

# Preventive Services Payment Policy

## Policy

Plan members have no member cost-sharing for preventive services that are rendered by an in-network provider. Members may be required to pay a copayment, deductible, or coinsurance for non-preventive services received in conjunction with a preventive service visit, or for PPO members who receive preventive care from out-of-network providers. Claims for services must be submitted with service and diagnosis codes indicating that the service is preventive.

## Definitions

Preventive care: Services, tests, and immunizations that are intended to screen for diseases or conditions and to improve early detection of disease when there is no diagnosis or symptoms present. This includes immunizations, health maintenance visits (routine physical exams) for adults and children, as well as mammograms, Pap tests and other tests associated with the health maintenance visit, prenatal maternity care, well child care (including vision and auditory screening), voluntary family planning, nutrition counseling, and health education. Services that are considered preventive by the Plan include but are not limited to those indicated in the Patient Protection and Affordable Care Act (PPACA). For more information on the services identified by the U.S. Preventive Services Task Force, follow this link: <http://www.uspreventiveservicestaskforce.org/>

## Reimbursement

When services are rendered by an in-network provider, there is no member cost-sharing for preventive services. Members may be required to pay a copayment, deductible, or coinsurance for non-preventive services received in conjunction with a preventive service visit, e.g., when problem focused evaluation and management or diagnostic services are rendered in addition to the preventive care, or for PPO members who receive preventive services from out-of-network providers.

Claims for services must be submitted with service and diagnosis codes indicating that the service is preventive. Preventive ICD codes must be in the primary diagnosis position. If another diagnosis is in the primary position on the claims, the service may be subject to member cost-sharing.

Reimbursement will be made for a preventive code with a problem focused code when modifier 25 is applied to the problem-focused code. Reimbursement for the preventive service will be made at 100% of the contracted rate, and reimbursement for the problem focused service will be made at 50% of the contracted rate. This should only occur when a significant abnormality or pre-existing condition is addressed and additional work is required to perform the key components of a problem focused E&M service, and services should be submitted on the same claim. Members have no copayment and/or deductible for routine physical exams. Senior Plan Members will be responsible for a copayment and/or deductible when a problem-focused code with modifier 25 is included on the claim. Therefore, the appropriate use of modifier 25 is critical since it will be transparent to members. Beginning October 1, 2014, the Plan will not calculate a copayment and/or deductible for E&M codes submitted with modifier 25 when billed with annual preventive services for members enrolled in a Commercial plan. Those services coded with modifier 25 will be regularly reviewed for coding accuracy.

The plan reimburses advance care planning including the explanation and discussion of advance directives (CPT codes 99497 and 99498) with no member cost-share when provided with an annual preventive visit. Member cost-share will be required when these services are provided outside of the annual preventive visit.

## Billing/coding guidelines

In order for a service to be considered preventive care, a preventive diagnosis must be the primary diagnosis on the claim. In addition, each claim line should indicate the applicable diagnosis. In cases where the diagnosis is not preventive in nature, cost-sharing will apply. The below coding represents services and diagnose codes that the Plan considers preventative, while the below listed are considered preventative there may be other preventative benefits available based upon the member's plan type. As some CPT/HCPCS codes can be both preventative and diagnostic the appropriate preventative diagnostic code should be billed.

### Abdominal Aortic Aneurysm

Code	Description	Preventative Instructions or diagnosis codes
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	Per USPSTF recommendation should be performed for men 65-75 years with a history of smoking.

### Alcohol Misuse Counseling

Code	Description	Preventative Instructions or diagnosis codes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	No specific diagnosis code required
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	

### Birth Control

Code	Description	Preventative Instructions or diagnosis codes
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	The Plan covers Birth Control as preventative based upon the <u>FDA Approved Categories</u>
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	
11976	Removal, implantable contraceptive capsules	Pharmacy related benefits can be located <a href="#">Here</a>  Please bill with the appropriate encounter code range encounters for contraceptive management Z30.0- Z30.9
11981	Insertion, non-biodegradable drug delivery implant	
11982	Removal, non-biodegradable drug delivery implant	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	
57170	Diaphragm or cervical cap fitting with instructions	
58300	Insertion of intrauterine device (IUD)	
58301	Removal of intrauterine device (IUD)	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
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)	
A4261	Cervical cap for contraceptive use	
A4266	Diaphragm for contraceptive use	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	
J7300	Intrauterine copper contraceptive	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	
J7303	Contraceptive supply, hormone containing vaginal ring, each	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	

#### BRCA

Code	Description	Preventative Instructions or diagnosis codes
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Prior Authorization is required
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Considered preventative only when meeting the USPSTF B level recommendation here: <a href="#">Recommendation</a>
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Use a below diagnoses code to indicate preventative Z80.0: Family history of malignant neoplasm of digestive organs Z80.3: Family history of malignant neoplasm of breast Z80.41: Family history of malignant neoplasm of ovary Z80.49: Family history of malignant neoplasm of other genital organs
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	

#### Breast Cancer Screenings

Code	Description	Preventative Instructions or diagnosis codes
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	Use appropriate screening diagnostic codes
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	Z12.31: Encounter for screening mammogram for malignant neoplasm of breast
77061	Digital breast tomosynthesis; unilateral	Z12.39 : Encounter for other
77062	Digital breast tomosynthesis; bilateral	

77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	screening for malignant neoplasm of breast
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	

#### Cervical Cancer Screening

Code	Description	Preventative Instructions or diagnosis codes
88141-88175	Cytopath codes	Cervical Cancer Screening should be performed in accordance with the <a href="#">USPSTF recommendation</a> Diagnosis codes: Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings Z12.4: Encounter for screening for malignant neoplasm of cervix

#### Chlamydia and Gonorrhea Screening for Women

Code	Description	Preventative Instructions or diagnosis codes
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Chlamydia and Gonorrhea screenings are appropriate for woman as outlined by <a href="#">USPSTF Recommendation</a>
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	

#### Colorectal Cancer Screening

Code	Description	Preventative Instructions or diagnosis codes
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Screening will be covered for this in the according to the <a href="#">USPSTF Recommendation</a>
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Use the below diagnose codes to indicating this is a screening Z12.11: Encounter for screening for malignant neoplasm of colon Z80.0: Family history of malignant neoplasm of digestive
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	

45334	Sigmoidoscopy, flexible; with control of bleeding, any method	organs
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	
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; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
45379	Colonoscopy, flexible; with removal of foreign body(s)	
45380	Colonoscopy, flexible; with biopsy, single or multiple	
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	
45382	Colonoscopy, flexible; with control of bleeding, any method	
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was	

	provided 3 cards or single triple card for consecutive collection)	
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to	

	code for primary service)	
G0102	Prostate cancer screening; digital rectal examination	
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, 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	
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	

#### Depression Screening

Code	Description	Preventative Instructions or diagnosis codes
G0444	Annual depression screening, 15 minutes	Bill with a screening code if billed with part of other preventative services. Specific Diagnosis Code Z13.3: Encounter for screening examination for mental health and behavioral disorders

#### Fluoride Varnish

Code	Description	Preventative Instructions or diagnosis codes
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	Appropriate for children in accordance with the USPSTF Recommendation  Bill with an appropriate encounter code related to a newborn Z00.1 range or child Z00.12 range
D1206	Topical application of fluoride varnish	

#### Hearing Screening

Code	Description	Preventative Instructions or diagnosis codes
92551	Screening test, pure tone, air only	Bill with an appropriate encounter code related to a newborn Z00.1 range or child Z00.12 range
92552	Pure tone audiometry (threshold); air only	
92556	Speech audiometry threshold; with speech recognition	
92559	Audiometric testing of groups	

92560	Bekesy audiometry; screening	
92567	Tympanometry (impedance testing)	
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	

#### Hepatitis B

Code	Description	Preventative Instructions or diagnosis codes
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	The USPSTF recommends screening for <u>those at high risk</u> and for <u>Pregnant Women</u>  Please utilize these diagnoses for high risk Z11.3 (Encounter for screening for infections with a predominantly sexual mode of transmission) Z11.59 (Encounter for screening for other viral diseases)
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	Please utilize an appropriate encounter code related to pregnancy for pregnant woman

#### Hepatitis C

Code	Description	Preventative Instructions or diagnosis codes
86803	Hepatitis C antibody;	USPSTF <u>Recommendation</u>  Please utilize these diagnoses for high risk Z11.3 (Encounter for screening for infections with a predominantly sexual mode of transmission) Z11.59 (Encounter for screening for other viral diseases)

#### HPV Screening

Code	Description	Preventative Instructions or diagnosis codes
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	Screenings will be covered based upon the USPSTF <u>Recommendation</u>
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Please utilize these diagnoses for high risk Z11.3 (Encounter for screening for infections)



87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	with a predominantly sexual mode of transmission) Z11.59 (Encounter for screening for other viral diseases)
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#### HIV Screening

Code	Description	Preventative Instructions or diagnosis codes
86703	Antibody; HIV-1 and HIV-2, single result	Screenings will be covered in accordance with the <u>USPSTF Recommendation</u>

#### Lactation

Code	Description	Preventative Instructions or diagnosis codes
S9443	Lactation classes, nonphysician provider, per session	Lactation counseling services performed within the scope of an office visit will not separately be reimbursed.  Services may require member reimbursement.
E0603	Breast pump, electric (AC and/or DC), any type	Prior authorization may be required based on plan type.

#### Lung Cancer

Code	Description	Preventative Instructions or diagnosis codes
G0297	Low dose CT scan (LDCT) for lung cancer screening	Prior authorization is required. Services will only be covered for those meet criteria under the <u>USPSTF Recommendation</u> or for Medicare based plan members the <u>CMS NCD</u>

#### Osteoporosis Screening

Code	Description	Preventative Instructions or diagnosis codes
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Only considered preventative if billed within the <u>USPSTF Recommendation</u> for woman 65 years and older or those with an increased risk below 65 as outlined in a formal clinical risk assessment tool

#### Other Preventative wellness screenings

Code	Description	Preventative Instructions or diagnosis codes
80048	Basic metabolic panel (Calcium, total)	No specific billing instructions

80061	Lipid panel	
82043	Albumin; urine (eg, microalbumin), quantitative	
83036	Hemoglobin; glycosylated (A1C)	

Preventative Exams

Code	Description	Preventative Instructions or diagnosis codes
99381	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; infant (age younger than 1 year)	No specific billing instructions. Coverage is subject to the code being on the provider's contract.
99382	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; early childhood (age 1 through 4 years)	
99383	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; late childhood (age 5 through 11 years)	
99384	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; adolescent (age 12 through 17 years)	
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	
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	
99391	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; infant (age younger than 1 year)	
99392	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; early childhood (age 1 through 4 years)	
99393	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; late childhood (age 5 through 11 years)	
99394	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; adolescent (age 12 through 17 years)	
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	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	

	(separate procedure); approximately 30 minutes	
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
S0610	Annual gynecological examination, new patient	
S0612	Annual gynecological examination, established patient	
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	

#### Syphilis Screening

Code	Description	Preventative Instructions or diagnosis codes
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	The USPSTF has recommends screening for <u>Pregnant Women</u> and those with <u>Those with Increased Risk</u>  Use an appropriate pregnancy screening code or for those with increased risk Z11.3: Encounter for screening for infections with a predominantly sexual mode of transmission
86593	Syphilis test, non-treponemal antibody; quantitative	

#### Tobacco Cessation

Code	Description	Preventative Instructions or diagnosis codes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Use diagnosis code Z78.871 (Personal history of nicotine dependence)  Pharmacy benefits are also available for smoking cessation please consult the Plan's website <a href="#">here</a>  Services for non-pregnant adults and pregnant woman should be performed based upon the USPTF Recommendation
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
S9453	Smoking cessation classes, nonphysician provider, per session	

*Vaccinations: Please see the Plan's Vaccination Payment Policy.*

#### Vision Screening:

Code	Description	Preventative Instructions or diagnosis codes
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by	The UPSTF indicates screening should be done for children 3-5 years.

	pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	<u>Recommendation</u> Utilize an encounter code for in the Z00.1 (Encounter for newborn, infant and child health examinations) range.
99173	Screening test of visual acuity, quantitative, bilateral	

## Place of service

This policy applies to services rendered in all settings.

## Policy history

Origination date: 01/01/2012

Previous revision date(s): 11/01/2014 - Updated discussion of preventive services with evaluation and management codes and moved to Fallon Health template.  
11/01/2015 - Annual review and moved to new Plan template.  
07/01/2016 - Added codes 99497 and 99498.

Connection date & details: May 2017 – Annual review.  
July 2018 – Annual review, no updates.  
January 2019 – Added coding to billing/coding section.  
January 2020 – Annual review, no updates.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*