Public Statement:

1) ARBenefits preventive health benefits are intended for the early detection and/or treatment of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases.

   a) For example, tests performed for the following reasons are not considered to be screening tests:
      i) Investigating a symptom;
      ii) Investigating an abnormal finding on physical examination, or in a laboratory or imaging test;
      iii) Testing to rule out or confirm the presence of a diagnosis suggested by symptoms or abnormal findings in physical examination, laboratory or imaging tests;
      iv) Testing to assess the status or progress of a diagnosed problem;
      v) Testing to check for the recurrence of a disease previously diagnosed and treated.

   b) Many services are NOT covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) for this use. These tests may be covered under the standard medical benefit, in accordance with standard medical benefit rules, when they are used to investigate abnormal findings in the history or physical examination or to make or confirm a diagnosis or to gather follow-up information after treatment of a medical condition. Examples:
      i) Chest x-rays.
      ii) Electrocardiograms.
iii) Treadmill (exercise) cardiograms.

2) ARBenefits covers preventive health services as detailed in the member’s health benefit plan coverage document. Reference to the member’s coverage documents and benefit summary is necessary to determine specific preventive health benefit coverage. The Enrollee should be aware of special benefits, limits and/or restrictions on preventive treatments, in particular whether the service is obtained out of network.

3) ARBenefits follows the recommendations of the US Preventive Services Task Force (USPSTF) of the Agency for Healthcare Research and Quality in determining what tests and examinations are appropriate as preventive or screening services.

a) The range of testing is designed to protect the tax-preferred treatment of Health Savings Accounts associated with qualified High Deductible Health Plans.

b) The range of testing is designed to maximize the effectiveness of the preventive health benefit.

c) Treatments such as aspirin, folic acid, iron and cholesterol lowering drugs are not covered under the preventive health benefit.

d) Anesthesia services billed separately from a colonoscopy are covered when medically necessary (see ARB0254 Monitored Anesthesia Care)

e) Some of the tests listed may not be appropriate for screening based on age, gender etc. Consult with your physician as to whether you should have a particular test.

4) Immunizations are covered based on the recommendations of the Advisory Committee on Immunization Practices (ACIP) as outlined in the immunization policy, ARB0454.

5) The following services are covered, and are defined as being the preventive Health Benefit:

a) A visit with a physician for the purposes of health risk assessment or screening is covered:

   i) Six times during the first year of life

   ii) Three times during the second year of life

   iii) Annually at age over 2 years old

   iv) This visit with the physician includes:

           (1) Comprehensive history

           (2) Complete physical examination
(3) Alcohol misuse screening and counseling

(4) Autism screening.

(5) Behavioral counseling in regard to STDs,

(6) Clinical breast examination for women over 40

(7) Complete pelvic examination including collection of specimens for listed tests in sexually active women and contraceptive management as needed

(8) Depression screening and counseling

(9) Evaluation and instruction regarding aspirin for those at risk of cardiovascular events

(10) High blood pressure screening and counseling

(11) Obesity screening and counseling

(12) Prostate examination for men over 40

(13) Tobacco use screening and counseling

(14) Vision screening with a confrontation chart, and physician screening for amblyopia and strabismus in children under age 5

(15) Screening for moderate or severe hearing loss in the newborn

(16) Counseling for folic acid supplementation for all women planning or capable of pregnancy

b) Screening mammogram – annually – women over age 40,

c) HIV screening – annually – in members over age 13 at risk,

d) Pap smear – annually – sexually active women,

   i) In women over 30, screening for Human Papilloma Virus is also covered under the wellness benefit for women with normal Pap smears

e) Chlamydia infection screening – annually – sexually active women up to age 25,

f) Gonorrhea infection screening – annually – sexually active women at increased risk,

g) Colorectal cancer screening – between ages 50 and 75.

   i) Fecal occult blood testing annually; AND

   ii) One of:
(1) Barium enema every 5 years, OR
(2) Sigmoidoscopy every 5 years OR
(3) Colonoscopy every 10 years.

h) Cholesterol screening – every 1 year
   i) all men over age 35,
   ii) men age 20-35 at increased risk of cardiovascular disease,
   iii) all women over age 45,
   iv) women age 20-45 at increased risk of cardiovascular disease

i) Osteoporosis screening – every 2 years – women age 65 and over.

j) PSA men 40 and over one per year.

k) Blood sugar test for diabetes in adults with sustained high blood pressure.

l) One per lifetime screening abdominal ultrasound for Abdominal Aortic Aneurysm
   for men aged 65-75 who have ever smoked cigarettes.

m) Hepatitis C antibody screening once per life time with DOB between 1/1/1945
   and 12/31/1965

n) Immunizations generally as recommended by the Advisory Committee on
   Immunization Practices of the CDC (see our immunization policy, ARB0454).

o) During a covered pregnancy the following are covered as preventive:
   i) Screening for urine infection
   ii) Hepatitis B screening
   iii) Rh(D) antibody screening
   iv) Syphilis screening
   v) Chlamydial screening under age 25
   vi) Gonorrhea screening under age 25.
   vii) Anemia screening
   viii) HIV screening
   ix) Counseling on breast feeding
p) Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum within the first 28 days of life

q) Screening for sickle cell disease or trait within the first 28 days of life

r) Ophthalmologic examination with refraction, once every 2 years

s) A complete listing of covered services, with the approved age range, is included in a grid at the end of this policy.

Medical Policy Statement:

1) ARBenefits believes that a well-designed, evidence-based health maintenance program is an important benefit to our members and cost-effective for premium payers.

2) ARBenefits has adopted the preventive testing advocated by the US Preventive Service Task Force of the Agency for Healthcare Research and Quality in the Department of Health and Human Services as a standard benefit.

3) ARBenefits is publishing this policy in order to have the coverage rules spelled out as explicitly as possible. Physicians should be aware that any additional services (not covered under the preventive medicine benefit) rendered at the time of a preventive medicine visit will be paid under the medical benefit for these members.

a) In some cases, this will mean that the patient will have 100% payment responsibility for these services.

b) In other cases, the services may be covered under deductible and coinsurance provisions of their contracts.

c) Some services may be covered under the copayment for the office visit.

d) Patients will appreciate understanding their financial commitments before the extra tests are performed.

4) To bill ARBenefits for a periodic preventive or health assessment visit, please use codes 99381-99397, appropriate for age and status of patient (new or established). Also, identify the primary reason for the visit with the appropriate diagnosis code in the first position on the claim.

5) For all ages, age-appropriate immunizations (excluding those for travel, work or school/camp) are covered as detailed in the immunization policy, ARB0454.

6) Covered health screening examinations and preventive care services include (annually unless indicated otherwise):

a) Age under 1 year: Six well baby visits
b) Age 1 through 11 years: Three well child visits during the second year of life. One well child visit per year thereafter, and:
   
i) Anemia screening 85014, 85018 at 1 year.

   ii) Visual Screening 99173 once age 3-5.

   iii) Dietary counseling; 99402 for obesity, 6 years and older, once.

   iv) Tuberculosis test 86580, for at risk members, once.

   v) Lead screen 83655 for at risk members, once.

   vi) 96110 – autism screening twice.

c) Age 12 through 17 years: One annual wellness visit, and:

   i) Pap smear (female): 88141-88155, 88164-88167, 88174, 88175. (if sexually active)

   ii) Chlamydia test (female): 87110, 87270, 87320, 87490-2, 87810 (if sexually active)

   iii) Gonorrhea test (female): 87590-87592, 87850 (if sexually active)

   iv) Dietary counseling; 99402 for obesity, once.

   v) Tuberculosis test 86580, once.

   vi) HIV screening in members at risk: one of 86701-86703

   vii) Alcohol and substance abuse structured screening and intervention: 99408-99409, (brief screening is included in standard preventive medicine visits; 99408 should be used only when a separate structured screening is performed)

   viii) Ophthalmologic examination with refraction, 92002-92015, S0620-S0621, once every 2 years

d) Age 18 through 39 years: One annual wellness visit, and:

   i) Pap smear (female): 88141-88155, 88164-88167, 88174, 88175

      • In women over 30, screening for Human Papilloma Virus is also covered under the wellness benefit for women with normal Pap smears, every five years (87620-87621)

   ii) Chlamydia test (female): 87110, 87270, 87320, 87490-2, 87810 (to age 25)

   iii) Gonorrhea test (female): 87590-87591, 87850 (to age 25)

   iv) Syphilis screen 86592 if at risk, once.
v) Blood sugar: 82947, 82948, 82950 (to screen for diabetes if there is hypertension [401, 402, 403, 404] or hyperlipidemia [272.0-272.4])

vi) Cholesterol: 80061 or 82465 and 83718 (annually) men 20 and over and females 20 and over

vii) HIV screening in members at risk: one of 86701-86703

viii) Smoking and tobacco use counseling for smokers; 99407.

ix) Dietary counseling for obesity 99402, once.

x) Alcohol and substance abuse structured screening and intervention: 99408-99409, (brief screening is included in standard preventive medicine visits; 99408 should be used only when a separate structured screening is performed)

xi) Breast cancer genetic counseling: 96040, once for women whose family history is associated with an increased risk of deleterious mutations in BRCA1 and BRCA2 genes. Genetic testing for these mutations is not covered under the preventive medicine benefit.

xii) Ophthalmologic examination with refraction, 92002-92015, S0620-S0621, once every 2 years

e) Age 40 through 64 years: One annual wellness visit, and:

i) Mammogram (female): 77052, 77057, G0202, rev code 0403,

ii) Pap smear (female): 88141-88155, 88164-88167, 88174, 88175

- In women over 30, screening for Human Papilloma Virus is also covered under the wellness benefit for women with normal Pap smears every five years (87620-87621)

iii) Osteoporosis (female over age 60 at increased risk): 77080-77082 every two years

iv) Colon Cancer age 50 and older:

- 82270 or 82274 (annually);
- 74280 (every 5 years) or
- 45330-45331, 45333, 45338, 45339, G0104, G0106, G0120 (every 5 years), or
- G0105, G0121, 45378 every 10 years
- 45380, 45383, 45384, 45385, Diagnostic colonoscopies with modifier “PT” every 10 years
v) Cholesterol: 80061 or 82465 and 83718 (annually) men 20 and over and females 20 and over

vi) Syphilis screen 86592 if at risk, once.

vii) HIV screening in members at risk: one of 86701-86703

viii) Dietary counseling for obesity; 99402.

ix) Smoking and tobacco use counseling in smokers; 99407.

x) Counseling 99402 for BRCA testing in high risk women

xi) PSA -- 84153 men age 40 and over, one per calendar year

xii) Hepatitis C antibody screening once per life time with DOB between 1/1/1945 and 12/31/1965: 86803

xiii) Blood sugar: 82947, 82948, 82950 (to screen for diabetes if there is hypertension [401, 402, 403, 404] or hyperlipidemia [272.0-272.4])

xiv) Ophthalmologic examination with refraction, 92002-92015, S0620-S0621, once every 2 years

f) Age 65 and over: one annual wellness visit, and:

i) Examination: 99387 or 99397

ii) Mammogram (female): 76092

iii) Colon Cancer: up to age 75.
   • 82270,82274 (annually);
   • 74280 (every 5 years) or
   • 45330-45345 (every 5 years), or
   • 45378-45387 (every 10 years).

iv) Cholesterol: 80061 or 82465 and 83718 (annually)

v) Dietary counseling: 99402 with diagnosis diagnoses 278.0 through 278.02; once

vi) HIV screening in members at risk: one of 86701-86703

vii) Blood sugar: 82947, 82948, 82950 (to screen for diabetes if there is hypertension [401, 402, 403, 404] or hyperlipidemia [272.0-272.4])

viii) Osteoporosis (female): 77080-77082 (every two years)
ix) Ultrasound screening for Abdominal Aortic Aneurysm: G0389 in men age 65-75 with a history of cigarette smoking (V15.82) (once per lifetime).

x) Hepatitis C antibody screening once per lifetime with DOB between 1/1/1945 and 12/31/1965: 86803

xi) Ophthalmologic examination with refraction, S0620-S0621, once every 2 years

g) At all ages, the wellness visit includes the following, as appropriate for the age of the patient:

i) Comprehensive history

ii) Complete physical examination

iii) Alcohol misuse screening.

iv) Clinical breast examination for women over 40

v) Complete pelvic examination including collection of specimens for listed tests in sexually active women, and women over age 18; including contraceptive management as needed

vi) Depression screening.

vii) Evaluation and administration of aspirin for those at risk of cardiovascular events

viii) High blood pressure screening.

ix) Obesity screening.

x) Prostate examination for men over 50

xi) Tobacco use screening.

xii) Vision screening with a confrontation chart.

xiii) Screening for moderate or severe hearing impairment in newborns

h) Any other tests or examinations performed at the time of an annual physical examination will be covered under the medical benefit. See paragraph 4 above.

i) For covered pregnancies, the following will also be included as preventive:

i) Screening for asymptomatic Bacteriuria (a urine culture): 87081

ii) Behavioral interventions to promote breastfeeding (should be included in documentation of office visits)

iii) Hepatitis B screening: 87340

ARBenefits reserves the right to alter, amend, change or supplement medical policies as needed. Codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy.
iv) Rh (D) antibody testing (which requires blood typing and an antibody screen): 86900, 86901, and 86850

v) Syphilis screening: 86592

vi) Gonorrhea screening: 87850,

vii) Anemia screening: 85014, 85018

viii) HIV screening one of 86701-86703

ix) Group B Strep screen 87802

x) Glucose 82950 once

xi) 99401 preventive counseling once

**Limits**

Many diagnostic examinations are not covered under the preventive health benefit because their effectiveness as screening tests has not been demonstrated. If these tests are billed with a diagnosis code indicating that they are being performed as screening examinations, they will be denied as not medically necessary. If they are billed with a diagnosis indicating that the test is done for diagnostic reasons, it will be covered under the medical benefit, with the member required to meet contractual payment requirements. Examples of examinations which are sometimes done in conjunction with screening physical examinations which are not covered as screening tests are:

a) Chest X-Rays,

b) EKGs,

c) Treadmill EKGs,

For example, if a physician is doing a preventive medicine visit on a patient who also had COPD, and performs a chest x-ray, that chest x-ray should be billed with a diagnosis code for COPD, in which case it will pay under the medical benefit. If the chest x-ray is billed with a routine physical diagnosis code, it will not pay because it is not medically necessary.
Background:

ARBenefits is following the guidance contained in The Guide to Clinical Preventive Services, published by the Agency for Healthcare Research and Quality, reflecting the recommendations of the US Preventive Services Task Force. The recommendations of USPSTF are revised and republished periodically, and this policy is revised from time to time to reflect those changes. The version of the USPSTF recommendations which was used in the most recent revision of this policy is attached to this policy.

The USPSTF has specifically recommended against routine screening with cardiograms and treadmills for asymptomatic persons and cannot recommend the screening for individuals at risk for coronary disease: http://www.ahrq.gov/clinic/uspsstf/uspsacad.htm.

References:

Physician Request for Reconsideration:

This coverage policy is the result of the clinical data, peer-reviewed material, documented trials, and other non-member specific clinical data available to and reviewed by the ARBenefits Health Plan Coverage Policy review panel. In the event that the treating physician has additional clinical data, peer-reviewed material, documented trials, or non-member specific clinical data, it should be provided to the Employee Benefits Division, P.O. Box 15610, Little Rock, AR 72231, Attn: Coverage Policy Review panel c/o Chief Health Services Officer.

Application to Products

This policy applies to ARBenefits. Consult ARBenefits Summary Plan Description (SPD) for additional information.
<table>
<thead>
<tr>
<th>Preventive Medicine Intervention</th>
<th>CPT code</th>
<th>Age (in years, unless otherwise specified)</th>
<th>Gender (Male, Female, or Both)</th>
<th>Frequency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound Screening for Abdominal Aortic Aneurysm</td>
<td>G0389</td>
<td>65-75</td>
<td>M</td>
<td>Once per lifetime</td>
<td>In men who have ever smoked</td>
</tr>
<tr>
<td>Alcohol and Substance Misuse Screening and Intervention</td>
<td>99408-99409</td>
<td>≥11</td>
<td>B</td>
<td>Annually</td>
<td>Included in preventive medicine office visits. 99408-99409 should be used only when there is a separate interventional effort that takes more than 15 minutes.</td>
</tr>
<tr>
<td>Anemia Screening</td>
<td>85014 or 95018</td>
<td>1-4</td>
<td>B</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Aspirin to Prevent Cardiovascular Disease in Adults</td>
<td>None</td>
<td>45-79</td>
<td>M</td>
<td>Annually</td>
<td>Assessment of cardiovascular risk factors, and counseling on risk reduction, is part of the preventive medicine office visit.</td>
</tr>
<tr>
<td>Asymptomatic Bacteriuria in Pregnancy</td>
<td>87081</td>
<td>55-79</td>
<td>F</td>
<td>Annually</td>
<td>Assessment of cardiovascular risk factors, and counseling on risk reduction, is part of the preventive medicine office visit.</td>
</tr>
<tr>
<td>Autism Screening</td>
<td>96110</td>
<td>18-30 months</td>
<td>B</td>
<td>Twice</td>
<td>Genetic counseling will be covered for women whose family history is associated with an increased risk of deleterious mutations in BRCA1 and BRCA2 genes. Genetic testing for these mutations is not covered under the preventive medicine benefit.</td>
</tr>
<tr>
<td>Breast Cancer Genetic Counseling</td>
<td>96040</td>
<td></td>
<td>F</td>
<td>Once</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>None</td>
<td></td>
<td>F</td>
<td>Annually</td>
<td>Included in preventive medicine benefit.</td>
</tr>
</tbody>
</table>

ARBenefits reserves the right to alter, amend, change or supplement medical policies as needed. Codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy.

Page 12 of 16
<table>
<thead>
<tr>
<th>Preventive Medication</th>
<th>Codes</th>
<th>Age</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening, Mammography</td>
<td>77052, 77057, G0202, rev code 0403</td>
<td>≥40</td>
<td>F</td>
<td>Annually</td>
</tr>
<tr>
<td>Breastfeeding Counseling</td>
<td>99401</td>
<td></td>
<td>F</td>
<td>Once per pregnancy</td>
</tr>
<tr>
<td>Cervical Cancer Screening with Pap smear</td>
<td>88141-88155, 88164-88167, 88174, 88175,</td>
<td>≥21</td>
<td>F</td>
<td>Annually</td>
</tr>
<tr>
<td>Cervical Cancer Screening with HPV test</td>
<td>87620, 87621</td>
<td>≥30</td>
<td>F</td>
<td>Every five years</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>87110, 87270, 87320, 87490-87492, 87810</td>
<td>&lt;25</td>
<td>F</td>
<td>Annually</td>
</tr>
<tr>
<td>Chlamydia Screening, Pregnancy</td>
<td>87110, 87270, 87320, 87490-87492, 87810</td>
<td></td>
<td>F</td>
<td>Once per pregnancy</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>82270, 82274</td>
<td>50-74</td>
<td>B</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>74280, 45330PT, 45331PT, 45333PT, 45338PT, 45339PT, G0104, G0106, or G0120</td>
<td>50-74</td>
<td>B</td>
<td>Every five years</td>
</tr>
<tr>
<td></td>
<td>G0105, G0121, 45380PT,</td>
<td>50-74</td>
<td>B</td>
<td>Every ten years</td>
</tr>
</tbody>
</table>

ARBenefits reserves the right to alter, amend, change or supplement medical policies as needed. Codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy. Page 13 of 16
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code(s)</th>
<th>Age</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Caries in Preschool Children</td>
<td>None</td>
<td>6 months to 6 years</td>
<td>B Each visit</td>
<td>Counseling and prescription of fluoride supplements is included in standard preventive medicine visits</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>None</td>
<td>≥12</td>
<td>B Each visit</td>
<td>Recommended only when systems are in place to ensure accurate diagnosis, psychotherapy and follow up. Included in standard preventive medicine visits.</td>
</tr>
<tr>
<td>Diabetes Screening in Adults</td>
<td>82947, 82948, 82950</td>
<td>≥18</td>
<td>B Each visit</td>
<td>Recommended only for adults with sustained blood pressure greater than 135/80.</td>
</tr>
<tr>
<td>Diabetes Screening in Pregnancy</td>
<td>82950</td>
<td></td>
<td>F Once per pregnancy</td>
<td>Included in standard preventive medicine visits for women planning or capable of pregnancy.</td>
</tr>
<tr>
<td>Folic Acid for Prevention of Neural Tube Defects</td>
<td>None</td>
<td></td>
<td>F Each visit</td>
<td>Included in standard preventive medicine visits for women planning or capable of pregnancy.</td>
</tr>
<tr>
<td>Gonorrhea Prophylaxis for Newborn</td>
<td>None</td>
<td>newborn</td>
<td>B Once</td>
<td>Included in routine hospital care</td>
</tr>
<tr>
<td>Gonorrhea Screening</td>
<td>87590-87592, 87850</td>
<td>12-39</td>
<td>F Annually</td>
<td>Sexually active and at high risk</td>
</tr>
<tr>
<td>Gonorrhea Screening in Pregnancy</td>
<td>87590-87592, 87850</td>
<td></td>
<td>F Once per pregnancy</td>
<td></td>
</tr>
<tr>
<td>Hearing Loss Screening, Newborn</td>
<td>92586, 92587</td>
<td>&lt;1 month</td>
<td>B Once</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Screening in Pregnancy</td>
<td>87340</td>
<td></td>
<td>F Once per pregnancy</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C Screening in Baby Boomers</td>
<td>86803</td>
<td>DOB between 1/1/1945 and 12/31/1965</td>
<td>B Once per lifetime</td>
<td></td>
</tr>
</tbody>
</table>

ARB Benefits reserves the right to alter, amend, change or supplement medical policies as needed. Codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy.
High Blood Pressure Screening | None | B | Each visit | Included in standard preventive medicine visits

HIV Screening | 86701-86703 | ≥13 | B | Annually | Patients at increased risk only

HIV Screening in Pregnancy | 86701-86703 | F | Once per pregnancy | Universal

Hypothyroidism Screening in Newborns | 84437 | newborn | B | Once | Included in initial hospital evaluation

Intimate Partner Violence Screening | None | Child bearing age | F | Each visit | Included in standard preventive medicine visits

Iron Deficiency Anemia Screening in Pregnancy | 85014, 85018 | F | Once per pregnancy | Included in standard preventive medicine visits

Iron Supplementation for Children | None | 6-12 months | B | | Included in standard preventive medicine visits. For children at increased risk.

Lead Screening in Children | 83655 | 1-4 | B | Once |

Lipid (Cholesterol) Screening | 80061, 82465, 83718 | ≥20 | B | Annually | For members with diagnoses of hyperlipidemia or obesity.

Nutritional Counseling | 99402 | ≥6 | B | Once | Screening is included in standard preventive medicine visits; intensive counseling is covered as preventive for obese members

Obesity Screening | 99402 | ≥6 | B | Once | Screening is included in standard preventive medicine visits; intensive counseling is covered as preventive for obese members

Osteoporosis Screening | 77080-77082 | 60-64 | F | every two years | At high risk only

Phenylketonuria Screening | 84030 | newborn | B | Once | Included in initial hospital evaluation

Prostate Cancer (PSA) Screening | 84153 | >40 | M | Annually | USPSTF does not recommend; required by Arkansas state mandate.

Rh Screening in Pregnancy | 86900, 86901, | F | Twice | If needed |
<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Age Range</th>
<th>Coverage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD Counseling</td>
<td>86850</td>
<td>≥13</td>
<td>B</td>
<td>Each visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sexually active adolescents and adults at high risk; included in standard preventive medicine visits</td>
</tr>
<tr>
<td>Skin Cancer Prevention Counseling</td>
<td>None</td>
<td>10-24</td>
<td>B</td>
<td>Each visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Included in standard preventive medicine visits</td>
</tr>
<tr>
<td>Sickle Cell Screening</td>
<td>V78.2</td>
<td>newborn</td>
<td>B</td>
<td>Once</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Included in initial hospital evaluation</td>
</tr>
<tr>
<td>Syphilis Screening</td>
<td>86592</td>
<td>≥18</td>
<td>B</td>
<td>Once</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High risk only; included in office copay</td>
</tr>
<tr>
<td>Syphilis Screening in Pregnancy</td>
<td>86592</td>
<td>F</td>
<td></td>
<td>Once per pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Universal</td>
</tr>
<tr>
<td>Tobacco Use Screening</td>
<td>99407</td>
<td>≥18</td>
<td>B</td>
<td>Each visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Included in standard preventive medicine visits</td>
</tr>
<tr>
<td>Tobacco Use Intervention</td>
<td>99402</td>
<td>18-39</td>
<td>B</td>
<td>Once</td>
</tr>
<tr>
<td>Visual Screening, Pediatric</td>
<td>99173</td>
<td>3-5</td>
<td>B</td>
<td>Once</td>
</tr>
<tr>
<td>Vision Examination</td>
<td>92002-92015, S0620, S0621</td>
<td></td>
<td>B</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>Well-Child Visits</td>
<td>99381-99384, 99391-99394</td>
<td>&lt;18</td>
<td>B</td>
<td>six to age 1, three age 1 to 2, annually thereafter</td>
</tr>
<tr>
<td>Adult Preventive Medicine Visits</td>
<td>99385-99387, 99395-99397</td>
<td>≥18</td>
<td>B</td>
<td>Annually</td>
</tr>
</tbody>
</table>