

**Adult Health and Wellness
Guidelines
Females Ages 50+**



**State and School Employees' Life
and Health Insurance Plan**

**Not Subject to Calendar Year Deductible • 100% of allowable for covered procedures
Payable only for Network Providers and for Blue Plan Providers (outside Mississippi)**

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<p>Preventive medicine evaluation, re-evaluation, or office visit. Two (2) visits per year Blood pressure, one (1) procedure per year Breast exam, one (1) procedure per year</p>	<p>99386, 99387: Initial preventive medicine evaluation 99396, 99397: Periodic preventive medicine re-evaluation 99201-99205: Office or other outpatient, new patient 99211-99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited G0438: Annual Wellness Visit; includes a personalized prevention plan of service, initial visit G0439: Annual Wellness Visit; includes a personalized prevention plan of service, subsequent visit S0610-S0613: Annual gynecological examination.</p>
<p>Hemoglobin, hematocrit, or CBC. One (1) procedure per year</p>	<p>85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307</p>
<p>Urinalysis One (1) procedure per year</p>	<p>81000, 81001, 81002, 81003: Urinalysis</p>
<p>Immunizations/TB skin test as needed</p>	<p>See Immunization Codes</p>
<p>Pap smear and pelvic exam One (1) procedure per year</p>	<p>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear 87620, 87621, 87622 (HPV testing) when performed in conjunction with pap smear</p>

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<p>Lipid Profile Includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) One (1) per year</p>	80061: Lipid Profile
<p>Mammogram One (1) procedure per year</p>	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography Provider interpretation for mammography (77051 and 77052 if used in conjunction with primary mammogram procedure code)
<p>Stool for Occult Blood One (1) procedure per year</p>	82270 thru 82274, G0328, G0394: Blood, occult, feces, 1 - 3 simultaneous determinations
<p>Flexible Sigmoidoscopy One (1) procedure every five (5) years or Colonoscopy One (1) procedure every 10 years</p>	45330, 45331, 45333, 45338, 45339, 45346, G0104, G6022: Sigmoidoscopy, flexible 44388, 44389, 44392, 44393, 44394, 44401, 45355, 45378, 45388, 45380, 45381, 45383, 45384, 45385, G0105, G0121, G6019, G6024: Colonoscopy 88305: Pathology of polyps if colonoscopy is paid under wellness.
<p>Glucose One (1) procedure per year For high-risk individuals only</p>	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
<p>Diabetes Screening One (1) procedure per year</p>	83036-83037: Hemoglobin; A1C
<p>Gestational Diabetes Mellitus Screening One (1) per pregnancy For asymptomatic pregnant women after 24 weeks</p>	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
<p>Osteoporosis in Postmenopausal Women, Screening One (1) every two (2) years Ages 60+</p>	76977: Ultrasound Bone Density measurement 77078-77083: Bone Density Study 78350-78351: Bone Density Study

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing	81211-81217: Ovarian/Breast Cancer Molecular diagnostics 83890-83894: Ovarian/Breast Cancer Molecular diagnostics 83896-83898: Ovarian/Breast Cancer Molecular diagnostics 83900-83909: Ovarian/Breast Cancer Molecular diagnostics 83912: Ovarian/Breast Cancer Molecular diagnostics 88271-88272: Molecular cytogenetics 99401-99402: Preventive medicine counseling S3818: Complete gene sequence analysis; BRCA1 gene S3819: Complete gene sequence analysis: BRCA2 gene S3820: Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer S3822: Single mutation analysis for susceptibility to breast and ovarian cancer S3823: Three-mutation BRCA1 and BRCA2 analysis
Gonorrhea, Screening Sexually active women only	87081: Culture, presumptive, pathogenic organisms, screening only 87205: Smear, primary source with interpretation 87492: Infectious agent detection by nucleic acid (DNA or RNA) 87590-87591: Infectious agent detection by nucleic acid (DNA or RNA) 87800-87801: Infectious agent detection by nucleic acid (DNA or RNA) 87850: Infectious agent detection by Immunoassay with direct optical observation
Alcohol Misuse Screening and Behavioral Counseling Interventions	96150-96155: Health and behavior assessment and intervention 98960-98962: Education and training for patient self-management 99386-99387; 99396-99397: Comprehensive preventive services 99401-99404: Preventive counseling 99406-99409: Alcohol abuse structured screening & brief intervention H0001: Alcohol and/or drug assessment H0004: Behavioral health counseling H0049: Alcohol and other drug screening H0050: Alcohol and/or Drug services
Aspirin for the Prevention of Cardiovascular Disease Women age 55-79	99401-99404: Preventive medicine counseling/risk factor reduction
Breastfeeding, Primary Care Interventions to Promote and Support Breastfeeding	99401-99404: Preventive medicine counseling/risk factor reduction 98960: Education and training for patient self-management
Breastfeeding, Equipment One (1) manual breast pump per pregnancy	E0602: Breast pump, manual, any type ONLY COVERED WHEN SUBMITTED WITH PRIMARY DIAGNOSIS Z39.1

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
Breastfeeding Supplies	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 ONLY COVERED WHEN SUBMITTED WITH PRIMARY DIAGNOSIS Z39.1
Diet, Behavioral Counseling in Primary Care to Promote Health	99402-99404: Preventive medicine counseling/risk factor reduction, individual 99411-99412: Preventive medicine counseling/risk factor reduction, group 98960: Education and training for patient self-management S9470: Nutritional counseling, dietician visit
HIV, Screening One (1) procedure allowed per calendar year	86689: HTLV or HIV antibody, confirmatory test 86701: HIV-1 antibody 86702: HIV-2 antibody 86703: HIV-1 and HIV-2 antibody, single assay 87389: HIV-1 antigen(s), with HIV -1 and HIV-2 antibodies, single result 87390: Infectious agent antigen detection by enzyme immunoassay 87391: Infectious agent detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV- 2 87534-87536: Infectious agent antigen detection by nucleic acid (DNA or RNA) S3645: HIV antibody testing of oral mucosal transudate
Sexually Transmitted Infections, Counseling	99401-99404: Preventive medicine counseling/risk factor reduction 99411: Preventive medicine counseling/risk factor reduction
Syphilis Infection, Screening	86592-86593: Syphilis test 86781: Antibody 87166: Dark Field examination 87164: Dark Field examination 87285: Treponema pallidum antigen

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<p>Contraception Counseling and Coverage</p>	<p>J7298: Levonorgestrel-Releasing Intrauterine Contraceptive System, 5 year device J7301: Levonorgestrel-Releasing Intrauterine Contraceptive System J7303: Contraceptive supply, hormone containing vaginal ring, each J7304: Contraceptive supply, hormone, containing patch, each J7306: Levonorgestrel (contraceptive) implant system, including implants and supplies J7307: Etonogestrel *(contraceptive) implant system, including implant and supplies 96372: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 11981: Insertion, non-biodegradable drug delivery implant 11982: Removal, non-biodegradable drug delivery implant 11983: Removal with reinsertion, non-biodegradable drug delivery implant</p>
<p>Insertion of intrauterine Device</p> <p>One (1) device and insertion every five (5) years</p>	<p>58300: Insertion of intrauterine Device J7300: Intrauterine Copper Contraceptive S4989: Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies</p>
<p>Inpatient/Outpatient Tubal Ligation</p>	<p>58565: 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 58605: Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization 58611: Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intraabdominal surgery 58670: Laparoscopy, surgical, with fulguration of oviducts (with or without transection) 58671: Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring) 00851: Anesthesia, tubal ligation/transection</p>
<p>Hepatitis C (HCV) Screening</p> <p>Ages 48-68 One procedure(1) per lifetime</p>	<p>86803: Hepatitis C Antibody</p>
<p>Lung Cancer Screening</p> <p>One (1) per year, smokers with history of at least thirty (30) pack years and who have quit within the previous fifteen (15) years. Ages 55-80.</p>	<p>G0296: Counseling visit to discuss need for lung cancer screening using low dose Computed Tomography (CT) scan G0297: Low Dose CT scanning S8032: Low Dose CT screening</p> <p>ONLY COVERED WHEN PRECERTIFIED AND SUBMITTED WITH PRIMARY DIAGNOSIS Z12.2 OR Z87.891</p>