for patients, such as screenings (for certain diseases) or vaccinations, insurance companies cover the cost for “A” and “B” recommendations by the U.S. Preventive Services Task Force (USPSTF), without consumers paying anything out-of-pocket for those services. This provision aims to encourage people to receive preventive care, which can ultimately lead to better health outcomes and lower health care costs in the long term.

This issue brief highlights utilization of preventive care services to illustrate the benefits of health insurance coverage. This analysis also compares utilization by individual marketplace members to an EPC benchmark population to showcase how coverage encourages uptake of health-improving preventive care services.

## POLICY CONSIDERATIONS

Preventive care plays an important role in improving health outcomes through early detection to prevent future health problems. An estimated 60% of the global disease burden is caused by unhealthy lifestyles. Behavioral change can mitigate the burden of chronic disease through prevention and delay of disease progression.<sup>1</sup> When diseases are detected at an earlier stage, it is more likely that they can successfully be treated. Over 100,000 lives in the U.S. could be saved by increasing the use of five preventive services, according to the National Commission on Prevention Priorities. Preventive care also can divert increased individual health care expenditures associated with later stage disease treatment. Support of preventive care is linked with long-term cost savings from overall lower health care costs across patients’ lives, reducing the strain on the health care system.<sup>2</sup> Implementation of prevention programs could save more than \$16 billion annually in health care costs.<sup>3</sup> Therefore, promoting preventive care is valuable in not only promoting healthier lives but also improving health care affordability.

Maintaining affordability of preventive care and ensuring health care coverage are key factors in establishing preventive care as a priority. Health insurance primarily improves financial accessibility to preventive care, especially through the introduction of first-dollar coverage for visits, thereby increasing patients’ use of preventive services. The use of blood pressure and cholesterol screenings significantly increased following the implementation of the current laws’ provision eliminating cost-sharing for preventive services. If payers were no longer to cover key preventive services, such as colorectal and cervical cancer screenings, that could result in 3 million and 1 million fewer screenings, respectively, each year. If insured members were no longer able to afford preventive services or become uninsured, that would certainly have a negative impact on health outcomes.<sup>4</sup>

## HOW BLUE MEMBERS ARE USING PREVENTIVE CARE

In 2023, 5.6 million BCBS members were enrolled in an individual market plan across the 33 states analyzed.<sup>5</sup> Of those enrolled in a Blue plan, preventive services were included in 18.8 million visits. Preventive care services are generally covered by payers with no cost-sharing in accordance with federal requirements. Blue Plans offered 13.1 million zero-pay visits for members, encompassing 71.7% of all preventive care visits.<sup>6</sup> BCBS Plans covered over \$1.5 billion in health care costs for preventive care visits at no cost to members, spending \$267 per member on preventive care which is comparable to average EPC

<sup>1</sup> [Global Strategy on Diet, Physical Activity and Health | LIS](#)

<sup>2</sup> [AMICI CURIAE BRIEF OF PATIENT AND PHYSICIAN PROFESSIONAL ORGANIZATIONS IN SUPPORT OF PETITIONERS \(2025\)](#)

<sup>3</sup> [Public Health Initiatives: How Policy Can Drive Preventative Care](#)

<sup>4</sup> [AMICI CURIAE BRIEF OF PATIENT AND PHYSICIAN PROFESSIONAL ORGANIZATIONS IN SUPPORT OF PETITIONERS \(2025\)](#)

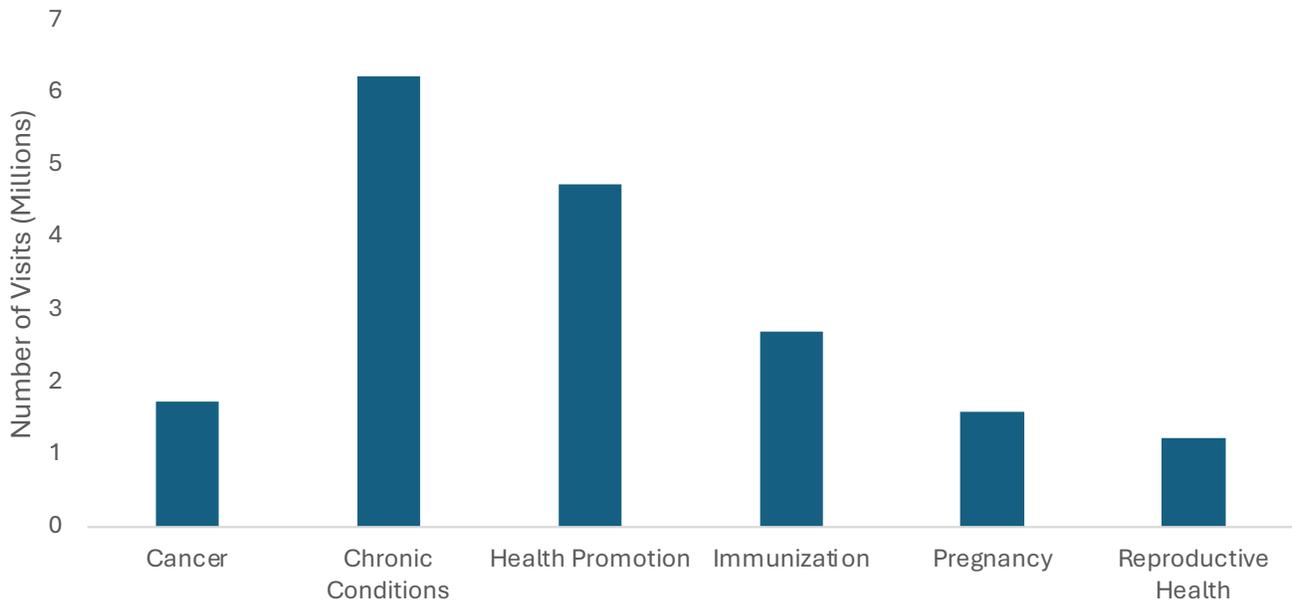
<sup>5</sup> Metrics refer to the 33 states included for this analysis. CO, CT, GA, IN, KY, ME, MO, NV, OH, VA, WI, KS, MS, NE, AK, NH, SD, and WA were excluded due to data limitations.

<sup>6</sup> Preventive services consist of a range of evidence-based items and interventions endorsed by the USPSTF with ratings of “A” or “B”, screenings and preventive care tailored for women by HRSA-sponsor Women’s Preventive Services Initiative (WPSI), vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and evidence-based preventive care for infants, children, and adolescents recommended by Health Resources and Services Administration’s (HRSA’s) Bright Futures Project.

spend on preventive services<sup>7</sup> and approximately 5% of the cost of annual health insurance premiums.<sup>8</sup> A visit may not be covered with zero cost-sharing if the service or screening ordered is not included in USPSTF's recommendations. This occurred primarily in instances where the member receiving the service was not in the appropriate age range or other eligibility requirements according to the USPSTF recommendations.

Figure 1 below shows a breakdown of utilization by service category (see the Appendix for specific services that make up each category), with chronic conditions and health promotion having the highest utilization based on volume of visits.

Figure 1: Utilization by Service Category by Individual Market Members



Utilization of care categorized as health promotion (such as routine physical examinations) comprised 6.2 million visits, which alone accounted for 34% of all preventive care visits by individual market members. Over 2.5 million members examined received the most highly used type of preventive visit in 2023 — an adult or child preventive screening/counseling service, which includes a wellness visit, physical exam, reducing disease and risk factor visit, among others.

Chronic condition prevention had the highest utilization rates; for example, Blue members had 1.7 million visits for diabetes screenings, 2.2 million visits for dyslipidemia screenings (also known as cholesterol screenings), and 1.3 million visits for hypothyroidism screenings. Preventive care for these conditions comprised 34% of all preventive visits for individual marketplace members.

Preventing chronic disease is a priority both to improve population health as well as to ensure affordability. Chronic conditions affect 60% of Americans, with approximately 129 million Americans experiencing at least one chronic disease (diabetes, cancer, obesity, etc.). Additionally, chronic conditions make up eight of the 10 leading causes of death in the United States and are a major driver of annual health care costs.<sup>9</sup> Regular preventive screenings can identify potential health risks and address indicators of chronic disease at an early stage when the condition may be easier to prevent or manage and less costly to treat.<sup>10</sup>

<sup>7</sup> In 2019, total spending on preventive services per EPC enrollee was \$204, on average. [Spending on Preventive Services Represents a Small Fraction of Total Health Care Spending, but Costs to Individuals Could Be High without ACA Protection - Health Care Cost Institute](#)

<sup>8</sup> Based on the average lowest cost premium on Healthcare.gov in 2023. [Plan Year 2023 Qualified Health Plan Choice and Premiums in HealthCare.gov Marketplaces](#)

<sup>9</sup> [The Growing Burden of Chronic Diseases](#), NIHCM (2025)

<sup>10</sup> [Preventive Care](#), CMS (2025)

## IMPACT OF THE CURRENT LAW ON PREVENTIVE CARE ACCESS

The coverage gains made by the current law expanded access to preventive services largely to people who were [uninsured](#). People who became covered through the individual marketplace became [more likely](#) to get care that had been delayed due to cost. Along with expanding access to the uninsured, provisions to eliminate cost-sharing also increased access. After passage of the current law, colorectal cancer screening, Medicare wellness visit, blood pressure screening, and cholesterol screening rates increased compared to historic rates.

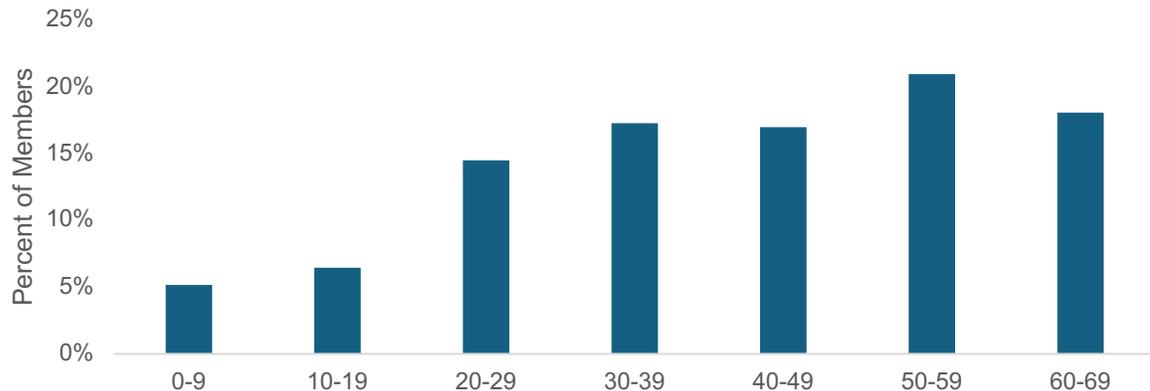
## EFFECTIVENESS OF DIABETES PREVENTIVE SCREENING

Diabetes is a leading cause of chronic kidney disease and the seventh leading cause of death in the U.S. The [USPTF recommends](#) screening for prediabetes and diabetes for adults aged 35 to 70 years who are obese or overweight. The [CDC estimates](#) that 13% of all U.S. adults have diabetes. Of those with diabetes, nearly one-quarter were not diagnosed. Further, more than 85% of individuals with prediabetes were unaware of their diagnosis. Early treatment of diabetes can reduce further complications, such as cardiovascular disease and microvascular disease. Additionally, prevention and early treatment is associated with improved mortality. Similarly, screening for both diabetes and prediabetes can allow [early intervention](#) prior to diabetes-related cardiovascular events or progression to kidney disease. Diabetes prevention, including screening tests, can avoid [\\$91,000 - \\$125,000](#) in lifetime medical spending associated with diabetes treatment. The [USPTF](#) currently recommends screening for prediabetes and Type 2 diabetes for adults aged 35 – 70 years who are overweight or obese. Patients with prediabetes should be referred to preventive interventions such as lifestyle modifications.

## UTILIZATION BY AGE AND SOCIAL VULNERABILITY

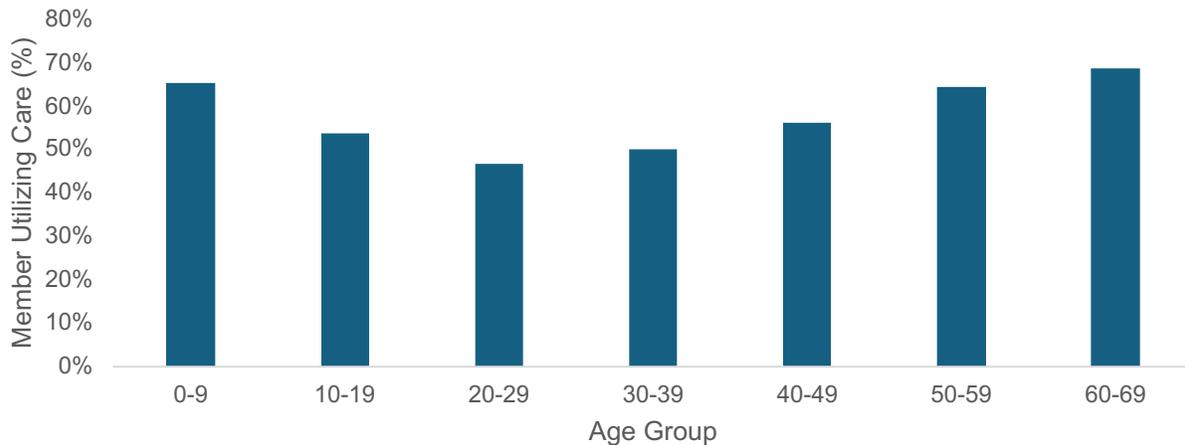
Compared to other commercially insured populations (such as EPC), individual market members are older. Nearly 40% of the population is aged 50 and older, compared to 26% of the EPC population.

Figure 2: Age Distribution of Individual Market Members



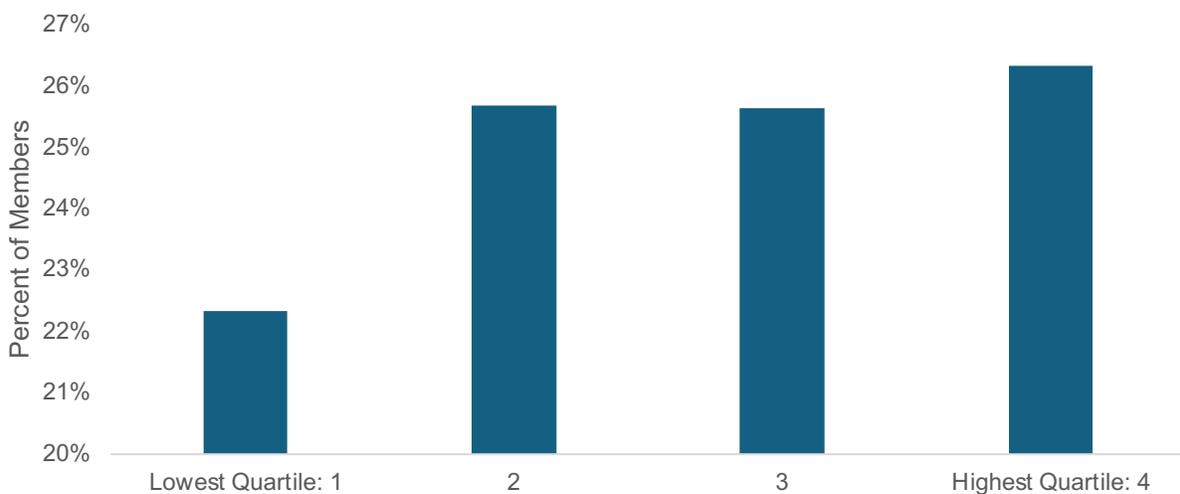
Utilization of preventive care services was highest for the youngest individual marketplace members (children aged 0 – 9 years) at 65%, dropping to the lowest point for young adults aged 20 – 29, with 47% having a preventive care visit (see Figure 3 below). Utilization then increased with age as 68% of members aged 60 – 69 years had a preventive care visit. In 2023, over 1.5 million members aged 50 years or older utilized at least one preventive care service.

Figure 3: Percent of Individual Market Members Utilizing Preventive Care, by Age



Compared to the EPC population, individual market members are likely to have lower incomes — 45% of 2024 individual market enrollees had a household income below 150% federal poverty level<sup>11</sup> (FPL) compared to 7.3% for EPC enrollees.<sup>12</sup> Individual market members also were more likely to have a higher SVI score, with 26% ranked in the highest SVI quartile. SVI is an index metric summarizing the vulnerability of a community. Calculation of SVI considers socioeconomic status, ethnicity, housing, family characteristics and other factors within a certain geography. A lower SVI score indicates lower vulnerability.<sup>13</sup>

Figure 4: SVI Quartile Distribution of Individual Market Members

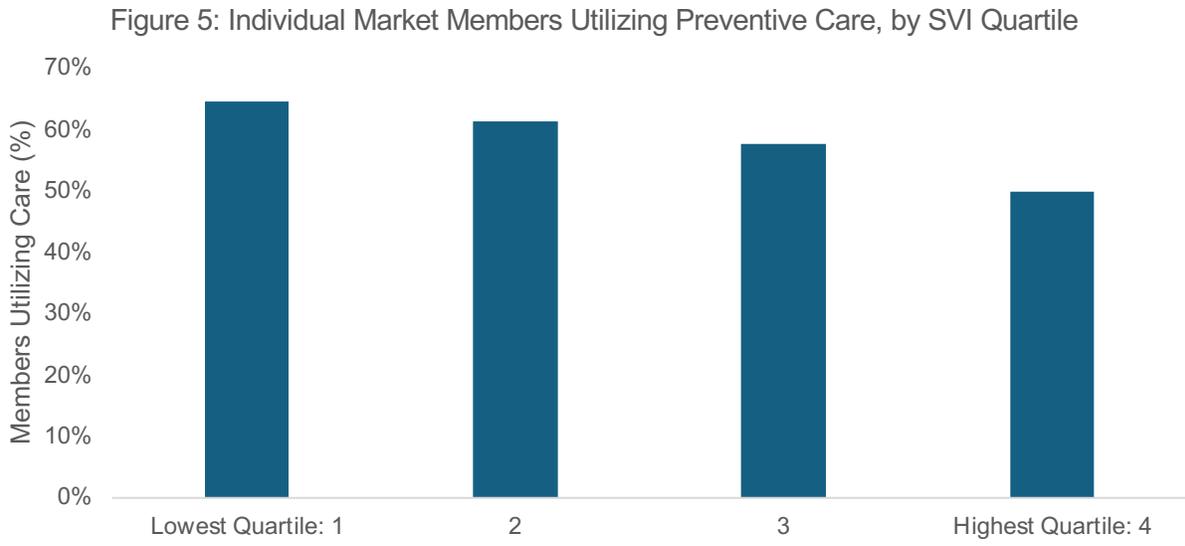


<sup>11</sup> HEALTH INSURANCE MARKETPLACES 2024 OPEN ENROLLMENT REPORT

<sup>12</sup> Derived from 2023 ACS Public Microdata estimates of health insurance coverage through a current or former employer

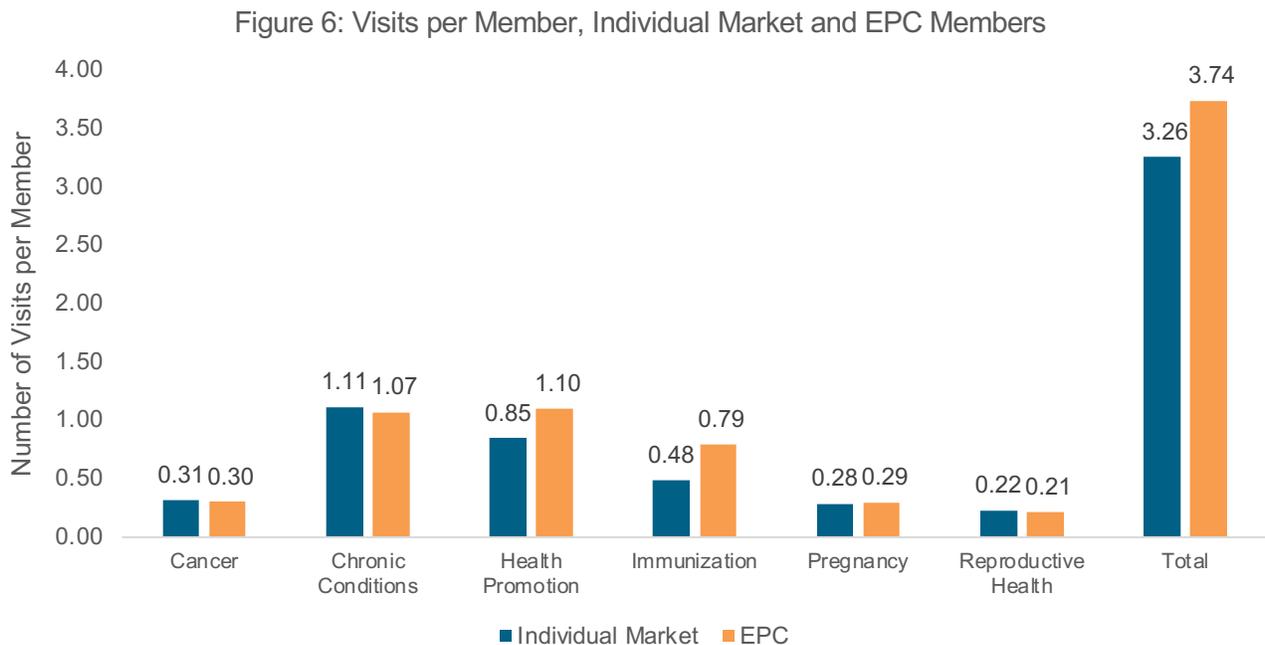
<sup>13</sup> Social Vulnerability Index | Place and Health - Geospatial Research, Analysis, and Services Program (GRASP) | ATSDR

Individual marketplace members in a lower SVI quartile, indicating lower social vulnerability, are higher utilizers of preventive care. The percentage of individual marketplace members who had at least one preventive care visit in 2023 decreased with increasing social vulnerability, with 50% of members in the highest quartile using a preventive care service compared to 65% of those in the lowest quartile.



## COMPARING INDIVIDUAL MARKET TO EPC MEMBERS' UTILIZATION OF PREVENTIVE CARE

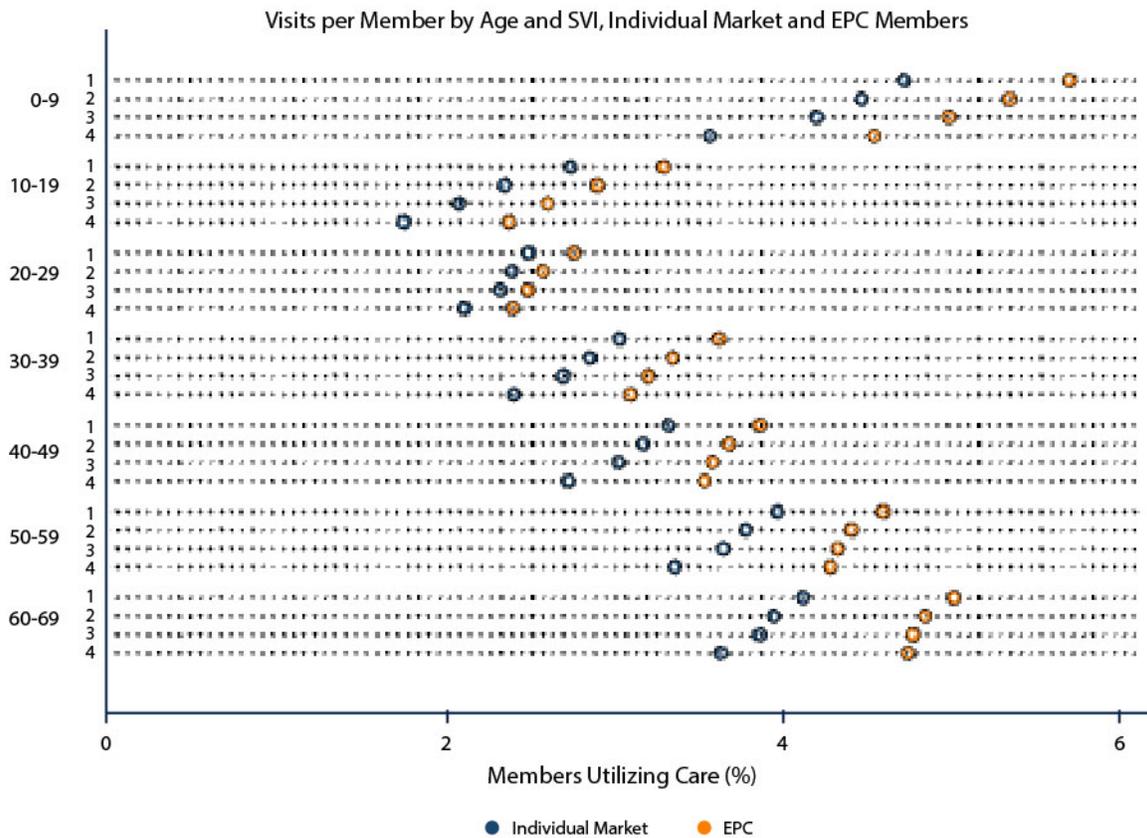
Blue members enrolled in an individual market plan utilize preventive care services at a similar rate compared to their EPC counterparts. In 2023, on average, individual market members received 3.26 preventive care visits per member compared to 3.74 visits per EPC member. Figure 6 below shows visits per member for service categories. Although utilization patterns between individual market and EPC members were similar, EPC members had slightly more visits per member across all service categories. For members enrolled for more than 6 months, individual market members had 3.98 visits per member, which was again, similar to the EPC rate of 4.19 visits per member.



Similarly, 71.7% of visits did not have out-of-pocket costs for individual market members, which is nearly identical to the proportion for EPC visits (72.7%).

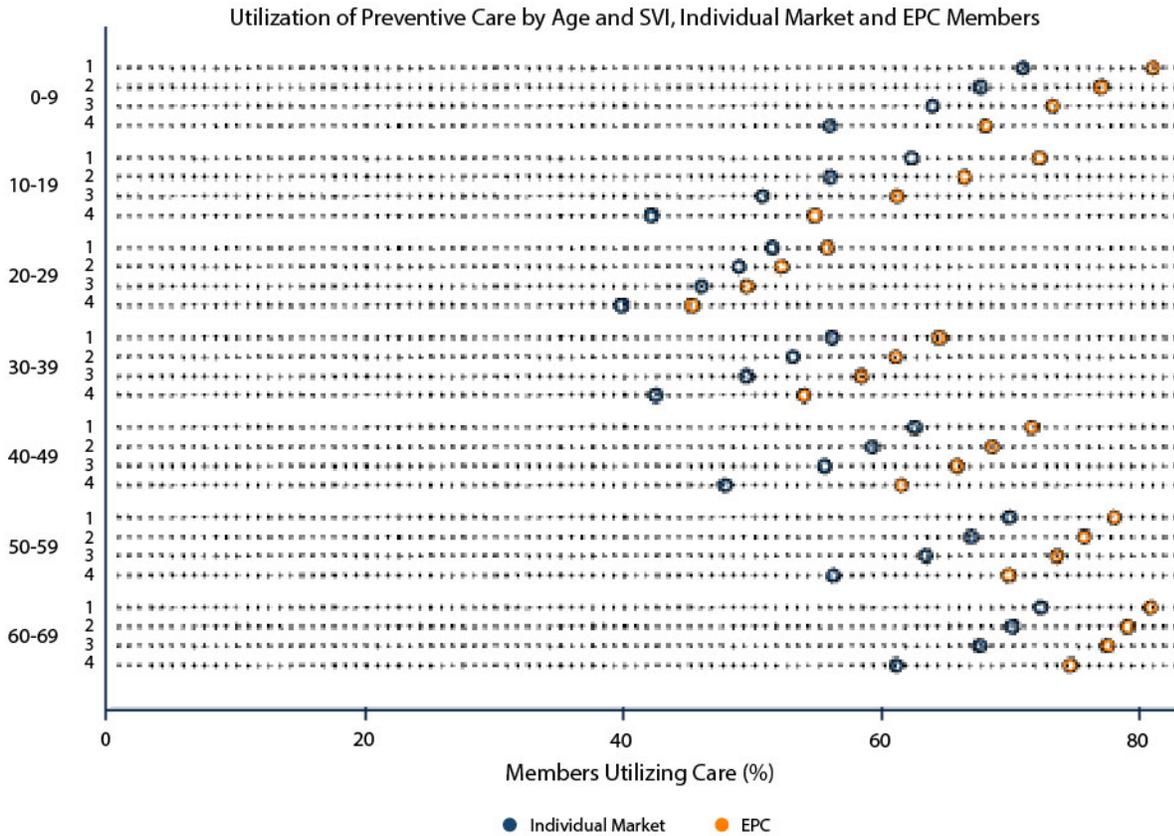
Stratifying by age band and SVI quartile, visit patterns are more disparate between individual market and EPC members, as seen in the figure below. This difference is greatest for members aged 60 – 69 years in the highest SVI quartile (most vulnerable), with EPC members having 1.12 additional visits per member compared to their individual market counterparts. Visit patterns are most comparable for the 20 – 29 years age band; however, this group also has the lowest overall preventive service utilization. Understandably, they would also have less frequent visits compared to older populations and pediatric populations.

Figure 7: Visits per Member by Age and SVI



However, there is more variation when comparing uptake of preventive services between individual market and EPC members, as seen in the figure below. While the utilization rate of preventive care for individual marketplace members lagged behind EPC across all age groups, the difference is the greatest when comparing members in the highest SVI quartile, who have a higher social vulnerability. This difference appears to increase with age. Whereas the utilization rate for those in the highest SVI quartile differed by 5.5 percentage points for individual market members compared to EPC members aged 20 – 29 years, that difference increased to 13.6 percentage points for their 50 – 59 years counterparts.

Figure 8: Utilization of Preventive Care by Age and SVI, Individual Market and EPC Members



## METHODOLOGY

To analyze preventive care utilization, Blue Health Intelligence (BHI) pulled claims and eligibility data from the Blue National Data Warehouse (NDW) for individual market and commercial members enrolled in Blue Plans in 2023. Members were included if they were enrolled in federal and/or state marketplaces. Off-exchange individual enrollees were excluded. The commercial population was comprised of members receiving group coverage, such as through an employer.

The year 2023 was selected to analyze preventive service utilization to allow the effects of the COVID-19 public health emergency to pass. Additionally, the enhanced premium tax credit subsidies were passed in 2021 which enabled more people to enroll in health insurance and access preventive care. Due to data usage restrictions, Elevance was excluded from the dataset. Blue Plans with significant amount of missing or problematic individual market data submission also were excluded. A total of 33 states were included in the analysis.

The preventive care services dataset was compiled at the following levels: category of care, type of care, line of business, year, state, SVI quartile, age decile, gender, and whether a subsidy was received. Data values were aggregated by the number of members receiving the preventive service, number of visits, total allowed amount, and number of visits where the member paid \$0.

# Appendix A: Criteria for Identifying Individual Marketplace Members Using the NDW

## Criteria for identifying Individual Market members:

1. Members with Individual coverage; AND
2. Members with a marketplace indicator OR Individual market metal level.

Marketplace indicators (highlighted included)

MKTPLC_TP_CD	MKTPLC_TP_DESC
FFM	Federally-Facilitated Marketplace
FSM	Federally-Supported State-Based Marketplace
OFX	Off Exchange
PEX	Private Exchange
SBM	State-Based Marketplace
SFP	State and Federal Partnership Marketplace
UN	Unknown
NA	Not Available, use for non-Exchange products

OR Individual market-levels (highlighted included)

INDIVIDUAL MARKET_METAL_LVL_CD	INDIVIDUAL MARKET_METAL_LVL_DESC
01	Platinum
02	Gold
03	Silver
04	Bronze
05	Catastrophic
06	No Metal Level
NA	Not Available, use for non-Exchange products
UN	Unknown

## Criteria for Identifying Cost-Sharing Reduction (CSR) % of Actuarial Value (AV):

From ATOMIC.MEMBER\_ELIGIBILITY select CSR\_TP\_CD = '01', '02', or '03'

'01' = 94% AV = 100 to 150% of FPL

'02' = 87% AV = 150% to 200% FPL

'03' = 73% AV = 200 to 250% FPL

# Appendix B: Preventive Care Service Definitions

The following preventive care services are in scope for the analysis. BHI analysis does not include logic to determine if the member is clinically eligible for the service to be considered preventive (ex. Age constraints, medical history, etc.).

\*\*BHI identifies any professional claim with these services; but BHI does not consider whether the claim was paid at 100%\*\*

## BHI CATEGORY

### Cancer

#### Breast cancer screening (mammography)

77063, 77067, G0202, 77061, 77062, 77065, 77066, G0279

#### BRCA testing, risk assessment genetic counseling/testing

81212, 81213, 81214, 81215, 81216, 81217, 81163, 81164, 81165, 81166, 81167

#### Breast cancer chemoprevention counseling

96040, 99401, 99402, 99403, S0265

#### Cervical cancer screening

##### Cervical cancer screening (HPV)

88143, 88164, 88165, 88166, 88167, 88174, G0123, 88147, 88148, 88150, 88152, 88153, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001  
0500T, 87624, 87625, G0476, 87623

#### Colorectal cancer screening

00812, G0500, 45330, 45331, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 45390, 81528, 82270, 82274, G0104, G0105, G0106, G0120, G0121, G0122, G0327, G0328, S0285

#### Lung cancer screening

71250, G0296, S8032, G0297, 71271

#### Adults and children, preventive screening & counseling

99401, 99402, 99403, 99404

### Chronic Conditions

#### Abdominal aortic aneurysm (AAA) screening

76706, G0389

#### Behavioral Health - Depression & anxiety screening

96127, G0444, 96160, 96161

#### Behavioral Health - Depression & anxiety screening

96127, G0444, 96160, 96161

#### Hepatitis B screening

87350, 86704, 86705, 86706, 86707, 87341, G0499, 87340

#### Hepatitis C screening

86803, G0472, 86804

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### **Blood pressure screening**

93784, 93786, 93788, 93790, A4670

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### **Tuberculosis screening**

86480, 86580, 86481

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### **Osteoporosis Screening**

77080, 76977, 77080, 77081, 77078, 77085, G0130

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### **Diabetes Counseling**

#### **Diabetes mellitus Type 2 screening (adults)**

0488T, 0403T, 82947, 82948, 83036, 83037

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**Covered medications written prescription by physician. Covered medications typically include the following:**

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:

- They are ages 40 – 75 years;
  - They have one or more CVD risk factors (i.e., dyslipidemia, diabetes, antihypertension, or smoking); and
  - They have a calculated 10-year risk of a cardiovascular event of 10 percent or greater. Identification of dyslipidemia and calculation of 10- year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
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### **BH obesity screening & counseling, high risk adults**

#### **Adults and children, preventive screening & counseling**

97802, 97803, S9470, 97804, G0270, G0447, S9445, S9449, G0271, 99078, G0108, G0109, S9140, S9145, G0473, S9452, G0446, 99401, 99402, 99403, 99404, 99411, 99412  
G0447

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## **Health Promotions**

### **BH obesity screening & counseling, high risk adults**

#### **Adults and children, preventive screening & counseling**

97802, 97803, S9470, 97804, G0270, G0447, S9445, S9449, G0271, 99078, G0108, G0109, S9140, S9145, G0473, S9452, G0446, 99401, 99402, 99403, 99404, 99411, 99412  
G0447

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### **Dyslipidemia screening**

80061, 82465, 83718, 84478, 83721, 83719, 83695, 83700

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### **Falls Prevention Screening**

3288F, 1100F, 1101F

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### **Tobacco use, screening, counseling, and interventions**

99406, 99407

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**BH obesity screening & counseling, high risk adults****Adults and children, preventive screening & counseling**

97802, 97803, S9470, 97804, G0270, G0447, S9445, S9449, G0271, 99078, G0108, G0109, S9140, S9145, G0473, S9452, G0446, 99401, 99402, 99403, 99404, 99411, 99412  
G0447

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**Adults and children, preventive screening & counseling**

99402-99404

Reimbursement is included in E&M visit

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**Alcohol use/Drug misuse screening & counseling**

99408, G0442, G0396, 99409, G0443, G2011

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**Well woman preventive care visit****Adults and children, preventive screening & counseling**

S5190, S0610, S0612, S0613, 59425, 59426, 59430, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0438, G0439

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**Urinary incontinence screening**

1090F

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## Reproductive Health

**Chlamydia screening****Gonorrhea screening**

87491, 87490, 86631, 86632, 87110, 87270, 87320, 87492, 87801, 87810  
87591, 87590, 87850, 87592

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**Contraceptive**

11976, 11981, 11982, 11983, 58300, 58301, 58671, J1050, J7296, J7297, J7298, J7300, J7301, J7307, S4981, A4267, A4268, A4269, 57170, A4261, A4264, A4266, G0516, G0517, G0518, J7306, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, A4264

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**HIV counseling & screening**

86703, 87389, 87390, G0432, G0433, G0435, S3645, 86689, 86701, 86702, 87806, G0475

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**STI counseling****Adults and children, preventive screening & counseling****HIV Antiretroviral Therapy****Persons at high risk for HIV**

The US Preventive Services Task Force (USPSTF) advises the use of pre-exposure prophylaxis (PrEP), involving effective antiretroviral therapy, for individuals deemed at high risk of HIV exposure.

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**Syphilis screening**

86592, 86780, 86593

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## Pregnancy

**Bacteriuria Screening**

81000, 81003, 81007, 87081, 87084, 87086, 87088

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**Behavioral Health - Depression & anxiety screening**

96127, G0444, 96160, 96161

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**Breast Pump supplies**

A4281, A4282, E0603, E0604, A4283, A4284, A4285

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**Behavioral Health - Depression & anxiety screening**

96127, G0444, 96160, 96161

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**Breastfeeding Primary Care Intervention**

S9442, S9443

The USPSTF recommends that all persons planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid

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**Diabetes mellitus screening (pregnant women)**

82950, 82951, 82952

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**BH obesity screening & counseling, high risk adults****Adults and children, preventive screening & counseling**

97802, 97803, S9470, 97804, G0270, G0447, S9445, S9449, G0271, 99078, G0108, G0109, S9140, S9145, G0473, S9452, G0446, 99401, 99402, 99403, 99404, 99411, 99412  
G0447

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**Syphilis screening**

86592, 86780, 86593

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**Diabetes mellitus screening (pregnant women)**

82950, 82951, 82952

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**Rh incompatibility screening**

86901, 86905

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**Behavioral Health - Depression & anxiety screening**

96127, G0444, 96160, 96161

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**Tobacco use, screening, counseling, and interventions**

99406, 99407

The US Preventive Services Task Force (USPSTF) suggests administering low-dose aspirin (81 mg/day) as a preventive measure after 12 weeks of gestation in pregnant individuals with a heightened risk of preeclampsia.

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**HIV counseling & screening**

86703, 87389, 87390, G0432, G0433, G0435, S3645, 86689, 86701, 86702, 87806, G0475

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**Hepatitis B Screening**

87350, 86704, 86705, 86706, 86707, 87341, G0499, 87340

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**Immunizations****Immunization Administration**

All immunizations are fully covered under the current law's preventive services.

See list of immunizations posted by the CDC <http://www.cdc.gov/vaccines/schedules/index.html>

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**Specific Newborn/Children Category****Developmental screening (Autism)**

G0451, 96110

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**Adults and children, preventive screening & counseling**

99381, 99382, 99383, 99384

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**Vision screening**

99172, 99173, 99174, 99177

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**Oral Health Screening/Fluoride Varnish**

D1206, D1208, 99188

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**Hearing screening**

92586, 92551, 92558, 92552, 92553

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**Lead screening**

83655

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**Hypothyroidism screening**

84443, 84436, 84439, 84437

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**Iron deficiency anemia screening**

85014, 85018, 85015, 85013

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**Phenylketonuria (PKU) screening**

84030, S3620

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**Bilirubin concentration screening**

82247, 82248

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**Adults and children, preventive screening & counseling**

G0514, G0513, G0439, G0438, G0402, 99453, 99412, 99411, 99404, 99403, 99402, 99401, 99397, 99396, 99395, 99394, 99393, 99392, 99391, 99387, 99386, 99385, 99384, 99383, 99382, 99381, 99204, 99203, 96156, S5190, S0610, S0612, S0613, 59425, 59426, 59430

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**Routine Labs with annual visits - these tests are covered necessarily at 100%, no-cost-share preventive benefit because they are not on the list of mandated preventive services.  
Health Promotion - Routine Annual Lab, Reproductive Health, Prostate Screen, Retinopathy Screen**

85025, 80048, 80050, 80051, 80053, 81001, 82310, 82570, 84075, 80076, 85652, 82746, 82670, 82607, 82306, 87660, 87510, 87480, G0103, 84152, 84153, 84154, G0102, G0103, 92002, 92004, 92012, 92014, 92134, 92227, 92228, 92229, 92230, 92235, 92240, S0620, S0621, S3000, 2022F, 2023F, 2024F, 2025F, 2026F, 2033F

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# Appendix C: Dataset Specifications

The preventive care utilization and cost dataset focused on the preventive care services outlined in Appendix B and were compiled at the following level of granularity:

- Category of Preventive Care (i.e. Cancer, Chronic, Health Promotion, Reproductive Health, Pregnancy, Child Development,
- Type of Preventive Care (i.e., breast cancer screening, flu vaccination)
- Line of business (i.e., Individual Market, Commercial)
- Year (i.e., 2022, 2023)
- Member's State of Residence (i.e., IL, TX)
- Member's Social Vulnerability Index (SVI) Quartile (i.e., Quartile 1 – least vulnerable; Quartile 4 – most vulnerable)
- Member's Age Decile (i.e., 40-49, 50-59)
- Member's Gender (i.e., Male, Female)
- Subsidy Received Indicator (Y/N)
- Cost Sharing Reduction (CSR) % of Actuarial Value (AV) (i.e., 94%, 87%, 73%)

The following data values will then be aggregated (at the level of granularity specified above):

- Number of members receiving the preventive service (i.e., number of members who received a breast cancer screening)
- Number of visits (i.e., number of breast cancer screenings performed)
- Total Allowed Amount
- Number of visits where member paid \$0

In addition, a preventive care membership dataset was compiled to allow percentages and rates to be calculated (i.e. the percentage of individual market enrolled members that received a preventive care visit in 2023). At the same level of granularity as specified above, this dataset aggregated the following data values:

- Number of enrolled members
- Member months