

## 2010 Adult Health & Wellness Guidelines for State Health Plan

**Risk Assessment Required Prior to Service.**

**100% of Allowable for Covered Services**

**Not subject to Calendar Year Deductible**

**Payable only for Network Providers (In-State Members)**

**Payable at 75% for Non-Net Providers (Out of Area Members only)**

**For ages 18 and over**



AGE	SEX	PROCEDURE/NUMBER OF TIMES FOR AGE RANGE	CPT CODES ACCEPTED FOR EACH PROCEDURE
18 - 34 yrs	F	Preventive medicine evaluation, re-evaluation, or office visit/2 visits per year	99385: Initial preventive medicine evaluation  99395: Periodic preventive medicine re-evaluation
		Blood pressure/1 procedure per year	99201 - 99205: Office or other outpatient services, new patient
		Breast exam/1 procedure per year	99211 - 99215: Office or other outpatient services, established patient  G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin  85013, 85014: Hematocrit  85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear  <a href="#">87620 and 87621 (HPV testing) (for ages 30 and above) when performed in conjunction with pap smear</a>		
Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density	80061: Lipid Profile		

		cholesterol (HDL Cholesterol) (83718) / 1 per year	
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
35 - 39 yrs	F	Preventive medicine evaluation, re-evaluation or office visit/2 visits per year  Blood pressure/1 procedure per year  Breast exam/1 procedure per year	99385: Initial preventive medicine evaluation 99395: Periodic preventive medicine re-evaluation 99201 - 99205: Office or other outpatient services, new patient 99211 - 99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear  87620 and 87621 (HPV testing) when performed in conjunction with pap smear
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile

		Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography  Provider interpretation for mammography  (77051 if used in conjunction with 77056)  (77052 if used in conjunction with 77057)  76092-26: Provider interpretation for mammography
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative  82948: Glucose, blood, reagent strip  82950: Post glucose dose  82951: Tolerance test (GTT), three specimens  82962: Glucose, blood by glucose monitoring device(s)  36415 and 36416: Routine venipuncture
18 - 39 yrs	M	Preventive medicine evaluation, re-evaluation or office visit/2 per year	99385: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99395: Periodic preventive medicine re-evaluation  99201 - 99205: Office or other outpatient, new patient  99211 - 99215: Office or other outpatient services, established patient  G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin  85013, 85014: Hematocrit  85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Lipid Profile- includes Cholesterol,	80061: Lipid Profile

		Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
40 - 49 yrs	F	Preventive medicine evaluation, re-evaluation or office visit/2 visits per year Blood pressure/1 procedure per year Breast exam/1 procedure per year	99386: Initial preventive medicine evaluation 99396: Periodic preventive medicine re-evaluation 99201 - 99205: Office or other outpatient, new patient 99211 - 99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis per year
		Immunizations/TB skin test as needed	See Immunization Codes
		Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear <a href="#">87620 and 87621 (HPV testing) when performed in conjunction with pap smear</a>
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density	80061: Lipid Profile

		cholesterol (HDL Cholesterol) (83718) / 1 per year	
		Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography  Provider interpretation for mammography (77051 if used in conjunction with 77056)  (77052 if used in conjunction with 77057)
		Stool for occult blood/1 procedure per yr	82270 thru 82274, G0328, G0394: Blood, occult, feces, 1 - 3 simultaneous determinations
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative  82948: Glucose, blood, reagent strip  82950: Post glucose dose  82951: Tolerance test (GTT), three specimens  82962: Glucose, blood by glucose monitoring devices(s)
		Routine venipuncture for collection of specimens for any age	36415 and 36416: Routine venipuncture
40 - 49 yrs	M	Preventive medicine evaluation, re-evaluation or office visit/2 visits per year  Blood pressure/1 procedure per year	99386: Initial preventive medicine evaluation  99396 Periodic preventive medicine re-evaluation  99201 - 99205: Office or other outpatient services, new patient  99211 - 99215: Office or other outpatient services, established patient  G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 per year	85018: Hemoglobin  85013, 85014: Hematocrit  85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes

		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
		Prostate specific antigen with digital rectal exam/1 procedure per year	84153, G0102, G0103: Prostate specific antigen
		Stool for occult blood/1 procedure per yr	82270 thru 82274, G0328, G0394: Blood, occult, feces, 1-3 simultaneous determinations
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
50 years and older	F	Preventive medicine evaluation, re-evaluation or office visit/2 visits per year	99386, 99387: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99396, 99397: Periodic preventive medicine new patient
		Breast exam/1 procedure per year	99201 - 99205: Office or other outpatient services new patient 99211 - 99215: Office or other outpatient services, established patient
			G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear

			87620 and 87621 (HPV testing) when performed in conjunction with pap smear
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
		Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography  Provider interpretation for mammography (77051 if used in conjunction with 77056)  (77052 if used in conjunction with 77057)
		Stool for occult blood/1 procedure per year	82270, 82272, 82273, 82274, G0328, G0394: Blood, occult: feces, 1 - 3 simultaneous determinations
		Flexible Sigmoidoscopy/1 procedure every 5 years OR Colonoscopy/1 procedure every 10 years	45330,45331, 45333, 45338, 45339, G0104: Sigmoidoscopy, flexible  44388, 44389, 44392, 44393, 44394, 45355, 45378, 45380, 45383, 45384, 45385, G0105, G0121: Colonoscopy
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative  82948: Glucose, blood, reagent strip  82950: Post glucose dose  82951: Tolerance test (GTT(, three specimens  82962: Glucose, blood by glucose monitoring device(s)  36415 and 36416: Routine venipuncture
50 years and older_	M	Preventive medicine evaluation, re-evaluation or office visit/2 visits per year  Blood pressure/1 procedure per year	99386, 99387: Initial preventive medicine evaluation  99396, 99397: Periodic preventive medicine re-evaluation  99201 - 99205: Office or other outpatient services new patient  99211 - 99215: Office or other outpatient services established patient  G0402: initial preventive physical examination, face-to-face visit, services

			limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
		Prostate specific antigen with digital rectal exam/1 procedure per year	84153, G0102, G0103: Prostate specific antigen
		Stool for occult blood/1 procedure per year	82270, 82272, 82273, 82274, G0328, G0394: Blood, occult: feces, 1-3 simultaneous determinations
		Flexible Sigmoidoscopy /1 procedure every 5 years OR Colonoscopy/1 procedure every 10 years	45330, 45331, 45333, 45338, 45339, G0104: Sigmoidoscopy, flexible 44388, 44389, 44392, 44393, 44394, 45355, 45378, 45380, 45383, 45384, 45385, G0105, G0121: Colonoscopy
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s)
			36415 and 36416: Routine venipuncture

### IMMUNIZATION CODES

CPT/HCPCS CODE	CODE DESCRIPTION
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
G9141	Influenza A (H1N1) Immunization administration
86580	Skin test; tuberculosis, intradermal

86585	Skin test; tuberculosis, tine test
90465	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; first injection
90466	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; each additional injection
90467	Immunization administration under 8 years of age when the physician counsels the patient/family; first injection
90468	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; each additional injection
90470	H1N1 Immunization administration intramuscular, intranasal
90471	Immunization administration; one vaccine
90472	Immunization administration; additional vaccine
90473	Immunization administration by intranasal or oral route: one vaccine
90474	Immunization administration; additional vaccine
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 Dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 Dose schedule, for intramuscular use
90636	Hepatitis A and Hepatitis B vaccine (HEPA-HEPB), Adult dosage, for intramuscular use
90645	Hemophilus Influenza B vaccine (HIB) HBOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus Influenza B vaccine (HIB) PRP-D conjugate for booster use only, intramuscular use
90647	Hemophilus Influenza B vaccine (HIB), PRP-OMP conjugate (3 dose schedule) for intramuscular use
90648	Hemophilus Influenza B vaccine (HIB) PRP-T conjugate (4 dose schedule) for intramuscular use
90649	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (Quadrivalent), 3 dose schedule, for intramuscular use - <b>Ages 18 thru 26 only. (Can have 96049 or 90650 – not both)</b>
90650	Human Papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use – <b>Ages 18 thru 26 only. (Can have 96049 or 90650 – not both)</b>
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use
90669	Pneumooccal conjugate vaccine, polivalent, for intramuscular use

90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Rotarix)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTAP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Kinrix)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza B and poliovirus vaccine, inactive (DTaP-HIB-IPV), for intramuscular use
90700	Diphtheria, tetanus toxins, and acellular pertussis vaccine (DTap), for intramuscular use
90701	Diphtheria, tetanus toxins and whole cell pertussis vaccine (DPT), for intramuscular use
90702	Diphtheria and tetanus toxins (DT) absorbed for pediatric use, for intramuscular use
90703	Tetanus toxoid absorbed, for intramuscular or jet injection use
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use
90705	Measles virus vaccine, live, for subcutaneous or jet injection use
90706	Rubella virus vaccine, live, for subcutaneous or jet injection use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90708	Measles and rubella virus vaccine, live, for subcutaneous or jet injection use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliomyelitis vaccine, inactivated, (IPV), for subcutaneous use
90714	Tetanus and diphtheria toxoids (TD) absorbed, preservative free, for use in individuals seven years or older, for intramuscular use
90715	Tetanus and diphtheria toxoids and acell pertussis vaccine (TdaP), seven years and above, for intramuscular use
90716	Varicella virus vaccine, live, for subcutaneous use
90718	Tetanus and diphtheria toxins (Td) absorbed for adult use, for intramuscular or jet injection
90719	Diphtheria toxoid, for intramuscular use
90721	Diphtheria, tetanus toxins, and acellular pertussis vaccine and Hemophilus influenza B vaccine (tap-HIB), for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and Poliovirus vaccine, inactivated (DTAP-HEPB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group) for subcutaneous use
90734	Meningococcal polysaccharide vaccine (serogroups A, C,Y and W-135 (Tetravalent), for intramuscular use
90736	Zoster (shingles) vaccine, live, or subcutaneous injection <b>for age 60</b> and above
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine: pediatric/adolescent dosage, for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis immunosuppressed patient dosage, for intramuscular use

90748

Hepatitis B and Hemophilus influenza B vaccine (HepB-HIB), for intramuscular use