

# Adult Health and Wellness Guidelines

## Females Ages 35-39



# 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><b>Preventive medicine evaluation, re-evaluation, or office visit.</b> Two (2) visits per year Blood pressure, one (1) procedure per year Breast exam, one (1) procedure per year</p>	<p>99385: Initial preventive medicine evaluation 99395: Periodic preventive medicine re-evaluation 99201-99205: Office or other outpatient services, 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><b>Hemoglobin, hematocrit, or CBC.</b> One (1) procedure per year</p>	<p>85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307</p>
<p><b>Urinalysis</b> One (1) procedure per year</p>	<p>81000, 81001, 81002, 81003: Urinalysis</p>
<p><b>Immunizations/TB skin test as needed</b></p>	<p>See Immunization Codes</p>
<p><b>Pap smear and pelvic exam</b> 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) (for ages 21 and above) when performed in conjunction with pap smear</p>

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<p><b>Lipid Profile</b></p> <p>Includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718)</p> <p>One (1) per year</p>	<p>80061: Lipid Profile</p>
<p><b>Mammogram</b></p> <p>One (1) procedure per year</p>	<p>77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography            Provider interpretation for mammography            (77051, 77052: if used in conjunction with primary mammogram procedure code)</p>
<p><b>Glucose</b></p> <p>One (1) procedure per year            For high-risk individuals only</p>	<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>
<p><b>Diabetes Screening</b></p> <p>One (1) procedure per year</p>	<p>83036-83037: Hemoglobin; A1C</p>
<p><b>Gestational Diabetes Mellitus Screening</b></p> <p>One (1) per pregnancy            For asymptomatic pregnant women after 24 weeks</p>	<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>
<p><b>Breast and Ovarian Cancer Susceptibility,            Genetic Risk Assessment and BRCA Mutation Testing</b></p>	<p>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</p>

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<b>Gonorrhea, Screening</b> 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
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b>	96150-96155: Health and behavior assessment and intervention 98960-98962: Education and training for patient self-management 99385 and 99395: 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
<b>Breastfeeding, Primary Care Interventions to Promote and Support Breastfeeding</b>	99401-99404: Preventive medicine counseling/risk factor reduction 98960: Education and training for patient self-management
<b>Breastfeeding, Equipment</b> One (1) manual breast pump per pregnancy	E0602: Breast pump, manual, any type ONLY COVERED WHEN SUBMITTED WITH PRIMARY DIAGNOSIS V241
<b>Breastfeeding Supplies</b>	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 V241
<b>Diet, Behavioral Counseling in Primary Care to Promote Health</b>	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

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<b>HIV, Screening</b>  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
<b>Sexually Transmitted Infections, Counseling</b>	99401-99404: Preventive medicine counseling/risk factor reduction 99411: Preventive medicine counseling/risk factor reduction
<b>Syphilis Infection, Screening</b>	86592-86593: Syphilis test 86781: Antibody 87166: Dark Field examination 87164: Dark Field examination 87285: Treponema pallidum antigen
<b>Contraception Counseling and Coverage</b>	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
<b>Insertion of intrauterine Device</b>  One (1) device and insertion every five (5) years	58300: Insertion of intrauterine Device J7300: Intrauterine Copper Contraceptive S4989: Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies

PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
<b>Inpatient/Outpatient Tubal Ligation</b>	<p>58565: Bilateral Fallopian tube cannulation to induce occlusion by placement of permanent implants</p> <p>58600: Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral</p> <p>58605: Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization</p> <p>58611: Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery</p> <p>58670: Laparoscopy, surgical, with fulguration of oviducts (with or without transection)</p> <p>58671: Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring)</p> <p>00851: Anesthesia, tubal ligation/transection</p>