

PURPOSE

The purpose of this payment policy is to define how Minuteman Health (MHI) reimburses for Member Preventive Services.

APPLICABLE PLANS

- ✓ MHI MA Plans
- ✓ MHI NH Plans

DEFINITIONS

Minuteman Health offers the following preventive service benefits* at no cost to MHI members when RECEIVING THE SERVICES BELOW FROM AN IN-PLAN PROVIDER. PREVENTIVE SERVICE

REQUIREMENTS

Billing code detail for covered preventive services can be found in Appendix A of this document.

PREVENTIVE SERVICE	MEN	WOMEN	CHILDREN
Abdominal aortic aneurysm, one-time screening	Men ages 65 to 75 years who have ever smoked	N/A	N/A
Advice about aspirin use to prevent cardiovascular disease	Men ages 45 to 79 years	Women ages 55 to 79 years	N/A
Alcohol misuse screening and counseling	All ages	All ages	N/A
Alcohol and drug use assessments	N/A	N/A	Adolescents
Anemia screening	N/A	Women who are pregnant	N/A
Autism screening	N/A	N/A	Children ages at 18 months and at 24 months
Behavioral assessments	N/A	N/A	At the following ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years

PREVENTIVE SERVICE	MEN	WOMEN	CHILDREN
Blood pressure screening	All ages	All ages	At the following ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Breast cancer genetic testing and counseling (BRCA)	N/A	Women who are at higher risk for breast cancer	N/A
Breast cancer mammography screening	N/A	Every 1 to 2 years after age 40 years	N/A
Breast Cancer Chemoprevention Counseling	N/A	Women at higher risk	N/A
Breastfeeding - comprehensive support and counseling from trained providers; access to breastfeeding supplies	N/A	Women who are pregnant and women who are breastfeeding	N/A
Cervical cancer screening	N/A	Sexually active	N/A
Cervical dysplasia screening			Sexually active females
Chlamydia infection screening	N/A	Women younger than age 25 and sexually active; older than age 25 with multiple sex partners	N/A
Cholesterol screening	Men ages 35 years and older and age 20 to 35 who have heart disease or risk factors for heart disease	Women who have heart disease or risk factors for heart disease	N/A
Colorectal cancer screening	Older than age 50	Older than age 50	N/A
Contraception - Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care	N/A	Women who have reproductive capacity	N/A
Depression screening	All ages.	All ages	Adolescents. 12 to 18 years of age
Developmental screening	N/A	N/A	Children younger than 3 years of age
Diabetes (Type 2) screening	Adults who have high blood pressure	Adults who have high blood pressure	N/A

PREVENTIVE SERVICE	MEN	WOMEN	CHILDREN
Diet counseling	Adults who have higher risk for chronic disease	Adults who have higher risk for chronic disease	N/A
Domestic and interpersonal violence screening and counseling	N/A	All ages	N/A
Dyslipidemia screening	N/A	N/A	At the following ages: 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Fluoride chemoprevention supplements	N/A	N/A	Children without fluoride in their water source
Folic acid supplements	N/A	Women who may become pregnant	N/A
Gestational diabetes screening	N/A	Women who are 24 to 28 weeks' pregnant and those at high risk of developing gestational diabetes	N/A
Gonorrhea screening	Men who have discharge from the penis or burning during urination	Women who have new or multiple sex partners; those not using a condom for each sexual encounter; those who use drugs; have ever had an STI	N/A
Gonorrhea preventive medicine (eyes)	N/A	N/A	All newborns
Hearing screening	N/A	N/A	All newborns
Height, weight, and body mass index measurements	N/A	N/A	At the following ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hematocrit or hemoglobin screening	N/A	N/A	All
Hemoglobinopathies or sickle cell screening	N/A	N/A	Newborns
Hepatitis B screening	Adults at high risk for infection	Adults at high risk for infection; Pregnant women at their first prenatal visit	N/A

PREVENTIVE SERVICE	MEN	WOMEN	CHILDREN
Hepatitis C screening	Men at increased risk, and one time for everyone born 1945 – 1965	Women at increased risk, and one time for everyone born 1945 – 1965	N/A
HIV screening and counseling	Men 15 to 65 years at least once, and other ages at increased risk	Women who are sexually active; Women ages 15 to 65 years at least once, and other ages at increased risk	Ages 15 to 18 years and other ages at increased risk
Human papillomavirus (HPV) DNA screening	N/A	Every 3 years for those with normal cytology results who are age 30 years or older	N/A
Hypothyroidism screening	N/A	N/A	Newborns
Immunization <ul style="list-style-type: none"> • Influenza (Flu shot) • Childhood and Adult Immunizations as recommended by the Center for Disease Control can be found at: http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html 	Flu shot—all ages Doses, recommended ages, and recommended populations vary	Flu shot – all ages Doses, recommended ages, and recommended populations vary	Flu shot—all ages Doses, recommended ages, and recommended populations vary
Iron supplements	N/A	N/A	Children 6 to 12 months of age at risk for anemia
Lead screening	N/A	N/A	Those at risk of exposure
Lung Cancer Screening	Adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years	Adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years	N/A
Medical history	N/A	N/A	Throughout development at the following ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years

PREVENTIVE SERVICE	MEN	WOMEN	CHILDREN
Obesity screening and counseling	All ages	All ages	All ages
Oral health risk assessment	N/A	N/A	Ages 0 to 11 months; 1 to 4 years; 5 to 10 years
Osteoporosis screening	N/A	Women older than age 60 depending on risk factors	N/A
Phenylketonuria (PKU) screening	N/A	N/A	Newborns
Rh incompatibility screening	N/A	Pregnant women and follow-up testing for women at higher risk	N/A
Sexually transmitted infection (STI) prevention counseling	Men at higher risk	Women who are sexually active and/or at higher risk	Adolescents at higher risk
Syphilis screening	Men at higher risk	Women who are pregnant or at increased risk	N/A
Tobacco use screening and cessation interventions for tobacco users	All ages	All ages and expanded counseling for pregnant tobacco users	N/A
Tuberculin testing	N/A	N/A	At higher risk of tuberculosis at ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years, 15 to 17 years
Urinary tract or other infection screening	N/A	Women who are pregnant	N/A
Vision screening	N/A	N/A	All ages
Well Woman Visits	N/A	Women under age 65 to get recommended services	N/A

*These no-cost benefits are part of the Affordable Care Act (ACA)

(N/A indicates that the preventive service is not covered for the that population segment indicated)

AUTHORIZATION REQUIREMENTS

None

ATTACHMENTS

Appendix A – MHI PREVENTIVE GRID WITH FEDERAL HEALTHCARE REFORM UPDATES (*See Below*)

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®¹), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

¹ CPT® is a registered trademark of the American Medical Association.

RESOURCES

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

MHI Provider Manual

SUMMARY OF CHANGES

01/19/2017

Added codes for Latent Tuberculosis (TB) Screening: 86480, 86481

REVIEW DATES

Updated 11/1/2015, 11/1/2016, 12/8/2016, 1/19/2017

APENDIX A
MHI PREVENTIVE GRID WITH FEDERAL HEALTHCARE REFORM UPDATES

PREVENTIVE EXAMS & IMMUNIZATIONS	
Annual Adult Preventive Exams	99385-99387, 99395-99397
Well-Child Exams & Adolescent Preventive Exams	99381-99384,99391-99394,99432
Annual Routine Gynecological Exam	99385-99387, 99395-99397 (Billed with diagnosis Z01.411 or Z01.41999383,99384,99393,9939 4 G0101
Child and Adult Immunizations	0771, 90371, 90378, 90379, 90389, 90393, 90396, 90460, 90461,90471 – 90474, 90476, 90477,90620 ^{New2016} ,90621 ^{New2016} , 90632 – 90634, 90636,90644, 90647, 90648, 90649, 90650, 90651 90655 – 90658, 90661-90663,90666,90667, 90668, 90670,90680, 90681, 90696, 90697 ^{New2016} , 90698, 90707, 90710, 90713, 90714, 90715, 90716, 90723, 90732, 90733, 90734, 90740, 90743 – 90748, C9003, G0008, G0009, G0010
Zostavax (covered for members age 50 and over; Effective 7/1/2016 covered for members 60 and over)	90736
Annual Routine Vision Exam Refraction <ul style="list-style-type: none"> (Exam must be billed with diagnosis Z01.00 or Z01.01) Billing Codes: 92002, 92004, 92012, 92014 and Refraction 92015	92002,92004,92012,92014 92015
SCREENINGS	
Abdominal Aortic Aneurysm (covered for males between 65 and 75	G0389
Alcohol Misuse Screening & Preventive Counseling	99408
Anemia	85018,85013,85014,85027,85025,88738
Blood Pressure (Automatic Monitor)	A4670 (limited to one procedure per member per year)
Blood Pressure (Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report)	93784, 93786, 93788, 93790
Cholesterol Screening/Lipid Disorders	80061,83721,83700,83701, 83718, 83719
Diabetes Screening-(Type II)	82947,82948,81000,81001,81002,81003,82950, 82951
Depression Screening (in primary care settings)	96127, 99201, 99202, 99211, 99212 (Not Separately reimbursable (included in the E/M visit)).
MHI does not reimburse for G04444 as preventive screening	MHI does not reimburse for G0444 as a preventive screening; members will be responsible for copay, etc.
Hematocrit, & or Hemoglobin Screening & Complete Metabolic Profile	85018,85013,85014,85027,85025,88738,80050, 80053
Obesity Screening & Preventive Counseling	99401-99404 with diagnosis of E66.01, E66.09, E66.2, E66.3, E66.9
Osteoporosis (Bone Density)	77080,77081,76977, 77085, 77086

Tobacco Use Screening /Counseling	99406, 99407
Hepatitis B surface antibody (hbsab)	86706, 87340
Hepatitis C	86803 and G0472
Cancer	
Breast Cancer (Mammogram) (BRCA Genetic Testing ^{Prior Authorization Required})	77051, 77052,77055,77056,77057, G0202, G0204, G0206 81211,81212,81213,81214,81215,81216,81217, 81162 ^{New2016}
Cervical Cancer (<i>Pap Smear</i>)	88141,88142,88143,88150,88153,88164,88165, 88174,88175, G0123, G0124, G0141, G0143, G0144, G0145,G0101,Q0091
Colon Cancer (<i>Fecal Occult Blood Test</i>)	82270, 82272, 82274, 88271, 88272, 88274
Colon Cancer (<i>Screening Colonoscopy</i>)	45305,45308,45309,45330,45331,45333- 45335,45338,45339,45378 45380-45385,45388,G0105,G0121
Colon Cancer (<i>Anesthesia, Pathology related to screening colonoscopy</i>)	00810 (Anesthesia),88305 (Pathology) with diagnosis 00810 (Anesthesia),88305 (Pathology) with diagnosis, D12.0, D12.1, D12.6, D12.7, D12.8, Di2.9, K63.5,65690,V1005,V1272,V160,V1851,V7641, V7650,V7651,V7652
Required consultation prior to screening Colonoscopy procedure 00810 (Anesthesia),88305 (Pathology) with	99201 – 99205 (billed with Z12.11) (termed as of 12/31/2016) S0285 new 2017
Prostate Cancer (PSA Test)	84152,84153,84154, G0102, G0103, 87623, 87625
Lung Cancer Screening (<i>Members must be between the ages of 55-80</i>)	S8032 (termed as of 9/30/2016) G0297 new as of 10/1/2016
Infectious Disease Screening	
Chlamydia	87110,87270,87320, 87490,87491,87492,87810
Gonorrhea	87590-87592, 87850
HPV	90651
HIV	86701-86703, 86689, 87806,
Syphilis	86592,86593
Skin Test-tuberculosis, intradermal	86580
Latent Tuberculosis (TB) Screening	86480, 86481
Pediatric Conditions	
Lead Levels in Childhood & Pregnancy	83655
Phenylketonuria (PKU)	84030
Visual Acuity (<i>usually done at well-child exam</i>)	99173, 99174, 99177
Developmental Testing (<i>usually done at well-child exam</i>)	96110
Behavioral Testing (<i>usually done at a well-child visit</i>)	96127
Dental Caries for Children – (<i>Oral Fluoride Varnish</i>)	99188
Blood Drawing	36415
Hearing	
Screening Test, pure-tone, air only	92551
Pure tone Audiometry (threshold) air only	92552
Evoked Otoacoustic Emissions-Limited (<i>single stimulus level, either transient or distortion Products</i>)	92587
Select picture audiometry	92583

Obstetric & Gynecologic Conditions	
Neural Tube Defects Rh	82105
Incompatibility	86901,86906,86900
Rubella	86762
Prenatal Ultrasound	76801-76819
PRE-NATAL LAB SERVICES (Must be billed with Pregnancy Diagnosis)	
Urine Pregnancy Test	81025
Smear, primary source with interpretation	87210
Culture, presumptive, pathogenic organisms, screening only	87081
Culture, bacterial-quantitative colony count, urine	87086
Obstetric Panel	80055, 80081 ^{New 2016}
Estriol	82677
Inhibin A	86336
Pregnancy-associated plasma protein-A(PAPP-A)	84163
Gonadotropin, chorionic (hCG); quantitative	84702
Gonadotropin, chorionic (hCG);qualitative	84703
Gonadotropin, chorionic (hCG); free beta chain	84704
OTHER COUNSELING	
Nutritional Counseling (<i>4 visits per calendar year</i>)	TT 71 & CPT 97802,97803,S9470 or REV 0942
BRCA Counseling	96040 and S0265 with Diagnosis of Z80.3, Z85.3 and Z85.43
Breast Cancer Chemoprevention Counseling	99401-99404 with Diagnosis of Z80.3
Behavioral Counseling to Promote Healthful Diet Physical Activity for CVD Prevention	99385-99387, 99395-99397, TT 71 & CPT 97802,97803,S9470 or REV 0942 G0446
Contraceptives (Not Including Oral)	
Permanent Method	
Female Sterilization Surgery	58600,58605,58611,58615,58670,58671,58565 58340 & 74740 Diagnosis of Z98.51, Z30.2
Male Sterilization Surgery	55250
Shot/Injection Method	
Depo Provera	96365-93679 w/dx Z30, Z30.0, Z30.018, Z30.09, Z30.40, Z30.49,Z30.8, Z30.9, Z01.411, Z01.419
Medroxyprogesterone	96365-93679 w/dx Z30, Z30.0, Z30.018, Z30.09, Z30.40, Z30.49,Z30.8, Z30.9, Z01.411, Z01.419
Implanted Devices	
IUD	J 7300, J7301, J7297, J7298, 58300, 58301
Implantable Rods	J 7307, 11976, 11981, 11982, 11983
Barrier Method	
Diaphragm, Cap Fitting	57170
Encounter for Contraceptive Management	99211-9921 w/dx Z30.0 -Z30.9
Breast Feeding Services	
Breast Pumps and Supplies (Must Meet MHI Criteria for Electric Breast Pumps)	
Manual	E0602
Electric	E0603, E0604
Supplies	A4281,A4282,A4283,A4284,A4285,A4286