

## PREVENTIVE SERVICES

### U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS

#### Policy

The U.S. Departments of Health and Human Services (HHS), Labor and Treasury issued regulations under the Patient Protection and Accountability Care Act (PPACA) requiring health plans (NHP) to cover certain preventive services without imposing any cost-sharing for the health plan member when delivered by in-network providers. This provider payment guideline covers the following recommended preventive services:

- A & B Recommendations of the US Preventive Services Task Force (USPSTF)
- Recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention
- Comprehensive Guidelines Supported by the Health Resources and Services Administration (HRSA)
  - Bright Futures Recommendations for Pediatric Preventive Health Care
  - Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC)

#### Authorization, Notification and Referral

Service	Requirement
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

#### Limitations

All NHP in-network (contracted) providers must provide recommended services, as listed in this guideline, without any cost-sharing, including but not limited to any co-insurance, co-payments or deductibles. This applies to the recommended preventive services delivered to existing groups in the plan year effective January 1, 2011.

#### Definitions

**Advisory Committee on Immunization Practices (ACIP):** A committee of **immunization** experts selected by the Secretary of the U. S. Department of Health and Human Services to provide advice and guidance on the control of vaccine-preventable diseases.

The role of the ACIP is to provide advice that will lead to a reduction in the incidence of vaccine preventable diseases in the United States, and an increase in the safe use of vaccines and related biological products.

ACIP is the only entity in the federal government that makes recommendations for the routine administration of vaccines.

**Bright Futures/American Academy of Pediatric Health Care:** A national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice. The recommendations for preventive pediatric health care guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures.

**Centers for Disease Control and Prevention (CDC):** A major operating component of the U.S. Department of Health and Human Services whose mission is to create the expertise, information, and tools that people and communities need to protect their health.

**Cost sharing:** Financial arrangements whereby the member of a health plan (NHP) must pay some of the costs to receive care:

- **Co-Insurance:** A payment that a member is required to make to a provider for covered services under a subscriber group agreement. Coinsurance is calculated as a percentage of the contracted reimbursement rate for such services, or, if reimbursement is on a basis other than fee-for-service amount, as a percentage of a NHP determined fee schedule or as a NHP determined percentage of actual billed charges.
- **Co-Payment:** The charge, as set out in the subscriber group agreement, which a member is required to pay at the time covered services are provided.
- **Deductible:** A specific annual dollar amount a member must pay each year for certain services. A member may have a deductible for medical expenses and a separate deductible for pharmacy expenses.

**Heritable Disorders in Newborns and Children-The Secretary's Advisory Committee (SACHDNC):** This committee advises regarding the most appropriate application of universal newborn screening tests, technologies, policies, guidelines and standards for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders.

**In-Network:** Providers or health care facilities which are part of NHP's network of participating providers with which NHP has entered into an agreement/contract to provide covered services to NHP members.

**Office or other outpatient visit:** An evaluation and management (E/M) service (sick visit) with history, examination, and medial decision making considered as the key components, provided in the physician's office or in an outpatient or other ambulatory facility.

**Patient Protection and Accountability Care Act (PPACA):** A federal statute that was signed into law by the U.S. President on March 23, 2010. The legislation addresses several aspects of health

care reform including but not limited to: health insurance coverage, payment for these new proposals, and the guidelines for preventive services.

**Plan year:** A 12-month coverage period, beginning on the first date when the coverage takes effect, “the plan year”, if other than the calendar year (January 1 – December 31).

**Preventive services:** Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease, or other health problems.

**Preventive medicine visit:** A comprehensive, preventive medical E/M of an individual including an age appropriate history, exam, counseling, anticipatory guidance, risk factor reduction intervention(s), and the ordering of laboratory and /or diagnostic procedures.

**U. S. Preventive Services Task Force (USPSTF):** An independent panel of non-Federal experts in prevention and evidence-based medicine, composed of primary care providers (such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists) who conduct scientific evidence reviews of a broad range of clinical health care services (such as screening, counseling, and medications) and develop recommendations for primary care clinicians and health systems. These recommendations are published in the form of “Recommendation Statements”.

### **Diagnoses and Procedure Codes Applicable To Guideline: USPSTF A and B Recommendations**

<b>USPSTF A and B Recommendations</b>				
<a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm</a>				
<b>ICD-9 Diagnosis when required</b>	<b>Codes</b>	<b>Topic</b>	<b>Description</b>	<b>Comment (If any)</b>
	G0389	Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time <b>screening</b> for abdominal aortic aneurysm by <b>ultrasonography</b> in men aged 65 to 75 who have ever smoked.	
V79.1 V22.x V23.x	99408 99409 G0396 G0397	Alcohol misuse counseling	The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by <b>adults</b> , including <b>pregnant</b> women, in primary care settings.	
V78.0 V22.x V23.x	82728	Anemia screening: pregnant women	The USPSTF recommends routine screening for <b>iron deficiency anemia</b> in asymptomatic pregnant women.	
	G8598	Aspirin to prevent CVD: men	The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	
		Aspirin to prevent CVD: women	The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in	

			gastrointestinal hemorrhage.	
V81.5 V22.x V23.x	87081 87086 87088	Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for <b>pregnant</b> women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	
V81.1		Blood pressure screening	The USPSTF recommends screening for high blood pressure in adults aged 18 and older.	
V16.3 V16.41 V26.33 V84.01 V84.02	96040	BRCA screening, counseling about	The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be <b>referred</b> for <b>genetic counseling</b> and <b>evaluation</b> for BRCA testing.	
V16.3 V84.01	99401 99402	Breast cancer preventive medication	The USPSTF recommends that clinicians <b>discuss</b> chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should <b>inform</b> patients of the potential benefits and harms of chemoprevention.	
V76.10 V76.11 V76.12	77052 77057 G0202	Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	
V22.x V23.x V24.0 V24.1	S9443	Breastfeeding counseling	The USPSTF recommends <b>interventions</b> during <b>pregnancy</b> and <b>after birth</b> to promote and support breastfeeding.	
V76.2	88141 88142 88143 88147 88148 88150 88152 88153 88154 88155 88164 88165 88166 88167 88174 88175 G0101 Q0091	Cervical cancer screening	The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.	To report a Pap smear, submit <b>CPT codes</b> , only.
	86631 86632 87270 87320 87491	Chlamydial infection screening: <b>non-pregnant</b> women	The USPSTF recommends screening for Chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.	

		Chlamydial infection screening: <b>pregnant</b> women	The USPSTF recommends screening for Chlamydial infection for all <b>pregnant</b> women aged 24 and younger and for older pregnant women who are at increased risk.	
V73.88	86631 86632 87270 87320 87491	Chlamydial infection screening	NHP recommends screening for Chlamydial infection for all plan members.	Covered for all plan members. No cost – sharing.
V77.91	80061 82465	Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men aged 35 and older for lipid disorders.	
V81.0 V81.1 V81.2	83718	Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.	
		Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	
		Cholesterol abnormalities screening: women younger than 45.	The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.	
V76.41 V76.51	45330 45331 45333 45338 45339 45378 45379 45380 45382 45383 45384 45385 82270 82274	Colorectal cancer screening	The USPSTF recommends <b>screening</b> for colorectal cancer using <b>fecal occult blood</b> testing, <b>sigmoidoscopy</b> , or <b>colonoscopy</b> , in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	To report screening, submit <b>CPT codes</b> , only.
		Dental caries chemoprevention: preschool children	The USPSTF recommends that primary care clinicians prescribe <b>oral fluoride</b> supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	Reported with services included in: 99381 99382 99391 99392
V79.0	99201 99202 99211 99212	Depression screening: adolescents	The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder <b>when systems are in place to ensure accurate diagnosis</b> , psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	
		Depression screening: adults	The USPSTF recommends screening adults for depression <b>when staff-assisted depression care supports are in place</b> to assure accurate diagnosis, effective treatment, and follow-up.	

V18.0 V77.1	82947 82948 82950 83036	Diabetes Screening	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	
		Folic acid supplementation	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	Reported with services included in: 99384 99385 99386 99394 99385 99386
		Gonorrhea prophylactic medication: newborns	The USPSTF strongly recommends <b>prophylactic</b> ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.	Reported with services included in: 99381 99391
V22.x V23.x V74.5	87590 87591 87592 87850	Gonorrhea screening: women	The USPSTF recommends that clinicians screen all sexually active women, including those who are <b>pregnant</b> , for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).	
V65.3	G0270 G0271 97802 97803 97804 99201 99202 99211 99212 99401 99402	Healthy diet counseling	The USPSTF recommends intensive <b>behavioral dietary counseling</b> for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	
V20.3x	92587	Hearing loss screening: newborns	The USPSTF recommends screening for hearing loss in all newborn infants.	
V78.2	83020 83021	Hemoglobinopathies screening: newborns	The USPSTF recommends screening for <b>sickle cell disease</b> in newborns.	
V22.x V23.x	87340 87341	Hepatitis B screening: pregnant women (HBsAg)	The USPSTF strongly recommends screening for hepatitis B virus infection in <b>pregnant</b> women at their first prenatal visit.	
V73.89 V22.x V23.x	86701 86702 86703 86689 87390 87391	HIV screening	The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at <b>increased risk</b> for HIV infection.	To report screening, submit <b>CPT codes</b> , only.
V77.0	84443 84436 84437	Hypothyroidism screening: newborns	The USPSTF recommends screening for congenital hypothyroidism in newborns.	Report only for patients <b>≤ 1 month old</b> .

		Iron supplementation in children	The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.	Reported with services included in: 99381 99391
V77.8 278.00 278.01 V85.3x V85.4x	96150 96151 96152 96153	Obesity screening and counseling: <b>adults</b>	The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	
V77.8 278.00 278.01 V85.54	96150 96151 96152 96153 96154	Obesity screening and counseling: <b>children</b>	The USPSTF recommends that clinicians screen children <b>aged 6 years and older</b> for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
V82.81	77080 76977	Osteoporosis screening: women	The USPSTF recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at <b>age 60 for women at increased risk</b> for osteoporotic fractures.	
	84030	PKU screening: newborns	The USPSTF recommends screening for phenylketonuria (PKU) in newborns.	
V22.x V23.x	86901 86850	Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends <b>Rh (D) blood typing</b> and <b>antibody testing</b> for all pregnant women during their first visit for pregnancy-related care.	
	86850	Rh incompatibility screening: 24-28 weeks gestation	The USPSTF recommends repeated <b>Rh (D) antibody testing</b> for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	
V65.45 V69.2	96150 96152 96153 99401 99402 99411 99412	STIs counseling	The USPSTF recommends high-intensity <b>behavioral</b> counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at <b>increased risk</b> for STIs.	To report counseling, submit <b>CPT codes</b> , only.
305.1 V15.82	99406 99407	Tobacco use counseling: non-pregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	To report counseling, <b>submit CPT codes</b> , only. Limited to 16 sessions per calendar year.
649.0 305.1 V15.82 V22.x V23.x		Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all <b>pregnant</b> women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	To report counseling, submit <b>CPT codes</b> , only. Limited to 16 sessions per calendar

				year
V74.5	86592	Syphilis screening: non-pregnant persons	The USPSTF strongly recommends that clinicians screen persons at <b>increased risk</b> for syphilis infection.	
V74.5 V22.x V23.x		Syphilis screening: pregnant women	The USPSTF recommends that clinicians screen all <b>pregnant</b> women for syphilis infection.	
V20.2	99172 99173 99174	Visual acuity screening in children	The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.	

### Modifiers Applicable to Guideline

Modifier	Descriptor	Comments
33	Preventive service	<p>When the primary purpose of the service is the delivery of an evidence-based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by appending <b>modifier 33, Preventive Service</b>, to the service. For separately reported services specifically identified as preventive, the modifier should not be used.</p> <p>Patient cost-sharing does not apply to the service to which this modifier is appended</p>
U1	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health screening with no behavioral health need identified when administered by a <b>physician, independent nurse midwife or independent nurse practitioner</b> .	For reimbursement of CPT 96110 append the appropriate "U" modifier to 96110. If a "U" modifier is not appended to 96110, the code will be reimbursed at \$0.00.
U2	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health and a <b>behavioral health need was identified</b> when administered by a <b>physician, independent nurse midwife or independent nurse practitioner</b> .	
U3	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health screening with no behavioral health need identified when administered by a <b>nurse midwife employed by a physician</b> .	
U4	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health screening tool and a <b>behavioral health need was identified</b> when administered by a <b>nurse midwife employed by a physician</b> .	
U5	Medicaid Level of Care: Completed behavioral	

	health screening using a standardized behavioral health screening tool with no behavioral health need identified when administered by a <b>nurse practitioner employed by a physician.</b>	
U6	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health screening and a <b>behavioral health need was identified</b> when administered by a <b>nurse practitioner employed by a physician.</b>	
U7	Medicaid Level of Care: Completed behavioral health screening using a standardized behavioral health screening tool with no behavioral health need identified when administered by a <b>physician assistant employed by a physician.</b>	
U8	Medicaid Level of Care: Completed a behavioral health screening using a standardized behavioral health screening tool and a <b>behavioral health need was identified</b> when administered by a <b>physician assistant employed by a physician.</b>	

### Provider Payment Guidelines and Documentation: USPSTF A and B Recommendations

If a diagnosis code is listed in the column titled “ICD-9 Diagnosis when required”, please submit the applicable diagnosis code along with the associated procedure code for the service provided, choosing from the codes listed in the column titled “Codes”.

Modifier 33 may only be submitted with codes listed in this provider payment guideline.

**NOTE:** Cost sharing may not be applied on the above-listed procedures when submitted with the associated listed diagnosis for the applicable population, and provided by a NHP contracted provider.

### Procedure Codes: ACIP Recommended Vaccine Code List Applicable To Guideline

CPT Code	Vaccine Descriptor
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, intramuscular use
90636	Hepatitis A and Hepatitis B vaccine ( <b>HepA-HepB</b> ) adult dosage, for intramuscular use
90645	Hemophilus influenza b vaccine (Hib), <b>HbOC conjugate</b> (4 dose schedule) intramuscular use
90646	Hemophilus influenza b vaccine (Hib), <b>PRP-D conjugate</b> , for booster use only, intramuscular use
90647	Hemophilus influenza b vaccine (Hib), <b>PRP-OMP conjugate</b> , (3 dose schedule) intramuscular use
90648	Hemophilus influenza b vaccine (Hib), <b>PRP-T conjugate</b> , (4 dose schedule) intramuscular use
90649	Human Papilloma virus ( <b>HPV</b> ) vaccine, types 6,11,16,18 (quadrivalent), 3 dose schedule, intramuscular use
90650	Human Papilloma virus ( <b>HPV</b> ) vaccine, types 16,18 (bivalent), 3 dose schedule, intramuscular use
90655	Influenza virus, split virus, preservative free, when administered to children 6-35 months of age for intramuscular use
90656	Influenza virus, split virus, preservative free, when administered to individuals 3 years or older, for intramuscular use
90657	Influenza virus, split virus, for children 6-35 months of age, intramuscular use

90658	Influenza virus, split virus, for individuals 3 years or older, intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90662	Influenza virus, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal <u>conjugate</u> vaccine, 13 valent for intramuscular use (E.g. <b>Prevnar 13</b> )
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use (E.g. <b>RotaTeq</b> )
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live for oral use (E.g. <b>Rotarix</b> )
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B and poliovirus vaccine, inactivated (Dtap-Hib-IPV) for intramuscular use (E.g. <b>Pentacel</b> )
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine ( <b>DTaP</b> ) for individuals younger than 7 years, intramuscular use
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine ( <b>DTP</b> ) for intramuscular use
90702	Diphtheria and tetanus toxoids ( <b>DT</b> ) adsorbed for individuals younger than 7 years, intramuscular use
90703	Tetanus toxoid adsorbed, for intramuscular use
90707	Measles, mumps and rubella vaccine ( <b>MMR</b> ), live, subcutaneous use
90713	Poliovirus vaccine, inactivated ( <b>IPV</b> ), subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids ( <b>Td</b> ) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine ( <b>Tdap</b> ) for individuals 7 years or older, intramuscular
90716	Varicella virus vaccine, live, subcutaneous use
90718	Tetanus and diphtheria toxoids ( <b>Td</b> ) adsorbed for individuals 7 years or older, intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine ( <b>DTP-Hib</b> ) for intramuscular use
90721	Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine ( <b>Dtap-Hib</b> ) for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated ( <b>DtaP-HepB-IPV</b> ) intramuscular use (E.g. <b>Pediarix</b> )
90732	Pneumococcal <u>polysaccharide</u> vaccine, 23-valent, adult or immunosuppressed patient dosage, 2 years or older, subcutaneous or intramuscular use
90734	Meningococcal conjugate vaccine, ( <b>MCV4</b> ), serogroups A, C, Y and W-135 (tetravalent), intramuscular use
90736	Zoster (shingles) vaccine, live, for subcutaneous injection
90740	Hepatitis B vaccine, dialysis or immunocompromised patient dosage, (3 does schedule) for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), intramuscular use
90746	Hepatitis B vaccine, adult dosage, intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), intramuscular use

### Immunization Administration for Vaccines/Toxoids Codes Applicable To Guideline

Code	Descriptor	Comments
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid <b>component</b>	For the first vaccine component, reimbursed with a count of 1.

90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid <b>component</b> (List separately in addition to code for primary procedure)	For each additional <b>component</b> , in addition to CPT 90460, reimbursed with a count =>1.
90471	Immunization administration, one vaccine (single or combination vaccine/toxoid)	Reimbursed with a count of 1 per day. Do not report with CPT 90473.
90472	Immunization administration, one vaccine (single or combination vaccine/toxoid), each additional	Reimbursed with a count =>1, in addition to CPT 90471 or 90473
90473	Immunization administration oral or intranasal; one vaccine	Reimbursed with a count of 1 per day. Do not report with CPT 90471.
90474	Immunization administration oral or intranasal, each additional	Reimbursed with a count =>1, in addition to CPT 90471 or 90473

### Provider Payment Guidelines and Documentation: [ACIP Recommended Vaccines and Administration of Vaccines/Toxoids](#)

The ACIP recommended vaccines must be provided in accordance with ACIP published guidelines including but not limited to:

- the patient age
- vaccine
- the number of doses
- the intervals between doses in effect on the date of vaccine administration

Report **CPT codes** only, for the provision and/or administration of vaccines/toxoids.

**NOTE:** Cost sharing may not be applied to the above-listed vaccines/toxoids and their administration when submitted for the applicable population in accordance with ACIP recommendations, and provided by a NHP contracted provider.

The ACIP Recommendations can be accessed via the ACIP link in the References Section of this guideline.

### Diagnoses and Procedure Codes Applicable To Guideline: [Bright Futures Recommendations for Pediatric Preventive Health Care](#)

Service	ICD-9 Diag	IDC-9 Descriptor	Codes	Procedure Code Short Descriptor
<b>History</b>				
Initial/Interval	V20.2	Routine infant child health check > 28 days old	99381-99385 99391-99395	Preventative E/M Office Visit
	V20.3x	Health check for child < 29 days old		
	V70.0	Routine general medical exam at health care facility		

<b>Measurements</b>	V72.31	Routine gynecological exam		
Length/Height and Weight, Head Circumference, Weight for Length, Blood Pressure				
Body Mass Index	V85.5x (2 <sup>nd</sup> ary dx, only)	Body Mass Index, pediatric		
<b>Sensory Screening</b>				
Vision	V20.2	Routine infant child health check > 28 days	99172 99173 99174	Ocular function screen Visual acuity screen Ocular photoscreening
Hearing	V20.3x	Newborn health supervision	92551 92552 92567 92587	Pure tone hearing test, air Pure tone audiometry, air Tympanometry Evoked auditory test

<b><u>Developmental/ Behavioral Assessment</u></b>		Special Screen for developmental handicaps in early childhood	S0302 96110	CPT 96110 must be submitted with the appropriate <b>U1-U8</b> modifier. If a "U" modifier is not appended to 96110, the code will be reimbursed at \$0.00.
Developmental Screening				
Autism Screening				
Developmental Surveillance				
Psychosocial /- Behavioral Assessment				
Alcohol and Drug Use Assessment	V79.1	Special screen for alcoholism	96150	Health and behavior assessment, 15 minutes
Physical Examination	V20.2  V20.3x  V70.0  V72.31	Routine infant child health check > 28 days old  Health check for child < 29 days old  Routine general medical exam at health care facility  Routine gynecological exam	99381- 99385 99391- 99395	Preventative E/M
<b>Procedures</b>				

Newborn Metabolic/Hemoglobin Screening	V78.3	Sp screen for other hemoglobinopathies	83020 82021	Hemoglobin electrophoresis Hemoglobin chromatography
Immunization	Refer to ACIP Recommended Vaccination Code List table, above.			
Hematocrit or Hemoglobin	V78.3 V78.0	Sp screen for other hemoglobinopathies Iron deficiency anemia screen	85013 85014 85018	Spun microhematocrit Hematocrit Hemoglobin
Lead Screening	V82.5	Sp screen for chemical poisoning and other contaminations	83655	Assay of lead
Tuberculin Test	V74.1	Sp screen for pulmonary tuberculosis	86580	TB intradermal test
Dyslipidemia Screening	V77.91	Screen for lipid disorders	80061 82465 83718	Lipid panel, Assay, bld/serum cholesterol, Assay of lipoprotein
STI Screening	V69.2 V73.89 V74.5	High risk sexual behavior Other specified viral disease screening Sp. Screen for VD	87590 89791 87592 87850 86631, 86632 87270 87320 87491 86701 86702 86703 86689 87390 87391 86592	Chlamydia, Gonorrhea, HIV, Syphilis Screening
Cervical Dysplasia Screening	V76.2	Sp screen for malignant neoplasm of cervix	88141 88142 88143 88147 88148 88150 88152 88153 88154 88155 88164 88165 88166 88167 88174 88175 G0101 Q0091	Pap Smears

Oral Health ( <i>Risk Assessment</i> )	Included in <b>History/Measurements</b> categories, reported with the age appropriate preventive office visit (E/M) code.
Anticipatory Guidance	Included in <b>History/Measurements</b> categories, reported with the age appropriate preventive office visit (E/M) code.

### **Provider Payment Guidelines and Documentation: [Bright Futures Recommendations for Pediatric Preventive Health Care](#)**

Bright Futures guidelines apply to infancy, early childhood, middle childhood and the adolescent population up to 21 years of age.

If a diagnosis code is listed in the column titled “**ICD-9 Diag when required**” please submit the applicable diagnosis code along with the associated procedure code for the service provided, choosing from the codes listed in the column titled “**Codes**”.

**NOTE:** Cost sharing may not be applied to the above-listed preventive services when submitted for the applicable population in accordance with the Bright Futures Recommendations, and provided by a NHP contracted provider.

The Bright Futures/American Academy of Pediatrics recommendations can be accessed via the Bright Futures link in the References Section of this guideline.

### **Heritable Disorders in Newborns and Children (SACHDNC)**

Disorders included in routine newborn screening, also mandated by the Massachusetts Department of Public Health include laboratory markers for 30 disorders that can be grouped according to the cause or treatment of the disorder, as follows:

- Amino Acidopathies
- Congenital Infectious Diseases
- Cystic Fibrosis
- Endocrinopathies
- Enzyme Deficiencies for Vitamins and Sugars
- Fatty Acid Oxidation Disorders
- Hemoglobinopathies
- Organic Acid Disorders
- Urea Cycle Disorders

### **Provider Payment Guidelines and Documentation: Heritable Disorders in Newborns and Children (SACHDNC)**

For children born in Massachusetts, the hospitals, pediatrician’s offices or specimen collectors must submit the completed New England Newborn Screening Program Specimen Form # BA 09 MA 0211-12, along with the required specimens to:

New England Newborn Screening Program

University of Massachusetts Medical School  
305 South Street  
Jamaica Plain, MA 02130

Tel: (617) 983-6300

**NOTE:** Cost sharing may not be applied to routine newborn screenings. They are provided at no charge by the Massachusetts Department of Public Health.

### Procedure Codes: Preventive Medicine (Well Visit) Codes Applicable To Guideline

CPT Code	Short Descriptor	Age Range	Primary ICD-9 Diag	ICD-9 Descriptor
99381	Init pm e/m, new pat, inf	≤ 1 year	V20.2	Routine infant/child health check, > 28 days
99391	Per pm reeval, est pat, inf		V20.3X	Health check for child under 29 days old
99382	Init pm e/m, new pat 1-4 yrs	1-4 yrs	V20.2	Routine infant/child health check, ≥ 28 days
99392	Prev visit, est, age 1-4			
99383	Prev visit, new, age 5-11	5-11 yrs	V20.2	Routine infant/child health check, ≥ 28 days
99393	Prev visit, est, age 5-11			
99384	Prev visit, new, age 12-17	12-17 yrs	V20.2	Routine infant/child health check, ≥ 28 days
99394	Prev visit, est, age 12-17		V72.31	Routine gynecological examination
99385	Prev visit, new, age 18-39	18-39 yrs	V20.2	Routine infant/child health check, ≥ 28 days
99395	Prev visit, est, age 18-39		V70.0	Routine general medical exam at a health care facility
			V72.31	Routine gynecological examination
99386	Prev visit, new, age 40-64	40-64 yrs	V70.0	Routine general medical exam at a health care facility
99396	Prev visit, est, age 40-64		V72.31	Routine gynecological examination
99387	Prev visit, new, age 65+	65+ yrs	V70.0	Routine general medical exam at a health care facility
99397	Prev visit, est, age 65 +		V72.31	Routine gynecological examination

**NOTE:** Cost sharing may not be applied to the above-listed preventive medicine visit codes when submitted for the applicable population, at the age appropriate intervals, and provided by a NHP contracted provider.

### Payment Guidelines and Documentation: Procedure Codes: Preventive Medicine (Well Visit) Codes

When the reason for the visit is a routine physical, also known as a preventive medicine visit, please submit the applicable diagnosis code along with the associated preventive medicine E/M code for the service provided, choosing from the codes listed in the above table, in the columns titled “CPT Code” and “Primary ICD-9 Diag”.

### Payment Guidelines and Documentation: Office (Sick) Visits and Cost- Sharing For Services Provided By NHP Contracted Providers

Evaluation and Management ( <u>Sick Visit</u> /Office Visit) Codes		
CPT Code	Short Descriptor	Average Time Expended
99201	Office/outpatient visit, new	10 min
99202	Office/outpatient visit, new	20 min
99203	Office/outpatient visit, new	30 min
99211	Office/outpatient visit, est	5 min
99212	Office/outpatient visit, est	10 min
99213	Office/outpatient visit, est	15 min

### Problem Oriented (Sick Visit) Office Visit

If a preventive medicine visit and a problem-oriented (sick) visit occur on the same day, modifier 25 (significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) must be appended to the problem-oriented E/M (sick visit) to indicate the service is distinct and separately identifiable. Documentation in the medical record must substantiate the unrelated, distinct and separately identifiable problem(s).

Cost sharing *may be applied* to a problem-oriented (sick) visit)/office/outpatient visit occurring on the same day as a preventive visit.

### Cost Sharing: Office Visits

If an item or service described under preventive services in this guideline is:

- **billed separately** (or **tracked separately** as individual encounter data) from an office visit, cost sharing may be allowed for the office visit.

If an item or service described under preventive services in this guideline is:

- **not billed separately** (or **not tracked separately** as individual encounter data) from an office visit,
- **and** the primary purpose of the office visit is the delivery of such preventive item or service, cost sharing may **not** be allowed for the office visit.

If an item or service described under preventive services in this guideline is

- **not billed separately** from an office visit,

- *and* the primary purpose of the office visit is **not** delivery of such preventive item or service, cost sharing may be allowed for the office visit.

### Illustrative Examples: Office Visits

- 1) A NHP member visits an in-network provider. The member is screened for cholesterol abnormalities. The provider bills NHP for an office visit *and* for the laboratory work of the cholesterol screening.

Because the office visit is billed separately from the cholesterol screening test, NHP *may* impose cost-sharing for the office visit.

- 2) As a result of the cholesterol screening in Example 1, above, the NHP member is diagnosed with hyperlipidemia by the in-network provider and prescribed a course of treatment.

Because the treatment prescribed is not listed in the covered preventive services, NHP *may* impose cost-sharing with respect to the hyperlipidemia treatment.

- 3) A NHP member visits an in-network provider to discuss abdominal pain. During the visit the NHP member has a blood pressure screening. The provider bills NHP for an office visit.

Because the blood pressure screening is provided as part of an office visit for which the primary purpose of the visit is not to deliver items or services described as preventive, NHP *may* impose cost-sharing requirements for charges of the office visit.

- 4) A child who is a NHP member visits an in-network pediatrician to receive an annual (preventive) physical exam. During the visit, the child received extra items and services not described as preventive in the recommendations. The provider bills NHP for an office visit.

Because the extra services and items were not billed as separate charges, but included in the office visit, *and* the primary purpose of the visit was to deliver items and services considered preventive, NHP *may not* impose cost-sharing for the (preventive) office visit charge.

### References

NHP Modifier Provider Payment Guideline

NHP Vaccine and Immunization Provider Payment Guideline

AMA **CPT Assistant** December 2010/Volume 20 Issue 12

ACIP vaccination recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>

Bright Futures Recommendations:

<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

Additional Bright Futures information: <http://www.brightfutures.org/> and/or <http://www.pediatricsinpractice.org/index.asp?ck=pass>

The USPSTF A and B Recommendations:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

The U S Preventive Services Task Force Recommendations, an A to Z Topic Guide:

<http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>

The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children:

<http://www.hrsa.gov/heritabledisorderscommittee/>

Implementation Center for the Recommended Preventive Services:

<http://www.healthcare.gov/center/regulations/prevention/recommendations.html>

The regulations issued by the U.S. Departments of Health and Human Services (HHS) (47 CFR Part 147), Labor (29 CFR Part 2590) and Treasury (26 CFR part 54) are recorded in the Federal Register/ Vol. 75, No. 137 / Monday, July 19, 2010, beginning on page 41726:

<http://edocket.access.gpo.gov/2010/pdf/2010-17565.pdf>

### Publication History

<b>Topic:</b> Preventive Services: U.S. Preventive Services Task Force Recommendations	<b>Owner:</b> Provider Network Management
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2010/09/23 *Original documentation*

2011/05/06 *Authorization grid and modifier grids updated, documentation guidelines, vaccine administration codes, references and disclaimer updated*

2011/05/17 *Modifiers U1-U8 updated*

2011/08/08 *Added chlamydial infection screening for all plan members, added limit to 16 sessions per calendar year for CPT 99406-9940, removed diagnosis requirement from CPT 96110.*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at [prweb@nhp.org](mailto:prweb@nhp.org).