Patient Protection and Affordable Care Act
(Federal Health Care Reform)

Introduction

For employer groups and non-group members that renewed before January 1, 2011, benefit changes went into effect upon renewal on or after September 23, 2010. For employer groups and non-group members that renewed on or after January 1, 2011, these changes went into effect on January 1, 2011, except for the child dependent coverage change and durable medical equipment coinsurance changes as noted in the Preventive Services information below. Most preventive care services are covered with no cost sharing.

Harvard Pilgrim members have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit.

Employer groups maintaining "grandfathered" status under the Patient Protection and Affordable Care Act, also known as Federal Health Care Reform, may be exempt from certain provisions.

Coverage and Services

Preventive Care — Harvard Pilgrim no longer imposes cost sharing on the following in-network preventive care services:

- Routine annual OB/GYN visits
- Routine pediatric well visits
- Routine annual physical exams
- Select preventive services and diagnostic tests

Child Dependent Coverage — Harvard Pilgrim provides coverage to child dependents until age 26. This change went into effect for all employer group renewals after September 23, 2010.

Women's Preventive Services — Effective for plan years renewing on or after August 1, 2012, Harvard Pilgrim will cover the following women's preventive services with no member cost sharing when rendered by a participating Harvard Pilgrim provider:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening

Durable Medical Equipment — There are no annual dollar limits for the durable medical equipment benefit. In addition, effective as of July 1, 2011, a minimum coinsurance of 20% was introduced for this benefit. If a plan already had coinsurance of 20% or greater for durable medical equipment purchased from a network provider, there is no change in the member cost sharing for this equipment (subject to regulatory approval for New Hampshire plans).

Lifetime Limits — There are no aggregate lifetime dollar limits or lifetime and annual dollar benefit limits on essential health benefits (not applicable to Young Adult Plans).

The following tables represent services, by category, that have been identified as preventive in nature.

All diagnosis codes of preventive, screening, counseling, or wellness, should be billed in the *primary position when indicated.*

Rx Coverage — Under the Member's Rx benefit, the following benefits are covered:

- Aspirin (as prescribed therapy for people at risk for heart disease).
- Contraceptives for women (such as sponges and spermicides).
- Nicotine replacement therapies (gum, lozenges, and patches that help people quit smoking, etc.). Mail order exclusions and quantity limits apply.

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Routine Health Screenings

Abdominal Aortic Aneurysm Screening

ICD-9	Description	Comments
V15.82	Personal history of tobacco use, presenting hazards to health	Once per lifetime
V70.0	Routine medical exam	

CPT/HCPCS	Description	Comments
76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete	• One time screening for men ages 65-75 who have ever smoked. • Covered when billed with the preventive V-code V15.82.
76775	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited	
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	

Anemia, Iron Deficiency Anemia Screening

CPT/HCPCS	Description	Comments
85014	Blood count; hematocrit (Hct)	Covered when billed with one of the pregnancy ICD-9 V-codes.
85018	Blood count; hemoglobin (Hgb)	

Aspirin for the Prevention of Cardiovascular Disease

	Description	Comments
	The use of aspirin is recommended 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.	E&M services codes covered in full when counseling for aspirin use.
	The use of aspirin is recommended 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.	

Bacteriuria Screening

CPT/HCPCS	Description	Comments
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	Covered when billed with one of the pregnancy ICD-9 V-codes.

Behavioral Counseling Interventions and Screening in Primary Care to Reduce Alcohol Misuse

ICD-9	Description	Comments
V79.1	Alcoholism	
V70.0	Routine medical exam	

CPT/HCPCS	Description	Comments
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes.	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.	

Behavioral Counseling to Prevent Sexually Transmitted Infections

	Description	Comments
	High-intensity behavioral counseling is recommended to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	Covered when billed separately or with an E&M service, included in annual GYN.

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Behavioral Counseling in Primary Care to Promote a Healthy Diet

ICD-9	Description	Comments
V69.1	Inappropriate diet and eating habits	Covered when billed separately or with an E&M service appended with Modifier 25.
V70.0	Routine medical exam	

CPT/HCPCS	Description	Comments
S9470	Nutritional counseling	Covered when billed separately or with an E&M service appended with Modifier 25.
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 5 minutes	
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97804	Medical nutrition therapy; group (2 or more individual(s), each 30 minutes	
99401-99404	Preventive medicine counseling or risk factor reduction	

Breast Cancer Screening – Genetic Counseling and Evaluation for BRCA Testing

ICD-9	Description	Comments
V10.43	Personal history of malignant neoplasm of ovary	
V16.3	Family history of malignant neoplasm of breast	
V16.40	Family history of malignant neoplasm of genital organs	
V16.41	Family history of malignant neoplasm of ovary	
V70.0	Routine medical exam	
V84.01	Genetic susceptibility to malignant neoplasm	

CPT/HCPCS	Description	Comments
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon	
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; 1 85delAG, 5385insC, 6174delT variants	
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	
81214	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
81215	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant	
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years.	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years.	

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CPT/HCPCS	Description	Comments
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older.	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years.	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years.	
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older.	

Breastfeeding–Primary Care Intervention and Equipment to Promote Breastfeeding

CPT/HCPCS	Description	Comments
59430	Post-partum visit	
99502	Home visit for newborn care	
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
E0602	Breast pump, manual, any type	This is a purchase only item.
E0603	Breast pump, electric (AC and/or DC), any type	
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Rental for 3 months, then pump must be returned to vendor at the end of the rental period.
S9443	Lactation classes	

Cervical Cancer Screening, Pap Smear

ICD-9	Description	Comments
V70.0	Routine medical exam	Covered for all women with at least one V-code as listed.
V73.81	Special screening, HPV	
V72.31	Routine gynecological examination	
V72.32	Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear	
V76.2	Screening for malignant neoplasm of the cervix	

CPT/HCPCS	Description	Comments
88141-88175	Cytopathology codes cervical or vaginal.	Covered for all women with at least one V-code as listed.
87620-87621	Infectious agent detection, by nucleic acid, pappillomavirus.	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination.	

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CPT/HCPCS	Description	Comments
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision.	Covered for all women with at least one V-code as listed.
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician.	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician.	
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision.	
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision.	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision.	
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision.	
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening.	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory.	

Chlamydia Infection Screening

ICD-9	Description	Comments
V22.0-V23.9	Pregnancy dx codes	All pregnant woman - dx codes V22.0 through V23.9 as listed.
V70.0	Routine medical exam	
V73.88	Special screening examination for other specified chlamydial diseases	Woman age 24 and younger with either V73.88 or V73.98.
V73.98	Special screening examination for unspecified chlamydial disease	

CPT/HCPCS	Description	Comments
86631	Antibody; Chlamydia.	Covered when billed with either a pregnancy code, or V73.88 or V73.98 if woman is age 24 and younger (dx code).
86632	Antibody; Chlamydia, IgM.	
87110	Culture, Chlamydia, any source.	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis.	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis.	Covered when billed with either a pregnancy code, or V73.88 or V73.98 if woman is age 24 and younger (dx code).
87485-87487	Infectious agent Chlamydia pneumoniae.	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique.	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique.	
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification.	

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Cholesterol Screening (Lipid Disorders Screening)

ICD-9	Description	Comments
V70.0	Routine medical exam	• All men 35 and older • Men 20 to 35 with the listed dx code • Women 20 and older with the listed dx codes
V77.91	Screening for lipoid disorders	

CPT/HCPCS	Description	Comments
80061	Lipid panel. This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478).	Covered when billed with V77.91 and additional criteria listed.
82465	Cholesterol, serum or whole blood, total	
83718	Lipoprotein, direct measurement; high density cholesterol (HDL)	
83719	Lipoprotein, direct measurement; (VLDL)	
83721	Lipoprotein, direct measurement; (LDL)	
84478	Triglycerides	

Colorectal Cancer Screening (Fecal Occult Blood Testing, Sigmoidoscopy or Colonoscopy)

ICD-9	Description	Comments
555.0–556.9	Small intestine to ulcerative colitis, unspecified	• Payable as preventive with at least one of the dx codes listed. • Excludes inpatient and ER.
V10.00	Personal history of malignant neoplasm of unspecified site in gastro-intestinal tract	
V10.05	Personal history of malignant neoplasm of large intestine	
V10.06	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus	
V12.72	History of colonic polyps	• Payable as preventive with at least one of the dx codes listed. • Excludes inpatient and ER.
V16.0	Family history of malignant neoplasm of gastrointestinal tract	
V16.9	Family hx CA NOS	
V18.51	Family history, colonic polyps	
V18.59	Family history, other digestive disorders	
V70.0	Routine medical exam	
V.76.41	Screening for malignant neoplasm of the rectum	
V76.49	CA screening NEC	
V76.50	Special screening for malignant neoplasms, intestine, unspecified	
V76.51	Special screening for malignant neoplasms, colon	
V76.52	Special screening for malignant neoplasms, small intestine	
V76.9	CA screening NOS	

Revenue Codes	Description	Comments
250	Pharmacy	• Payable as preventive with at least one of the dx codes listed. • Excludes inpatient and ER.
258	Pharmacy–IV solutions	
270	Med/surg supplies	
272	Med/surg supplies–sterile	
370	Anesthesia	
710	Recovery room	

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CPT/HCPCS	Description	Comments
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum.	• Payable as preventive with at least one of the dx codes listed. • Excludes inpatient and ER.
44388	Colon endoscopy.	
44389	Colonoscopy through stoma; with biopsy, single or multiple.	
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery.	
44393	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	
45300	Proctosigmoidoscopy, rigid; with biopsy, single or multiple.	
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple.	
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery.	
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique.	
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique.	
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser).	
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing.	
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple.	
45332	Sigmoidoscopy, flexible; with removal of foreign body.	
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery.	
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	
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.	
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination.	
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s).	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure).	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple.	
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.	
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.	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	

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CPT/HCPCS	Description	Comments
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with singe determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection.	• Payable as preventive with at least one of the dx codes listed. • Excludes inpatient and ER.
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening.	
82274	Blood, occult, by fecal hemoglobin determined by immunoassay, qualitative, feces, 1-3 simultaneous determinations.	
88304	Level III – Surgical pathology, gross and microscopic examination.	
88305	Level IV – Surgical pathology, gross and microscopic examination.	
G0104	Colorectal cancer screening; flexible sigmoidoscopy.	
G0105	Colorectal cancer screening; colonoscopy of individual at high risk.	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoid-oscopy, barium enema.	
G0120	Colorectal cancer screening; alternative to G0105, screening colonos-copy, barium enema.	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk.	
G0122	Colorectal cancer screening; barium enema.	
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.	
J2175	Injection, meperidine HCl, per 100 mg.	
J2250	Injection, midazolam HCl, per 1 mg.	
J3010	Injection, fentanyl citrate, 0.1 mg.	
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit).	

Contraception

CPT/HCPCS	Description	Comments
11975	Insertion, implantable contraceptive capsules	
11976	Removal, implantable contraceptive capsules	
11977	Removal with reinsertion, implantable contraceptive capsules	
57170	Diaphragm or cervical cap fitting with instructions	
57800	Dilation of cervical canal, instrumental (separate procedure)	
58300	Insertion of intrauterine device (IUD)	
58301	Removal of intrauterine device (IUD)	
64435	Injection, anesthetic agent, paracervical (uterine) nerve	
A4261	Cervical cap for contraceptive use	Must have HPHC Rx Coverage to have prescription contraception covered in full.
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
A4266	Diaphragm for contraceptive use	
J1050	Injection, medroxyprogesterone acetate, 1 mg	
J7300	Intrauterine copper contraceptive	
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla IUD)	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena IUD)	

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CPT/HCPCS	Description	Comments
J7304	Contraceptive supply, hormone containing patch, each	Must have HPHC Rx Coverage to have prescription contraception covered in full.
J7303	Contraceptive supply, hormone containing vaginal ring, each	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies (Implanon)	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	
S4981	Insertion of levonogestrel -releasing intrauterine system	
S4989	Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies	Must have HPHC Rx Coverage to have prescription contraception covered in full.

Counseling for Chemoprevention of Breast Cancer

ICD-9	Description	Comments
V16.3	Family history of malignant neoplasm of the breast	Covered as preventive when billed with either V16.3, V16.41 or V70.0 as the primary dx code.
V16.41	Family history of malignant neoplasm of the ovary	
V70.0	Routine medical exam	

Counseling to Prevent Tobacco Use and Tobacco-Caused Disease

CPT/HCPCS	Description	Comments
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	

Dental Caries–Prevention of Dental Caries in Preschool Children

Coding	Description	Comments
	Preventive visits and Evaluation & Management (EM) services.	Age 6 months through 11 years.

Depression–Major Depressive Disorder in Children, Adolescents and Adults

ICD-9	Description	Comments
V70.0	Routine medical exam	Screening for depression, in primary care settings, includes E&M visits and dx V79.0 and V70.0.
V79.0	Screening for depression	

Diabetes Mellitus Screening (Type 2 Diabetes)

ICD-9	Description	Comments
V18.0	Fam hx-diabetes mellitus	
V70.0	Routine medical exam	
V77.1	Screening examination; diabetes mellitus	

CPT/HCPCS	Description	Comments
82947	Glucose; quantitative, blood (except reagent strip)	Covered when billed with a hyper-tensive diagnosis and screening code (V77.1).
82948	Glucose; blood, reagent strip	
82950	Glucose; post glucose dose (includes glucose)	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	

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CPT/HCPCS	Description	Comments
82952	Glucose; tolerance test, each additional beyond 3 specimens	Covered when billed with a hypertensive diagnosis and screening code (V77.1).
83036	Hemoglobin; glycosylated (A1C)	

Gonorrhea Screening

ICD-9	Description	Comments
V70.0	Routine medical exam	
V74.5	Venereal Disease	Female

CPT/HCPCS	Description	Comments
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique.	Covered when billed with a preventive V-code.
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique.	
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification.	
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae.	

Hepatitis B Virus Infection Screening – The following are covered when billed with one of the pregnancy ICD-9 V-codes

CPT/HCPCS	Description	Comments
86706	Hepatitis B surface antibody (HBsAb).	Covered with diagnosis of pregnancy.
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg).	
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization.	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique.	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique.	
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification.	

High Blood Pressure Screening

	Description	Comments
	Screening is recommended for high blood pressure in adults aged 18 and over (see comment).	Included in the payment for a preventive care visit.

Human Immunodeficiency Virus (HIV)–Screening for Adolescents and Adults

CPT/HCPCS	Description	Comments
86689	HTLV or HIV anitbody, confirmatory test	HIV screening is covered as a preventive service when appropriately coded.
86701	Antibody; HIV-1	
86702	Antibody; HIV-2	
86703	Antibody; HIV-1 and HIV-2, single assay	
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, single result.	
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique.	

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CPT/HCPCS	Description	Comments
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique.	HIV screening is covered as a preventive service when appropriately coded
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification.	
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique.	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique.	
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification.	
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening.	
G0433	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening.	
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening.	

Immunization

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after all of the following conditions are satisfied:

- FDA approval.
- Explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR.

CPT/HCPCS	Description	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 component.	Preventive regardless of dx.
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 component (List separately in addition to code for primary procedure).	
90465	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day.	
90466	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure).	
90467	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day.	
90468	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure).	
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed.	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid).	

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CPT/HCPCS	Description	Comments
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid).	
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	
90632	Hepatitis A vaccine, adult, 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.	
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use.	Coverage for 90650 is limited to females age 9–26.
90651	Human Papilloma virus types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (HPV), 3 dose schedule, for intramuscular use	
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use.	
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use.	
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use.	
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use.	
90660	Influenza virus vaccine, live, for intranasal use.	Effective 01/01/2008, 90660 is limited to ages 2–49.
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use.	
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use.	
90663	Influenza virus vaccine, pandemic formulation, H1N1.	
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use.	Effective 07/01/2010
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use.	
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use.	
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use.	Effective 07/01/2010

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CPT/HCPCS	Description	Comments
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use.	
90670	Pneumococcal conjugate vaccine, 13 valent, 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.	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use.	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (Dtap – Hib – IPV), for intramuscular use.	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use.	
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use.	
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use.	
90703	Tetanus toxoid adsorbed, for intramuscular use.	
90704	Mumps virus vaccine, live, for subcutaneous use.	
90705	Measles virus vaccine, live, for subcutaneous use.	
90706	Rubella virus vaccine, live, for subcutaneous use.	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use.	
90708	Measles and rubella virus vaccine, live, for subcutaneous use.	
90710	Measles, mumps, rubella, and vericella vaccine (MMRV), live for subcutaneous use.	
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use.	
90714	Tetanus and diphtheria toxoids (Tc) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use.	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP), when administered to individuals 7 years or older, for intramuscular use.	
90716	Varicella virus vaccine, live, for subcutaneous use.	
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use.	
90719	Diphtheria toxoid, for intramuscular use.	
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use.	
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-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 or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use.	
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use.	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use.	
90736	Zoster (shingles) vaccine, live, for subcutaneous injection Note: coverage for the Zoster vaccine is limited to age 50+.	
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.	

CPT/HCPCS	Description	Comments
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use.	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use.	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.	
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use.	
G0008	Administration of influenza virus vaccine.	
G0009	Administration of pneumococcal vaccine.	
G0010	Administration of Hepatitis B.	
G9141–G9142	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family).	

Lung Surgery

CPT/HCPCS	Description	Comments
71250	Computed tomography, thorax; without contrast material.	Covered when billed with the following diagnosis: V76.0 — special screening for malignant neoplasm V15.82 — personal history of tobacco use, presenting hazards to health 305.1 — tobacco use disorder V82.9 — screening for unspecified condition V82.89 — other genetic carrier status

Mammography Screening

CPT/HCPCS	Description	Comments
77052	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure).	Screening indicated in procedure code: not by diagnosis or frequency.
77057	Screening mammography, bilateral (two view film study of each breast).	
G0202	Screening mammography producing direct digital image, bilateral, all views.	

Newborn Screenings

Hearing Screening

ICD-9	Description	Comments
V20.0	Encounter for health supervision and care of foundling	Covered for age 90 days or less regardless of dx, primary.
V20.1	Care of healthy child nec	
V20.2	Routine infant or child health check	
V70.0	Routine medical exam	
V72.11	Encounter for hearing examination following failed hearing screening	Covered for age 90 days or less regardless of dx, primary.

CPT/HCPCS	Description	Comments
92551	Screening Test, pure tone, air only (Also payable under preventive benefit for children and adults as per the Certificate of Coverage).	Covered for age 90 days or less regardless of dx, primary.
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive.	

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CPT/HCPCS	Description	Comments
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited.	Covered for age 90 days or less regardless of dx, primary.
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products).	
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies).	
V5008	Hearing screening.	

Hypothyroidism Screening

CPT/HCPCS	Description	Comments
84437	Thyroxine; requiring elution (e.g., neonatal).	Covered when billed with a preventive V-code (dx code).
84443	Thyroid stimulating hormone	

Phenylketonuria Screening

CPT/HCPCS	Description	Comments
84030	Phenylalanine (PKU), blood	Covered when billed with a preventive V-code (dx code).
84510	Thyroid stimulating hormone (TSH)	

Sickle Cell Screening

ICD-9	Description	Comments
V70.0	Routine medical exam	Covered when billed with a preventive V-code (dx code). Ages 0-6 months.
V78.2	Screening examination; sickle-cell disease or trait	

CPT/HCPCS	Description	Comments
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)	Covered when billed with a preventive V-code (dx code). Ages 0-6 months.
83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)	
83030	Hemoglobin; F (fetal), chemical	
83033	Hemoglobin; F (fetal), qualitative	
83051	Hemoglobin; plasma	
85660	Sickle cell screen	

Obesity Screening for Children, Adolescents and Adults

ICD-9	Description	Comments
V20.2	Routine infant or child health check	
V70.0	Routine medical exam	
V77.8	Screening examination; obesity	

CPT/HCPCS	Description	Comments
97802–97804	Medical nutritional counseling	Covered when billed with an E&M service and nutritional counseling code (dx code V77.8).

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Osteoporosis Screening

For all women age 50 and older.

ICD-9	Description	Comments
V17.81	Family history of osteoporosis	Covered when billed with a preventive V-code (dx code).
V70.0	Routine medical exam	
V82.81	Special screening for osteoporosis	

CPT/HCPCS	Description	Comments
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method.	Covered when billed with a preventive V-code (dx code).
77080	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine).	
77081	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel).	
77082	Vertebral fracture assessment.	Covered when billed with a preventive V-code (dx code).
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel).	

Pharmacy—U.S. Preventive Services Task Force A & B Recommendation Medications

Harvard Pilgrim Health Care has included certain categories of medications in the preventive services coverage based on recommendations from the U.S. Preventive Services Task Force. These preventive medications are covered under the Patient Protection and Affordable Care Act at no cost ($0 copayment) to members when prescribed by a licensed provider and filled at a network pharmacy. Coverage limitations such as age and gender rules apply, see Special Coverage Considerations (in table) for details below. This coverage does not apply to members of "grandfathered" plans.

Note: Preventive over-the-counter (OTC) medications are covered in full when prescribed by a licensed provider and dispensed at a pharmacy pursuant to a prescription.

Medication	Applies to:	Special Coverage Considerations
Aspirin	OTC generic only	Covered in full for members age 45 years and older.
Fluoride drops & tablets	Rx brands and generics	Covered in full for preschool children age 6 months through age 5.
Prescription smoking cessation products	Rx brands and generics	Covered in full. Quantity limitations may apply.
Vitamin D 400 IU	OTC brands and generics	Covered in full for members age 65 years and older.
Breast cancer medications	Rx brands and generics	Covered in full for member who are at increased risk for breast cancer and at low risk for adverse medication effects.

Rh Incompatibility Screening – The following is covered when billed with one of the pregnancy ICD-9 V-codes

CPT/HCPCS	Description	Comments
86901	Blood typing; Rh (D)	Covered with diagnosis of pregnancy.
80055	Obstetric panel	

Routine Infant or Child Health Check

ICD-9	Description	Comments
V20.2	Routine infant or child health check	Children (newborns); through 3 months of age.
V70.0	Routine medical exam	

Developmental/Autism Screening

ICD-9	Description	Comments
V20.2	Routine infant or child health check	
V70.0	Routine medical exam	

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CPT/HCPCS	Description	Comments
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.	Covered for children through age 17. Primary care setting, preventive with the listed dx codes.

Lead Screening

ICD-9	Description	Comments
V20.2	Routine infant or child health check	
V15.86	Personal history of contact with and (suspected) exposure to lead	High risk children.
V70.0	Routine medical exam	
V82.5	Screen-contamination NEC	

CPT/HCPCS	Description	Comments
83655	Lead	High risk children.

Tuberculin Test

ICD-9	Description	Comments
V20–V20.2	Routine infant or child health check	
V70.0	Routine medical exam	
V74.1	Screening examination for pulmonary tuberculosis	High risk children.

CPT/HCPCS	Description	Comments
83655	Lead	Children at risk.

Visual Impairment Screening in Children Younger than Age 5 Years

ICD-9	Description	Comments
V20–V20.2	Routine infant or child health check	
V70.0	Routine medical exam	

CPT/HCPCS	Description	Comments
99172	Visual function screening	Primary care settings, not specialists visits and is not under routine annual eye exam.
99173	Screening test of visual acuity, quantitative, bilateral	

Rubella Screening by History of Vaccination or by Serology

ICD-9	Description	Comments
V70.0	Routine medical exam	Female
V73.3	Screening examination for rubella	

CPT/HCPCS	Description	Comments
86762	Antibody; rubella	Covered with ICD-9 code V73.3. Sex - female.

Syphilis Screening – The following is covered when billed with a diagnosis for **pregnancy or** screening for venereal diseases

ICD-9	Description	Comments
V22.0 - V23.9	ICD-9 codes – pregnancy	
V70.0	Routine medical exam	
V74.5	Venereal disease – Screening for bacterial and spirochetal sexually transmitted diseases Screening for sexually transmitted diseases NOS	Excludes: Special screening for non-bacterial sexually transmitted diseases (V73.81-V73.89, V75.4, V75.8).
V74.9	Unspecified bacterial and spirochetal disease	

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CPT/HCPCS	Description	Comments
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Covered with diagnosis of pregnancy or screening for venereal diseases: V22.0-V23.9, V74.5, V74.9, V70.0.
86593	Syphilis test, non-treponemal antibody; quantitative	

Voluntary Sterilization

CPT/HCPCS	Description	Comments
250	Pharmacy	Covered when billed with V25.2.
258	Pharmacy Solutions	
259	Pharmacy-Other	
270	Medical Supplies	
272	Med/Surg Supplies- Sterile	
370	Anesthesia	
710	Recovery Room	
00851	Anesthesia-Tubal Ligation	Covered when billed with V25.2.
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Applies to female only.
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	Applies to female only.
J1170	Injection, hydromorphone, up to 4 mg	Covered when billed with V25.2.
J1644	Injection, Heparin sodium, per 1000 units	
J2250	Injection, midazolam HCl, per 1 mg	
J2270	Injection, morphine sulfate, up to 10 mg	
J2405	Injection, ondansetron HCl, per 1 mg	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	
J7120	Ringers lactate infusion, up to 1,000 cc	
J3010	Injection, fentanyl citrate, 0.1 mg	
J2765	Injection, metoclopramide HCl, up to 10 mg	
J0330	Injection, succinylcholine chloride, up to 20 mg	
J0690	Injection, cefazolin sodium, 500 mg	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	
J1885	Injection, ketorolac tromethamine, per 15 mg	
J0690	Injection, cefazolin sodium, 500 mg	
J1630	Injection, haloperidol, up to 5 mg	
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	

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CPT/HCPCS	Description	Comments
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	Covered when billed with V25.2.
J1790	Injection, droperidol, up to 5 mg	
J7040	Normal Saline Solution	

Wellness Examinations

	Description	Comments
	Well baby, well child, well adult, well woman	• Preventive care–not sick E&M services. • Screening for domestic violence at annual exam.

Resources

Federal Health Care Reform

PULICATION HISTORY

03/19/12	original document
06/15/12	added women's preventive services–effective 08/01/2012; added breastfeeding, contraception and voluntary sterilization services to coding grid
10/15/12	added CPT code 57800 to contraception coding grid
05/15/13	added 64435, J1050 and Skyla IUD to contraception codes; added V72.11 to newborn hearing services codes; removed J1055 and J1056 codes from coding grid
12/15/13	added Rx benefit information; added BRCA1 cpt codes to the coding grid
01/15/14	added coverage information to 96110
07/15/14	added U.S. Preventive Services Task Force A & B Recommended Medications
10/15/14	added lung cancer screening; added breast cancer medication information to pharmacy section
03/15/15	annual coding update

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