

Subject: Preventive Services

Effective: 1/1/14

Last revision effective: 1/1/16

Background:

We are committed to the wellness of our members, and encourage preventive services that can detect serious medical issues early. Certain preventive services are covered at no cost to the member due to plan provisions or regulatory requirements - these services are addressed here. For all lines of business, procedure codes recognized to report preventive services are listed, along with any frequency limits, diagnosis coding, or separate payment policies.

Note that preventive screenings are conducted when signs or symptoms of a condition are not present, and in accordance with established guidelines. Testing done for diagnostic purposes may be covered with cost-share. Be sure to verify benefits.

References:

The Affordable Care Act (ACA) requires full coverage of the following preventive services for *non-grandfathered** plans:

- Services recommended by the U.S. Preventive Services Task Force (USPSTF) with a rating of A or B.
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) for routine use in children, adolescents, and adults.
- Preventive care and screenings for women, infants, children, and adolescents that are provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

We continually monitor changes to preventive service guidelines, and will adjust coverage as required by law. For an official current list of recommended preventive services, visit www.healthcare.gov.

Medicare has adopted many, but not all, of these recommendations. Any differences in coverage and billing rules are noted. For details about Original Medicare coverage of preventive services, see "The Guide to Medicare Preventive Services, Fourth Edition", available at www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

* A "grandfathered" plan is not required to implement preventive services provisions of the ACA. Contact us to verify benefits if you have questions.

Tips:

- 1) **Preventive office visit coding:** A preventive office visit must be billed with a preventive (routine) office visit E/M code. A problem-oriented E/M code will not be covered as a preventive benefit.
 - a. A problem-oriented E/M code will be denied if submitted with a primary preventive diagnosis code.
 - b. A preventive E/M code will be denied if submitted with a primary problem-oriented diagnosis code.
- 2) **Preventive and problem-oriented E/M codes billed together:** Preventive E/M codes include a comprehensive exam, encompassing management of chronic and/or stable conditions, abnormal findings on review of systems, and diagnosis and treatment of minor conditions. It is rare that a separate E/M code is justified because its components cannot be independently met, however when documentation is provided that supports reporting the separate service and the problem E/M code is billed with modifier -25, separate payment may be considered.
- 3) **Diagnosis code limits:** Where diagnosis code limits are indicated, payment may be denied if a different code is billed. Be sure to use the appropriate primary diagnosis code for each service reported on a claim.
 - a. If a test not clearly described as a screening exam is billed with a diagnosis code not listed in this guideline, it may be covered as a diagnostic test with applicable cost-share.
- 4) **Frequency limits:** If a preventive service is provided more often than indicated, payment may be denied.
 - a. If a test not clearly described as a screening exam is billed more often than indicated in this guideline, it may be covered as a diagnostic test with applicable cost-share.

Index

Category	Service	Page Number
Preventive Office Visits	Annual Wellness Visit (Medicare)	1
	Initial Preventive Physical Exam (Medicare)	1
	Preventive Office Visits	1
Behavioral/Developmental Screenings	Alcohol/Drug Misuse	2
	Depression	2
	Developmental Screening for Children	2
	Obesity	2
Behavioral Counseling	Alcohol/Drug Misuse	2
	Breast Cancer Preventive Medication	2
	Cardiovascular Disease (including use of aspirin)	2
	Diabetes Self-Management Training Services (DSMT)	3
	Diet/Nutrition	3
	Folic Acid Supplementation	3
	Genetic Testing - BRCA for Breast Cancer	3
	Interpersonal and Domestic Violence	3
	Iron Supplementation	3
	Obesity	3
	Oral Health - Children	3
	Sexually Transmitted Infections (STI)	4
	Tobacco Use	4
Cancer Screenings	Breast	4 - 5
	Cervical	5 - 7
	Colorectal	8 - 9
	Lung	10
	Prostate	10
Lab Tests	Anemia	10
	Bacteriuria	10
	BRCA Analysis	11
	Chlamydia	12
	Cholesterol	12
	Diabetes	12
	General Health Panels	12
	Gonorrhea	13
	Hemoglobinopathies (Sickle Cell)	13
	Hepatitis B	13
	Hepatitis C	13
	HIV	13 - 14
	HPV DNA	14
	Hypothyroidism	14
	Lead	14
	Obstetric Screening Panel	14
	PKU	14
	RH Incompatibility	14
Syphilis	14	
Other Screenings	Abdominal Aortic Aneurism	14
	Bone Density (Osteoporosis)	15
	Glaucoma	15
	Hearing	15
	Tuberculin Test	15
	Vision	15
Other Women's Health	Breastfeeding Services/Supplies	15
	Contraception	16 - 17

Preventive Office Visits

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits	
Medicare Annual Wellness Visit (AWV)	Medicare Members	Once in a calendar year after the IPPE	G0438	Annual wellness visit, including PPPS, first visit	Y	N	Category 1	Unlimited (Medicare only)	
		Once per calendar year	G0439	Annual wellness visit, including PPPS, subsequent visit	Y	N	Category 1		
Medicare Initial Preventive Physical Examination (IPPE)		Once per lifetime within 12 months of Medicare enrollment	G0402	Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment	Y	N	Category 1		
			G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	Y	N	Category 2		
			G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical exam	Y	N	Category 2		
			G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical exam	Y	N	Category 2		
Preventive Office Visits	Adults	Once per calendar year for all members as well as one well-woman exam per calendar year for female members.	99385	Preventive E/M, new patient; 18-39 years	Y	Y	Category 1	Annual Physical: Z00.00, Z00.01	
			99386	Preventive E/M, new patient; 40-64 years	Y	Y	Category 1		
			99387	Preventive E/M, new patient; 65+ years	Y	Y	Category 1		
			99395	Preventive E/M, established patient; 18-39 years	Y	Y	Category 1	Well-woman: Z01.411, Z01.419	
			99396	Preventive E/M, established patient; 40-64 years	Y	Y	Category 1		
			99397	Preventive E/M, established patient; 65+ years	Y	Y	Category 1		
	Children	Up to 10 visits for children up to 4 years of age (through the 3rd year).		99381	Preventive E/M, new patient; infant (age younger than 1 year)	Y	Y	Category 1	Well-Child: Z76.1, Z76.2
				99391	Preventive E/M, established patient; infant (age younger than 1 year)	Y	Y	Category 1	
				99382	Preventive E/M, new patient; early childhood (1-4 years)	Y	Y	Category 1	Well-Child: Z00.121, Z00.129
				99392	Preventive E/M, established patient; early childhood (1-4 years)	Y	Y	Category 1	
		Once per calendar year		99383	Preventive E/M, new patient; late childhood (5-11 years)	Y	Y	Category 1	
				99393	Preventive E/M; late childhood (5-11 years)	Y	Y	Category 1	
		Once per calendar year for all members as well as one well-woman exam per calendar year for female members.		99384	Preventive E/M, new patient; adolescent (12-17 years)	Y	Y	Category 1	Well-Child: Z00.121, Z00.129
				99394	Preventive E/M, established patient; adolescent (12-17 years)	Y	Y	Category 1	Well-Woman: Z01.411, Z01.419
	Pregnant Women	Up to 15 prenatal visits are covered as preventive benefits.	Appropriate E/M Code	Appropriate E/M Code	Y	Y	Category 1	Normal pregnancy: Z33.1, Z34.00 - Z34.93, Z36	

Behavioral/Developmental Screenings

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Alcohol/Drug Misuse	Adults/Adolescents	Once per calendar year	99408	Alcohol and/or substance abuse (other than tobacco) abuse structured screening (et, AUDIT, DAST), and brief intervention (SBI) services; 15 - 30 minutes	Y	Y	Category 2	Unlimited
			G0442	Annual alcohol screen 15 min	Y	Y	Category 2	Unlimited
Depression	Adults/Adolescents	Once per calendar year	G0444	Annual Depression Screening, 15 minutes	Y	Y	Category 2	Unlimited
Developmental Screening	Children	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
		Once per calendar year	96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	Y	Y	Category 2	Unlimited
			G0451	Development testing, with interpretation and report per standardized instrument form	Y	Y	Category 2	Unlimited
Obesity	Adults/Children	Once per calendar year	Included in E/M Code	N/A	Y	Y	N/A	Unlimited

Behavioral Counseling

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Alcohol/Drug Misuse	Adults/Adolescents	Once per calendar year	99409	Alcohol and/or substance abuse (other than tobacco) abuse structured screening (et, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Y	Y	Category 2	Unlimited
		Up to 4 times per year	G0443	Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes	Y	Y	Category 3	Unlimited
Breast Cancer Prevention Medication	Women	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
Cardiovascular Disease (including use of aspirin)	Adults	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
		Once per calendar year	G0446	Annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk; individual, 15 minutes	Y	N	Category 3	Unlimited (Medicare only)

Behavioral Counseling, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Diabetes Self-Management Training Services (DSMT)	Adults	10 hours first year, 2 hours subsequent years <i>(Benefits may vary by employer.)</i>	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Y	Y	Category 2	Unlimited
			G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Y	Y	Category 2	
Diet/Nutrition	Adults	Up to 3 hours per calendar year <i>(Benefits may vary by employer.)</i>	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Y	Y	Category 2	Limited to treatment for cardiovascular or diet-related chronic diseases that are diagnosed by a physician, including but not limited to: 1. Diabetes 2. Heart Disease 3. Kidney Disease 4. Lipid Disorders 5. Malnutrition 6. Obesity Dx codes not specified.
			97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Y	Y	Category 2	
			97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Y	Y	Category 2	
			G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen	Y	Y	Category 2	
			G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group	Y	Y	Category 2	
Folic Acid Supplementation	Pregnancies	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
Genetic Counseling - BRCA for Breast Cancer	Women	Up to 4 visits per calendar year	90640	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	Y	Y	Category 2	Z15.01, Z15.02
			S0265	Genetic counseling, under physician supervision, each 15 minutes	Y	Y	Category 2	
Interpersonal and Domestic Violence	Women	As needed	Included in E/M Code	N/A	Y	Y	N/A	N/A
Iron Supplementation	Pregnancies	As needed	Included in E/M Code	N/A	Y	Y	N/A	N/A
Obesity	Adults	Up to 22 visits per calendar year	G0447	Face-to-face behavioral counseling for Obesity, individual, 15 minutes	Y	Y	Category 3	Unlimited
			G0473	Face-to-face behavioral counseling for Obesity, group, 30 minutes	Y	Y	Category 3	
Oral Health - Children	Children	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A

Behavioral Counseling, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Sexually Transmitted Infections (STIs)	Adults / Adolescents	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
		Up to 2 times per calendar year	G0445	Semi-annual high intensity behavioral counseling to prevent STIs, individual, face to face includes education skills training & guidance on how to change sexual behavior	Y	N	Category 3	Unlimited (Medicare only)
Tobacco Use	Adults	Up to 8 sessions (any combination of codes) per year	99406	Smoking and tobacco use cessation counseling visit; intensive, greater than 3 minutes up to 10 minutes	Y	Y	Category 3	Unlimited
			99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Y	Y	Category 3	
		Up to 8 sessions (any combination of codes) per year	G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Y	Y	Category 3	
			G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	Y	Y	Category 3	

Cancer Screenings

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Breast Cancer	Women	Once per calendar year	77051	Computer-aided detection with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography	Y	Y	Category 2	Unlimited for women ≥ 35 ; For high-risk women < 35 : Z85.3, Z80.3, Z12.31
			77052	Computer-aided detection with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography	Y	Y	Category 2	
			77055	Mammography; unilateral	Y	Y	Category 2	
			77056	Mammography; bilateral	Y	Y	Category 2	

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Breast Cancer, continued	Women	Once per calendar year	77057	Screening mammography, bilateral (2-view film study of each breast)	Y	Y	Category 2	Unlimited for women ≥35; For high-risk women <35: Z85.3, Z80.3, Z12.31
			G0202	Screening mammography, producing direct digital image, bilateral, all views	Y	Y	Category 2	
			G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Y	Y	Category 2	
			G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Y	Y	Category 2	
			77063	Screening digital tomography of both breasts	Y	Y	Category 2	
Cervical Cancer	Women	Once per calendar year	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Y	Y	Category 2	
			88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Y	Y	Category 2	
			88147	Cytopathology smears, cervical or vaginal; screening by automated system	Y	Y	Category 2	
			88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening	Y	Y	Category 2	
			88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	Y	Y	Category 2	
			88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening	Y	Y	Category 2	
			88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening	Y	Y	Category 2	
			88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review	Y	Y	Category 2	

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer, continued	Women	Once per calendar year	88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			88160	Cytopathology, smears, any other source; screening and interpretation	Y	Y	Category 2	
			88161	Cytopathology, smears, any other source; preparation, screening and interpretation	Y	Y	Category 2	
			88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	Y	Y	Category 2	
			88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Y	Y	Category 2	
			88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Y	Y	Category 2	
			88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	Y	Y	Category 2	
			88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Y	Y	Category 2	
			88172	Cytopathology, evaluation of fine needle aspirate	Y	Y	Category 2	
			88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	Y	Y	Category 2	
			88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system	Y	Y	Category 2	
			88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review	Y	Y	Category 2	

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer, continued	Women	Once per calendar year	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Y	Y	Category 3	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation	Y	Y	Category 2	
			G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Y	Y	Category 2	
			G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Y	Y	Category 2	
			G0143	Screening cytopathology, cervical or vaginal, collected in preservative fluid	Y	Y	Category 2	
			G0144	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system	Y	Y	Category 2	
			G0145	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening	Y	Y	Category 2	
			G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system	Y	Y	Category 2	
			G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Y	Y	Category 2	
			P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	Y	Y	Category 2	
			P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	Y	Y	Category 2	
			Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Y	Y	Category 3	

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer	Adult members aged 50+ or younger if at high-risk	<p>Fecal Occult Blood Test Once every 12 months.</p> <p>Flexible Sigmoidoscopy Once every 3 years after the last flexible sigmoidoscopy or barium enema, or 10 years after a previous screening colonoscopy.</p> <p>Screening Colonoscopy Once every 10 years, or 3 years after a previous flexible sigmoidoscopy. More frequent screening is available for high risk members based on applicable guidelines (generally every 2 years).</p> <p>Barium Enema Once every 3 years when used instead of sigmoidoscopy or colonoscopy. More frequent screening is available for high-risk members based on applicable guidelines (generally every 2 years)</p>	45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Y	Y	Category 2	<p><u>Low-Risk:</u> Z12.11, Z12.12, Z08, Z09</p> <p><u>High-Risk:</u> Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010</p> <p><u>Note:</u> Facility claims must include Modifier -PT or -33.</p> <p><i>See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.</i></p>
			45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Y	Y	Category 2	
			45332	Sigmoidoscopy, flexible; with removal of foreign body	Y	Y	Category 2	
			45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Y	Y	Category 2	
			45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Y	Y	Category 2	
			45335	Sigmoidoscopy, flexible; with direct submucosal injection(s), any substance	Y	Y	Category 2	
			45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	Y	Y	Category 2	
			45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Y	Y	Category 2	
			45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Y	Y	Category 2	
			45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	Y	Y	Category 2	
			45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Y	Y	Category 2	
			45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Y	Y	Category 2	
			45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	Y	Y	Category 2	
			G0104	Colorectal cancer screening; flexible sigmoidoscopy	Y	Y	Category 2	
			G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Y	Y	Category 2	
			G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Y	Y	Category 2	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Y	Y	Category 2				
G0122	Colorectal cancer screening; barium enema	Y	Y	Category 2				

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer, continued	Adult members aged 50+ or younger if at high-risk	See above.	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening	Y	Y	Category 2	Low-Risk: Z12.11, Z12.12, Z08, Z09
			82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1 - 3 simultaneous determinations	Y	Y	Category 2	High-Risk: Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010
			G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	Y	Y	Category 2	Note: Facility claims must include Modifier -PT or -33.
			G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3) PRIOR AUTHORIZATION REQUIRED	Y	Y	Category 2	See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Y	Y	Category 2	
			45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	Y	Y	Category 2	
			45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	Y	Y	Category 2	
			45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Y	Y	Category 2	
			45381	Colonoscopy, flexible, proximal to splenic flexure; w/directed submucosal injection(s), any substance	Y	Y	Category 2	
			45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Y	Y	Category 2	
			45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Y	Y	Category 2	
			45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Y	Y	Category 2	
			45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Y	Y	Category 2	
			45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	Y	Y	Category 2	
			45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement	Y	Y	Category 2	
			45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	Y	Y	Category 2	
			45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(ies)	Y	Y	Category 2	
			G0105	Colonoscopy on individual at high risk	Y	N	Category 2	
			G0121	Colonoscopy on individual not meeting criteria for high risk	Y	N	Category 2	

Cancer Screenings, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Lung Cancer	Asymptomatic members aged 55 – 77 (Medicare) or aged 55 – 80 (Commercial) who smoke or quit in last 15 years.	Once per calendar year PRIOR AUTHORIZATION REQUIRED	S8032	Low-dose computed tomography for lung cancer screening	Y	Y	Y	Unlimited
Prostate Cancer	Men aged 50+ or younger if at high risk	Once per calendar year	84152	Prostate specific antigen (PSA); complexed (direct measurement)	Y	Y	Category 2	Z12.5
			84153	Prostate specific antigen (PSA); total	Y	Y	Category 2	
			84154	Prostate specific antigen (PSA); free	Y	Y	Category 2	
			G0102	Prostate cancer screening; digital rectal examination	Y	Y	Category 4	Unlimited
			G0103	Prostate cancer screening; prostate specific antigen test (PSA)	Y	Y	Category 2	

Other Lab Tests

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Anemia	Adults/ Pregnancies	Pregnancy: Unlimited Others: Once per calendar year	85013	Blood count; spun microhematocrit	Y	Y	Category 2	Z13.0
			85014	Hematocrit (Hct)	Y	Y	Category 2	
			85018	Hemoglobin (Hgb)	Y	Y	Category 2	
			85025	Blood count; complete (CBC) and automated differential WBC count	Y	Y	Category 2	
			85027	Blood count; complete (CBC)	Y	Y	Category 2	
Urinalysis (Bacteriuria)	Adults/ Pregnancies	Unlimited	81000	Urinalysis, by dip stick or tablet reagent; non-automated, with microscopy	Y	Y	Category 2	Z00.00, Z00.01, Z00.8, Z01.411, Z01.419
			81001	Urinalysis, by dip stick or tablet reagent; automated, with microscopy	Y	Y	Category 2	
			81002	Urinalysis, by dip stick or tablet reagent; automated, with microscopy	Y	Y	Category 2	
			81003	Urinalysis, by dip stick or tablet reagent; non-automated, without microscopy	Y	Y	Category 2	
			81005	Urinalysis, qualitative or semiquantitative, except immunoassays	Y	Y	Category 2	
			81007	Urinalysis, qualitative or semiquantitative, except immunoassays; bacteriuria screen, except by culture or dipstick	Y	Y	Category 2	

Other Lab Tests, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
BRCA Analysis	Women	Once per lifetime PRIOR AUTHORIZATION REQUIRED	81162	Breast cancer 1 and 2 (BRCA1, BRCA2) full sequence gene analysis and analysis of full duplication and deletion variants	Y	Y	Category 2	Unlimited
			81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1	Y	Y	Category 2	
			81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis	Y	Y	Category 2	
			81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	Y	Y	Category 2	
			81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants	Y	Y	Category 2	
			81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Y	Y	Category 2	
			81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Y	Y	Category 2	
			81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Y	Y	Category 2	

Other Lab Tests, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Chlamydia	Adults / Adolescents	Unlimited	87110	Culture, chlamydia, any source	Y	Y	Category 2	Unlimited
			87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Y	Y	Category 2	
			87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	Y	Y	Category 2	
			87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Y	Y	Category 2	
			87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Y	Y	Category 2	
			87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	Y	Y	Category 2	
			87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Y	Y	Category 2	
Cholesterol	Adults / Children	<u>Medicare</u> : Once every 5 calendar years <u>Commercial</u> : Once per calendar year	80061	Lipid panel	Y	Y	Category 2	Z13.220, Z13.6
			82465	Total cholesterol	Y	Y	Category 2	
			83718	HDL-C	Y	Y	Category 2	
			83719	VLDL-C	Y	Y	Category 2	
			83721	LDL-C	Y	Y	Category 2	
			84478	Triglycerides	Y	Y	Category 2	
Diabetes	Adults/ Pregnancies	<u>Medicare</u> - Up to 2 per calendar year <u>Commercial</u> - Once per calendar year <u>Pregnancy</u> - Unlimited	82947	Glucose; quantitative, blood	Y	Y	Category 2	Z13.1 Pregnancy: Z33.1, Z34.00 - Z34.93, Z36
			82950	Glucose; post glucose dose (includes glucose)	Y	Y	Category 2	
			82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	Y	Y	Category 2	
			80047	Basic metabolic panel - (Calcium, ionized)	Y	Y	Category 2	
General Health/ Metabolic Panels	Adults	Once per calendar year	80048	Basic metabolic panel (Calcium, total)	Y	Y	Category 2	Z00.00, Z00.01
			80050	General health panel	Y	Y	Category 2	
			80053	Comprehensive metabolic panel	Y	Y	Category 2	

Other Lab Tests, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Gonorrhea	Adults / Adolescents	Unlimited	87590	Infectious agent detection by nucleic acid); Neisseria gonorrhoeae, direct probe technique	Y	Y	Category 2	Unlimited
			87591	Infectious agent detection by nucleic acid); Neisseria gonorrhoeae, amplified probe technique	Y	Y	Category 2	
			87592	Infectious agent detection by nucleic acid); Neisseria gonorrhoeae, quantification	Y	Y	Category 2	
			87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Y	Y	Category 2	
Hemoglobinopathies	Newborns	Unlimited	85660	Sickling of RBC, reduction	Y	Y	Category 2	Unlimited
Hepatitis B	Pregnancies	Unlimited	86704	Hepatitis B core antibody (HBcAb); total	Y	Y	Category 2	Unlimited
			86705	Hepatitis B core antibody (HBcAb); IgM antibody	Y	Y	Category 2	
			86706	Hepatitis B surface antibody (HBsAb)	Y	Y	Category 2	
Hepatitis C	High-Risk individuals	Unlimited	86803	Hepatitis C antibody	Y	Y	Category 2	Unlimited
			G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	Y	Y	Category 2	
HIV	High-Risk individuals	Unlimited	86689	HTLV or HIV antibody, confirmation test	Y	Y	Category 2	Unlimited
			86701	Antibody; HIV-1	Y	Y	Category 2	
			86702	Antibody; HIV-2	Y	Y	Category 2	
			86703	Antibody; HIV-1 and HIV-2, single assay	Y	Y	Category 2	
			87389	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	Y	Y	Category 2	
			87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	Y	Y	Category 2	
			87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	Y	Y	Category 2	
			87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	Y	Y	Category 2	
			87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	Y	Y	Category 2	
			87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	Y	Y	Category 2	
			87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	Y	Y	Category 2	

HIV, cont.			87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	Y	Y	Category 2	
			87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	Y	Y	Category 2	
			87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	Y	Y	Category 2	
			G0432	Infectious agent antigen detection by EIA technique, qualitative or semi-qualitative, multiple-step method, HIV-1 or HIV-2, screening	Y	Y	Category 2	
			G0433	Infectious agent antigen detection by ELISA technique, antibody, HIV-1 or HIV-2, screening	Y	Y	Category 2	
			G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening	Y	Y	Category 2	
HPV DNA Testing	Females	Unlimited	87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types	Y	Y	Category 2	Unlimited
			87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types	Y	Y	Category 2	
			87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	Y	Y	Category 2	
Hypothyroidism	Adults/Children	Once per calendar year	84443	Thyroid Stimulating Hormone (TSH)	Y	Y	Category 2	Z13.29
Lead	Children	Unlimited	83655	Lead	Y	Y	Category 2	Unlimited
Obstetric Panel	Pregnancy	Unlimited	80055	Obstetric panel	Y	Y	Category 2	Z33.1, Z34.00 -
			80081	Obstetric panel including HIV	Y	Y	Category 2	Z34.93, Z36
PKU Screening	Newborns	Unlimited	84030	Phenylalanine (PKU), blood	Y	Y	Category 2	Unlimited
RH Incompatibility	Pregnancies	Unlimited	86900	Blood typing; ABO	Y	Y	Category 2	Unlimited
			86901	Blood typing; Rh (D)	Y	Y	Category 2	
Syphilis	Adults/ Adolescents	Unlimited	86592	Syphilis test, non-treponemal antibody; qual.	Y	Y	Category 2	Unlimited

Other Screenings

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Abdominal Aortic Aneurism Screening	Medicare - Adult men or women Commercial - Men only	Once per lifetime for at-risk individuals	G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	Y	Y	Category 2	Unlimited

Bone Density (Osteoporosis) Screening	Adults	Once every 2 years for all women ≥60 years of age. Additional preventive coverage for high-risk members Other tests covered under radiology benefit.	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Y	Y	Category 2	Z13.820
			77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton	Y	Y	Category 2	See Medicare LCD for Bone Mass Measurement (L34639) for additional diagnosis codes. Available at www.cms.gov
			77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	Y	Y	Category 2	
			77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral)	Y	Y	Category 2	
			G0130	Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral)	Y	N	Category 2	
Glaucoma Screening	Adults	Once per calendar year	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Y	Y	Category 2	Unlimited
			G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Y	Y	Category 2	
Hearing	Children/ Others with Enhanced Benefits	Once per calendar year	92551	Screening test, pure tone, air only	Y	Y	Category 2	Z01.10, Z01.118
			92552	Pure tone audiometry (threshold); air only	Y	Y	Category 2	
			92567	Tympanometry (impedance testing)	Y	Y	Category 2	
Tuberculin Test	Children	Unlimited < age 18	86580	Skin test; tuberculosis, intradermal	Y	Y	Category 2	Unlimited
Vision Screening	Children/ Others with Enhanced Benefits	Once per calendar year	99173	Screening test of visual acuity, quantitative, bilateral	Y	Y	Category 2	Unlimited
			99174	Ocular photoscreening with interpretation and report, bilateral	Y	Y	Category 2	

Breastfeeding Services and Supplies

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Breast Pumps	Pregnancies	1 type of breast pump per live birth	E0603	Breast pump, electric (AC and/or DC), any type	N	Y	Category 2	Unlimited (Commercial only)
			E0604	Breast pump, hospital grade, electric	N	Y	Category 2	
		As needed	A4281	Tubing for breast pump, replacement	N	Y	Category 2	
			A4282	Adapter for breast pump, replacement	N	Y	Category 2	
			A4284	Breast shield and splash protector for use with breast pump, replacement	N	Y	Category 2	
			A4286	Locking ring for breast pump, replacement	N	Y	Category 2	
Breastfeeding (Lactation) Counseling		As needed	Use E/M or Counseling Code	N/A	N	Y	Category 3	Z39.1, O92.3, O92.4, O92.5, O93.70, O92.79

Contraceptive Services and Supplies

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
Contraception	Women	As prescribed	11976	Removal, implantable contraceptive capsules	N	Y	Category 2	Unlimited (Commercial only)
			11981	Insertion, non-biodegradable drug delivery implant	N	Y	Category 2	Z30.2, Z30.430 – Z30.433
			11982	Removal, non-biodegradable drug delivery implant	N	Y	Category 2	
			11983	Removal, with reinsertion, non-biodegradable drug delivery implant	N	Y	Category 2	
			57170	Diaphragm or Cervical Cap fitting with instructions	N	Y	Category 2	Unlimited (Commercial only)
			58300	Insertion of intrauterine device (IUD)	N	Y	Category 2	
			58301	Removal of IUD	N	Y	Category 2	Z30.2, Z30.8, Z30.40
			58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	N	Y	Category 2	
			58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	N	Y	Category 2	
			58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	N	Y	Category 2	
			58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	N	Y	Category 2	Unlimited (Commercial only)
			58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization	N	Y	Category 2	
			58611	Ligation or resection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)	N	Y	Category 2	
			58615	Occlusion of fallopian tubes by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	N	Y	Category 2	
			58661	Laparoscopy; with removal of adnexal structures (partial/total oophorectomy/ salpingectomy)	N	Y	Category 2	

Contraceptive Services and Supplies, continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Accepted for Medicare Claims?	Accepted for Commercial Claims?	Separately Payable?	Diagnosis Code Limits
			58670	Surgical laparoscopy, with fulguration of oviducts	N	Y	Category 2	Note: Vasectomies only covered as a preventive benefit in physician office setting.
			58671	Surgical laparoscopy, with occlusion of oviducts	N	Y	Category 2	
			58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	N	Y	Category 2	
			74740	Hysterosalpingography, radiological supervision and interpretation	N	Y	Category 2	
			A4261	Cervical cap for contraceptive use	N	Y	Category 2	
			A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	N	Y	Category 2	
			A4266	Diaphragm for contraceptive use	N	Y	Category 2	
			J1050	Injection, medroxyprogesterone acetate	N	Y	Category 2	
			96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	N	Y	Category 2	
			J7300	Intrauterine copper contraceptive	N	Y	Category 2	
			J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	N	Y	Category 2	
			J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	N	Y	Category 2	
			J7304	Contraceptive supply, hormone containing patch	N	Y	Category 2	
			J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	N	Y	Category 2	
			J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	N	Y	Category 2	
			S4989	Contraceptive intrauterine device, including implants and supplies	N	Y	Category 2	
	Men	As prescribed	55250	Vasectomy, unilateral or bilateral	Y	Y	Category 2	

Revision History

1/1/16

Added 80081 (Obstetric Panel with HIV), 81162 (BRCA1, BRCA2)

10/1/15

Updated with ICD-10 Codes

Clarified colorectal cancer frequency guidelines

Health First offers health care coverage options through two companies.

Health First Health Plans, Inc. offers Medicare Advantage and Group HMO and POS (Point of Service) health plans.

Health First Insurance, Inc. offers Group and Individual PPO insurance, including Exchange policies.