

2

Summary Plan Description (SPD) Language Statements for Recommended Clinical Preventive Service Benefits



Overview:

46 clinical preventive service Summary Plan Description (SPD) language statements designed to assist benefits staff as they design, discuss, negotiate, and set benefit structures and coverage guidelines with a health plan, union, or consumer group. Sections include:

- The Purpose of Comprehensive and Structured Clinical Preventive Service Benefits
- An Overview of Employer-Sponsored ERISA Healthcare Benefits
- Communicating Health Benefits to Beneficiaries
- Federal Regulation and Preventive Services
- Clinical Preventive Services and High-Deductible Health Plans: A Unique Opportunity to Promote Use
- Clinical Preventive Service Summary Plan Description (SPD) Language
- Current Procedural Terminology (CPT) Codes

2

Summary Plan Description (SPD) Language Statements for Recommended Clinical Preventive Service Benefits

This section presents information on 1) the purpose of structured clinical preventive service benefits; 2) information on the federal rules and regulations surrounding the provision of clinical preventive services and preventive medications within employer-sponsored medical benefits; and 3) summary plan description (SPD) language for each clinical preventive service recommended in the *Purchaser's Guide*. A condition/disease-specific evidence-statement, supporting the information contained in each SPD language example, is provided in *Part III: Evidence-Statements for Recommended Clinical Preventive Service Benefits*.

The Purpose of Comprehensive and Structured Clinical Preventive Service Benefits

As a nation, increasing our investment in high-impact, cost-effective preventive services will not only save valuable healthcare dollars but, more important, will significantly improve the health status of the U.S. population.¹

—Sam Nussbaum, WellPoint Inc.

Many of the clinical preventive services recommended in the *Purchaser's Guide* are covered by typical medical benefit plans and are well-used by beneficiaries (e.g., cervical cancer screening). Other preventive services have proven efficacy but are neither widely covered by employers nor widely used by beneficiaries (e.g., tobacco use treatment counseling).

Some types of clinical preventive services can be delivered in the course of routine medical care, such as an annual physical. For example, a patient who presents with shortness of breath may be screened for obesity and

advised to lose weight. An informal screening service such as this would usually be covered by a health plan as part of routine care, not as a unique preventive service. Informal screening and counseling sessions serve an important function, but they are inadequate to address some preventable conditions that require more prevention resources. To encourage beneficiaries to consistently and appropriately use effective clinical preventive services and to incentivize providers to actively offer preventive services to their patients, it is imperative for employers to provide a structured and defined set of clinical preventive service benefits within their medical benefit plan(s) and to assure that health plans, providers, and beneficiaries know that these benefits exist and should be used.

To encourage beneficiaries to consistently and appropriately use clinical preventive services and to encourage providers to actively offer clinical preventive services to their patients, it is imperative for employers to provide structured clinical preventive service benefits within their medical benefit plan(s) and to assure that health plans, providers, and beneficiaries know that these benefits exist and should be used.

An Overview of Employer-Sponsored ERISA Healthcare Benefits

Group health plans are employee healthcare benefit plans established and maintained by employers. These plans provide coverage for eligible employees and dependents and, often, for retirees as well. The vast majority of employer-sponsored health plans are subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974.² This Act provides protections and assurance to plan participants, defines the information that must be provided to beneficiaries, and defines the fiduciary responsibilities of plan administrators.

Summary Plan Descriptions (SPDs): Communicating Health Benefits to Beneficiaries

ERISA requires health plan administrators to give plan participants specific information about the benefits to which they are entitled, including covered benefits, plan rules, financial information, and documents about the plan's operation and management. This information must be provided on a regular basis, either in writing or on request.

One important document that participants are legally entitled to receive automatically is a plan summary or summary plan description (SPD). Generally, SPDs:

- Outline healthcare services covered in the plan.
- Describe how services are provided and how the plan(s) operate.
- Describe how benefits are calculated.
- Explain the portion of costs for which the plan is responsible and the portion of costs for which the participant (i.e., the beneficiary) is responsible (e.g., copays, coinsurance).
- Include information about how participants and providers should file claims.

ERISA specifically requires that SPDs include the following types of information:

1. Annual or lifetime caps or other limits on covered benefits.
2. Cost-sharing provisions, including premiums, deductibles, and coinsurance/copayment amounts for which the participant (i.e., the beneficiary) is responsible.
3. The extent to which preventive services are covered under the plan.
4. Whether, and under what circumstances, existing and new drugs are covered under the plan.
5. Whether, and under what circumstances, coverage is provided for medical tests, devices, and procedures.
6. Provisions governing the use of network providers, the composition of provider networks and whether, and under what circumstances, coverage is provided for out-of-network services.
7. Conditions or limits on the selection of primary care providers or providers of specialty medical care.

The Department of Labor requires that all SPDs be written in a way that can be understood by the average plan participant.³ Even though plan services may be complex, the use of technical language and long, complex sentences should be avoided. Detailed technical descriptions of clinical preventive services must be made available to beneficiaries upon request.

The ERISA Act has been amended several times; the latest revisions were released on January 1, 2005 and reinforced previous requirements stating that SPDs must provide a detailed schedule of benefits, including a listing of covered preventive service benefits.⁴

Federal Regulation and Preventive Services

Federal rules and regulations govern employer-sponsored preventive services. The Department of Labor provides regulatory oversight of employer-sponsored healthcare benefits. The Internal Revenue Service (IRS) offers guidance relative to plan services and related payments. Recently, the IRS has provided rules regarding how preventive services may be structured in high-deductible health plans (HDHPs) that are used in conjunction with health savings accounts (HSAs).

High-Deductible Health Plans (HDHPs) Health Savings Accounts (HSAs)

Due to tax implications, the IRS has become involved in outlining preventive services in the context of consumer directed health care plans, including HSA-qualified high-deductible health plans (HDHPs), health savings accounts (HSAs), and health reimbursement arrangements (HRAs).

Over the past few years, employers have introduced consumer-directed healthcare (CDH) plans as an alternative to traditional health benefit plans. The purpose of these plans is to control cost increases by requiring beneficiaries to take responsibility for their healthcare spending. The most common CDH plan design involves a high-deductible health plan (HDHP) with or without an accompanying health savings account (HSA).

Health savings accounts (HSAs) are tax-advantaged, funded accounts established to support saving for future medical expenses. HSAs are funded by tax-free dollars and, if ultimately used for eligible medical expenses, these dollars remain non-taxed.⁵

To access the tax advantages of an HSA, an individual must be covered by an IRS-defined HDHP. These are health plans with deductibles of at least \$1,100 for individual coverage (\$2,200 for family coverage) and caps on allowable out-of-pocket spending (\$5,500 for individual coverage/\$11,000 for family coverage). These amounts are applicable for 2007, and are updated annually to adjust for inflation.

Clinical Preventive Services and High-Deductible Health Plans: A Unique Opportunity to Promote Use

Generally, a HDHP cannot provide benefits prior to fulfillment of the required deductible. However, the IRS has provided an exception for preventive medical care to encourage the use of preventive services. Employers have at least four options in structuring HDHP benefits to promote prevention:

1. Waive the plan deductible and eliminate copayment/coinsurance requirements (100% first-dollar coverage).
2. Waive the plan deductible and reduce required copayment /coinsurance amounts.
3. Waive the plan deductible and require the usual copayment/coinsurance amounts.

Clinical preventive services and preventive medications can be exempted from the deductible in HSA-qualified HDHPs. Employers who offer traditional health plan types (e.g., HMOs, PPOs, POS) or CDH plans that are not HSA-qualified may wish to consider waiving deductibles or lowering copay or coinsurance amounts for preventive medical care in order to promote the use of preventive services by beneficiaries in these plan types.

4. Apply the plan deductible and provide a separate financial benefit for preventive care (\$500 per prevention per year, for example).

Notices 2004-23⁶ and 2004-50⁷ from the Department of Treasury outline a preventive care deductible safe-harbor for HDHPs under section 223(c)(2)(C) of the IRS code. The preventive care safe-harbor includes deductible exemptions for clinical preventive services, preventive medications, and treatment incidental to preventive care.

Clinical Preventive Services and Preventive Medications: Notice 2004-23

I. Preventive care benefits are allowed to be provided by a high-deductible health plan (HDHP) without satisfying the minimum deductible. Preventive care includes, but is not limited to, the following⁶:

- Immunizations
- Obesity weight-loss programs
- Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals.
- Prenatal care
- Screening services for
 - > Cancer
 - > Heart and vascular diseases
 - > Infectious diseases
 - > Mental health conditions and substance abuse
 - > Metabolic, nutritional, and endocrine conditions
 - > Musculoskeletal disorders
 - > Obstetric and gynecologic conditions
 - > Pediatric conditions
 - > Vision and hearing disorders
- Tobacco cessation programs
- Well-child care

II. Drugs prescribed to prevent diseases or conditions that have not yet manifested themselves or to prevent reoccurrence of diseases or conditions [are considered preventive] and may be covered outside of the deductible.⁶

Preventive care benefits such as annual physicals, immunizations, and screening services are exempt from HDHP deductible requirements. Therefore, employers can offer HDHPs that provide 100% first-dollar coverage for clinical preventive services. This type of exemption is known as “safe-harbor” coverage.

Notice 2004-23 recognized clinical preventive services such as screening, counseling, and immunizations as “preventive medical care” and provided an exemption from deductible requirements. It also deemed drugs/medications to be “preventive medications” (and therefore excludable from deductible requirements) when taken by a person who has developed risk factors for a disease that has not yet manifested itself or not yet become clinically apparent (this is known as primary prevention) or to prevent the reoccurrence of a disease from which a person has recovered. For example, the treatment of high cholesterol with cholesterol-lowering medications (e.g., statins) to prevent heart disease may be considered preventive. Similarly, treating an initial heart attack with angiotensin-converting enzyme (ACE) inhibitors to prevent a reoccurrence may be considered preventive. In addition, drugs or medications used as part of procedures providing preventive care services, such as weight-loss programs and tobacco use treatment programs, may be considered preventive.

Treatment Incidental to Preventive Care: Notice 2004-50

Treatment that is performed along with preventive care services or screening may be provided without meeting the deductible requirements as long as it is ancillary or incidental to preventive care.⁷

Notice 2004-50 extended safe-harbor coverage to treatments that are ancillary to prevention or when a separate procedure/visit for treatment would be impractical or unreasonable. For example, the removal of polyps is an allowable preventive treatment benefit when provided as a part of a screening colonoscopy.⁷

Guidance on the Definition of “Preventive Medical Care”

Prior to the 2004 guidance and clarification notices, employers and plan administrators requested that the Department of Labor clearly define preventive medical care. The Department of Labor responded that services and medications may vary from plan to plan and are best described in the context of total plan provisions and not by regulation.⁸ Rather than developing a schedule of allowable services and medications, the Department of Treasury gave employers the discretion to define them relative to need and cost within the limits set forth in Notices 2004-23 and 2004-50. Employers interested in exempting preventive services and medications from the deductibles of HSA-qualified and HDHP plans must therefore decide for themselves which services and medications qualify as preventive and which do not.

Defining Clinical Preventive Services

It is especially important for employers who offer HDHPs to clearly define clinical preventive service benefits and to inform beneficiaries about safe-harbor coverage so that the services will be optimally used.

The *Purchaser's Guide* recommends 46 clinical preventive services for inclusion in medical benefit plans. All of the recommended services qualify as preventive medical care and could be exempted from the deductible in HSA-qualified HDHP plans and other plan types. Employers who offer preventive service benefits should evaluate these benefits and exempt them from the deductible on a case-by-case basis.

Defining Preventive Medications

The National Business Group on Health recognizes that the decisions employers must make regarding the definition of medications as preventive are not always clear-cut particularly because:

- Many drugs have both preventive and curative applications. For example, beta blockers can be used to prevent stroke or treat hyperthyroidism.
- Several types of prevention exist (e.g., primary, secondary, tertiary).

A comprehensive listing of recommendations regarding preventive medication was beyond the scope of the *Purchaser's Guide*. Figure 2.0 was developed in order to provide employers with some idea of the type of medications that may be defined as preventive. It presents options employers have when selecting medications to consider preventive within a pharmacy benefit. The listing draws upon evidence from regulators (such as the Food and Drug Administration), authoritative expert groups that convene to review clinical evidence (such as the U.S. Preventive Services Task Force), or the results of systematic literature reviews (such as those produced by the Cochrane Collaboration, a reliable source of evidence in health care). In the absence of such information, the sources cited are either consensus expert opinion or important studies. The listing is intended to be a tool for benefit design and communications; it is not a comprehensive list and is not endorsed in its entirety by any of the referenced sources. In order to ensure compliance with IRS regulations, benefit managers should consult with other knowledgeable sources such as health plans, consultants, pharmacy benefit managers, and especially their internal legal departments.

Important Note on the Difference Between the Use of the Term “Preventive Medication” as a Category of Prevention and as a Pharmacy Benefit Definition

Several clinical preventive services recommended in the *Purchaser's Guide* include the prescription/use of a preventive medication. Preventive medications, as recommended in the *Purchaser's Guide*, are limited to those medications that can be used to prevent a specific condition or disease (e.g., folic acid supplementation to prevent neural tube defects). The prescription/use of these medications is thus a type of preventive intervention, in the same way that an immunization or counseling session is a type of preventive intervention.

There are many other types of medications that can be used to prevent the escalation of a condition into another type of disease or disability (e.g., asthma medications to prevent permanent damage to the airways) or to prevent a comorbidity from occurring as a result of untreated disease (e.g., anti-diabetic agents to prevent cardiovascular disease). Medications such as these can also be considered preventive and, according to the most recent Department of Treasury guidance, qualify for safe-harbor coverage in HSA-qualified HDHPs.

Figure 2.0: Preventive Medications that Employers May Select to Include in Pharmacy Benefits

COVERED DRUG CATEGORY	RATIONALE	SOURCES OF EVIDENCE	DRUGS OR THERAPEUTIC CLASSES (* = Generic Available)
Alcohol cessation agents	Prevents liver cancer and cirrhosis of the liver	SAMHSA ⁹	Naltrexone*, disulfiram
Antiasthmatic agents	Prevents airway remodeling and its sequelae in asthmatics	Standard use ¹⁰	Theophyllines*, oral beta-2 agonists*, mast cell stabilizers*, inhaled beta-2 agonists*, leukotriene modifiers, inhaled corticosteroids, omalizumab
Anticoagulant agents	Prevents strokes and other poor cardiovascular outcomes	Standard use ¹⁰	Anticoagulants*, thrombin inhibitors*, antiplatelet agents
Antidepressant agents	Prevents the reoccurrence of clinically apparent depressive episodes	Meta analysis ¹¹	Tricyclics*, SSRIs*, bupropion*, lithium*, maprotiline*, mirtazapine*, nefazodone*, trazodone*, SNRIs, MAOIs, venlafaxine, duloxetine
Antidiabetic agents	Prevents cardiovascular disease, retinopathy, neuropathy and nephropathy	Standard use ¹⁰	Biguanides*, sulfonylureas*, meglitinides, thiazolidinediones and alpha-glucosidase inhibitors, injectable or inhaled insulin
Antihypertensive agents	Prevents strokes, heart attacks, kidney failure and other poor cardiovascular outcomes	JNC 7 ¹²	Thiazide diuretics*, loop diuretics*, potassium sparing diuretics*, β -blockers*, CCBs*, ACEIs*, ARBs
Bone density promoters	Prevents osteoporosis and bone fractures	Standard use ¹⁰	Calcium*, ergocalciferol*, biphosphonates*, bone formation agents, parathyroid hormones, selective receptor modulators
(Medications to prevent) breast cancer	Prevents breast cancer	USPSTF ¹³	Tamoxifen
Contraceptive agents	Prevents pregnancy	Peer-reviewed research ¹⁴ FDA ¹⁵	Oral contraceptives*, contraceptive patch
Drug abuse cessation agents	Prevents liver disease	CDC ¹⁶	Methadone*
Emergency adrenaline shots	Prevents anaphylactic shock induced by severe allergic reactions	American Academy of Allergy, Asthma and Immunology ¹⁷	Epinephrine auto-injector
Erythroid stimulants	Prevents chemotherapy-induced anemia and post-surgical anemia	NIH ¹⁸	Epoetin alfa, darbepoetin alfa-albumin
Flouride supplements	Prevents dental caries	USPSTF ¹⁹	Sodium fluoride*, pediatric combination vitamins with fluoride*

Figure 2.0: Preventive Medications that Employers May Select to Include in Pharmacy Benefits *(Continued)*

COVERED DRUG CATEGORY	RATIONALE	SOURCES OF EVIDENCE	DRUGS OR THERAPEUTIC CLASSES (* = Generic Available)
Folic acid supplements	Prevents some cardiovascular conditions Prevents neural tube defects	Standard use ¹⁰ , CDC, U.S. Public Health Service ^{20,24}	Folate*
Immunizations (for children, adolescents, and adults)	Prevents transmission of infectious diseases	ACIP ²⁹	All ACIP Recommend vaccines
Lipid/cholesterol lowering agents	Prevents AMIs and other poor cardiovascular outcomes	ATP III ²¹ ATP III update ²² , ICSI ²³	Statins*, niacin*
Medical nutrition therapy	Prevents mental retardation in persons with PKU and poor outcomes in persons with other inherited metabolic diseases	AAP ²⁵⁻²⁶	Variable
Myeloid stimulants	Prevents chemotherapy-induced febrile neutropenia	CDC ²⁷	Filgrastim, pegfilgrastim, sargramostim
Prenatal supplements that include folic acid	Prevents neural tube defects, vitamin deficiencies, and preeclampsia	Cochrane Collaboration Reviews ^{24, 28}	Prenatal combination vitamins*
Proton pump inhibitors	Prevents esophageal damage caused by GERD	IRS ³⁰	Proton pump inhibitors*, histamine-2 receptor blockers*, antacids*, promotility agents*
Tobacco use cessation agents	Prevents emphysema and lung cancer	Peer-reviewed research ³¹ CDC, U.S. Public Health Service ³²	Bupropion*, nicotine patch, nicotine inhaler, varenicline
Weight-loss agents	Prevents poor cardiovascular outcomes	USPSTF ³³	Sibutramine, orlistat, phentermine, diethylpropion

Figure 2.1: Intervention Chart

	Screening	Testing	Counseling	Immunization	Preventive Medication/ Intervention	(Preventive) Treatment
Abdominal Aortic Aneurysm	✓					
Alcohol Misuse	✓		✓			
Aspirin Therapy for the Prevention of Cardiovascular Disease			✓			
Breast Cancer						
Breast Cancer	✓					
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing		✓	✓			✓
Breast Cancer			✓		✓	
Cervical Cancer	✓					
Childhood Health Promotion						
Child Development	✓					
Child Immunizations				✓		
Dental Caries Prevention					✓	
Lead, Elevated Blood Level	✓					
Newborn Screening for Genetic and Endocrine Disorders	✓				✓*	✓
Newborn Hearing	✓					
Vision	✓					
Colorectal Cancer	✓					
Contraceptive Use		✓			✓	
Depression	✓					
Diabetes (type 2)	✓					
Healthy Diet			✓			
Healthy Pregnancy						
Alcohol Misuse	✓		✓			
Asymptomatic Bacteriuria	✓					
Breastfeeding			✓			
Folic Acid Supplementation			✓		✓	
Group B Streptococcal	✓				✓	

Figure 2.1: Intervention Chart (Continued)

	Screening	Testing	Counseling	Immunization	Preventive Medication/ Intervention	(Preventive) Treatment
Disease (GBS)						
Hepatitis B Virus (HBV)	✓			✓		✓
Human Immunodeficiency Virus (HIV)	✓		✓		✓	
Influenza				✓		
Preeclampsia	✓					
Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs)	✓	✓				
Rh (D) Incompatibility	✓				✓	
Rubella	✓					
Syphilis	✓					
Tetanus				✓		
Tobacco Use Treatment	✓		✓			
Hypertension	✓		✓			✓
Immunizations (Child, Adolescent, Adult)				✓		
Lipid Disorders	✓		✓			✓
Motor Vehicle-Related Injury Prevention			✓			
Obesity	✓		✓			✓
Osteoporosis	✓					✓
Sexually Transmitted Infections (STIs)						
Counseling to prevent STIs			✓			
Chlamydia	✓					
Gonorrhea	✓					
Human Immunodeficiency Virus (HIV)	✓		✓			
Syphilis	✓					
Tobacco Use Treatment	✓		✓			✓
Tuberculosis	✓					

*Includes medical foods in addition to medications

Sample Summary Plan Description (SPD) Language Statements for Recommended Clinical Preventive Service Benefits

Summary Plan Description (SPD) Language

The following pages contain condition, disease or injury specific SPD language statements for each clinical preventive service recommended in the *Purchaser's Guide*. The SPD language statements clearly outline the recommended benefits for each service.

The recommended benefits (and hence the SPDs), are a translation of the clinical guidelines featured in the corresponding evidence-statements, which outline the medical evidence for each intervention. The process of translating clinical guidelines into benefit language is difficult. The National Business Group on Health (Business Group) has made every effort to align benefits recommended in the *Purchaser's Guide* with the most current clinical guidelines and recommendations. However, because recommendation-making bodies (e.g., USPSTF, professional organizations, etc) sometimes disagree on the specifics of a particular clinical preventive service, for example, how often a service should be provided, the Business Group combined multiple recommendations to construct the detailed benefits described in the SPDs. For an exact listing of the recommendations and guidelines, please refer to the corresponding evidence-statements provided in *Part III: Evidence-Statements for Recommended Clinical Preventive Service Benefits*.

Current Procedural Terminology (CPT®) Codes

Applicable current procedural terminology (CPT) codes are provided for each recommended benefit. CPT codes are listed in alphabetical order as an appendix to the SPD language statements.

CPT codes are provided for employers and health plans to facilitate the implementation and reimbursement of clinical preventive service benefits. Employers who adopt the recommendations set forth in the *Purchaser's Guide* should ensure that their health plan administrators approve the listed CPT codes for provider reimbursement.

CPT codes are developed by the American Medical Association (AMA) for the purpose of providing a uniform language that accurately describes medical, surgical, and diagnostic services provided by physicians and other clinicians. The list of codes is updated annually. For more information on CPT codes and to view updates, please contact the CPT Information and Education Service at 1-800-634-6922 or visit: www.ama-assn.org/ama/pub/category/3113.html

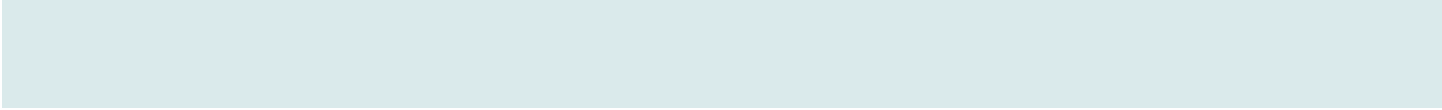
The clinical preventive services benefits recommended in the *Purchaser's Guide* address a range of health conditions that affect people of all ages. For a brief summary of clinical preventive services appropriate for different age groups and genders, please refer to the Life Course Charts featured in *Part VII: Resources & Tools*.

A Note on SPDs

Summary plan description language does not typically include the names of covered tests or procedures. SPD language provided in the *Purchaser's Guide* includes specific information on covered tests, procedures, and medications. This information is included for educational purposes. Some employers may wish to include this information in their SPDs; other employers may wish to delete this information from their SPDs, and share it only with their health plan administrators for contracting purposes.

Alphabetical Listing of SPDs	Page Number	(CPT Codes)
Abdominal Aortic Aneurysm, Screening	<i>Pg. 51</i>	<i>Pg. 73</i>
Alcohol Misuse, Screening and counseling	<i>Pg. 51</i>	<i>Pg. 73</i>
Aspirin Therapy for the Prevention of Cardiovascular Disease, Counseling	<i>Pg. 51</i>	<i>Pg. 73</i>
Breast Cancer		
Breast Cancer, <i>Screening</i>	<i>Pg. 52</i>	<i>Pg. 73</i>
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing, <i>Counseling, testing, and preventive treatment</i>	<i>Pg. 52</i>	<i>Pg. 74</i>
Breast Cancer, <i>Counseling and preventive medication</i>	<i>Pg. 52</i>	<i>Pg. 75</i>
Cervical Cancer, Screening	<i>Pg. 53</i>	<i>Pg. 76</i>
Childhood Health Promotion		
Child Development, <i>Screening</i>	<i>Pg. 54</i>	<i>Pg. 77</i>
Dental Caries, <i>Preventive medication</i>	<i>Pg. 54</i>	<i>Pg. 77</i>
Immunizations.....	<i>Pg. 54</i>	<i>Pg. 88</i>
Lead, Elevated Blood Level, <i>Screening</i>	<i>Pg. 54</i>	<i>Pg. 78</i>
Newborn Screening for Genetic and Endocrine Disorders, <i>Screening, medical foods, and treatment</i>	<i>Pg. 55</i>	<i>Pg. 78</i>
Newborn Hearing, <i>Screening</i>	<i>Pg. 55</i>	<i>Pg. 78</i>
Vision, <i>Screening</i>	<i>Pg. 56</i>	<i>Pg. 78</i>
Colorectal Cancer, Screening	<i>Pg. 57</i>	<i>Pg. 79</i>
Contraceptive Use, Counseling and preventive intervention	<i>Pg. 57</i>	<i>Pg. 79</i>
Depression, Screening	<i>Pg. 57</i>	<i>Pg. 80</i>
Diabetes (type 2), Screening	<i>Pg. 58</i>	<i>Pg. 80</i>
Healthy Diet, Counseling	<i>Pg. 58</i>	<i>Pg. 81</i>
Healthy Pregnancy		
Alcohol Misuse, <i>Screening and counseling</i>	<i>Pg. 58</i>	<i>Pg. 81</i>
Asymptomatic Bacteriuria, <i>Screening</i>	<i>Pg. 59</i>	<i>Pg. 81</i>
Breastfeeding, <i>Counseling</i>	<i>Pg. 59</i>	<i>Pg. 81</i>
Folic Acid Supplementation, <i>Counseling and preventive medication</i>	<i>Pg. 60</i>	<i>Pg. 82</i>
Group B Streptococcal Disease (GBS), <i>Screening and preventive medication</i>	<i>Pg. 60</i>	<i>Pg. 82</i>
Hepatitis B Virus (HBV), <i>Screening, immunization, and treatment</i>	<i>Pg. 61</i>	<i>Pg. 82</i>
Human Immunodeficiency Virus (HIV), <i>Screening, counseling, and preventive medication</i>	<i>Pg. 62</i>	<i>Pg. 83</i>
Influenza, <i>Immunization</i>	<i>Pg. 63</i>	<i>Pg. 83</i>
Preeclampsia, <i>Screening</i>	<i>Pg. 63</i>	<i>Pg. 84</i>

Alphabetical Listing of SPDs	Page Number	(CPT Codes)
Prenatal Diagnosis of Chromosomal Abnormalities		
<i>Screening and testing</i>	<i>Pg. 63</i>	<i>Pg. 86</i>
Rh (D) Incompatibility,		
<i>Screening and preventive medication</i>	<i>Pg. 64</i>	<i>Pg. 87</i>
Rubella, <i>Screening</i>	<i>Pg. 64</i>	<i>Pg. 88</i>
Syphilis, <i>Screening</i>	<i>Pg. 64</i>	<i>Pg. 88</i>
Tetanus, <i>Immunization</i>	<i>Pg. 65</i>	<i>Pg. 88</i>
Tobacco Use Treatment, <i>Screening and counseling</i>	<i>Pg. 65</i>	<i>Pg. 88</i>
Hypertension, Screening, counseling, and treatment	<i>Pg. 65</i>	<i>Pg. 89</i>
Immunizations (Child, Adolescent, Adult)	<i>Pg. 66</i>	<i>Pg. 89</i>
Lipid Disorders, Screening, counseling, and treatment	<i>Pg. 66</i>	<i>Pg. 92</i>
Motor Vehicle-Related Injury Prevention, Counseling	<i>Pg. 67</i>	<i>Pg. 93</i>
Obesity, Screening, counseling, and treatment	<i>Pg. 67</i>	<i>Pg. 94</i>
Osteoporosis, Screening and treatment	<i>Pg. 68</i>	<i>Pg. 94</i>
Sexually Transmitted Infections (STIs)		
Counseling to Prevent STIs, <i>Counseling</i>	<i>Pg. 69</i>	<i>Pg. 95</i>
Chlamydia, <i>Screening</i>	<i>Pg. 69</i>	<i>Pg. 95</i>
Gonorrhea, <i>Screening</i>	<i>Pg. 69</i>	<i>Pg. 96</i>
Human Immunodeficiency Virus (HIV),		
<i>Screening and counseling</i>	<i>Pg. 70</i>	<i>Pg. 96</i>
Syphilis, <i>Screening</i>	<i>Pg. 70</i>	<i>Pg. 97</i>
Tobacco Use Treatment,		
<i>Screening, counseling, and treatment</i>	<i>Pg. 71</i>	<i>Pg. 97</i>
Tuberculosis, Screening	<i>Pg. 71</i>	<i>Pg. 97</i>



SUMMARY PLAN DESCRIPTION LANGUAGE

Summary Plan Description Language: Abdominal Aortic Aneurysm (Screening)

Covered Screening	Ultrasonography of the abdomen.
Initiation, Cessation, and Interval	One-time screening ultrasound to look for abdominal aortic aneurysm in men aged 65 to 75 who have smoked at any time in their lives. The exact timing of the screen is left to the discretion of the clinician.

Summary Plan Description Language: Alcohol Misuse (Screening)

Covered Screening	<p>Screening for alcohol misuse is a covered benefit. Coverage includes the use of validated screening tools such as:</p> <ul style="list-style-type: none"> • Single-question alcohol screens • Alcohol Use Disorders Identification Test (AUDIT) or AUDIT-C • CAGE
Initiation, Cessation, and Interval	Screening is a covered benefit beginning at age 18. Coverage is provided for younger populations depending on risk and need. For average-risk populations, one screen is covered annually. More frequent screening is covered for individuals at risk for alcohol misuse, including people with a history of alcohol misuse or alcohol-related health and social problems.

Summary Plan Description Language: Alcohol Misuse (Counseling)

Covered Counseling	<p>Counseling is a covered benefit for patients who meet criteria for alcohol misuse. Three levels of counseling are covered:</p> <ul style="list-style-type: none"> • “Very brief” interventions that last up to 5 minutes and have no follow-up. • “Brief” counseling interventions that last 15 minutes and have no follow-up. • “Multi-contact” interventions that include one initial session lasting at least 15 minutes that is followed by several additional contacts.
Initiation, Cessation, and Interval	Eight (8) counseling sessions are covered per calendar year. Intervals between counseling sessions are at the discretion of the provider.

Summary Plan Description Language: Aspirin for the Primary Prevention of Cardiovascular Events (Counseling)

Covered Screening	Counseling to discuss the benefits and harms of aspirin therapy is a covered benefit.
Initiation, Cessation, and Interval	All beneficiaries aged 30 and older are eligible for one counseling session every 5 years or whenever a cardiovascular risk factor is detected.

<p>Summary Plan Description Language: Breast Cancer (Screening)</p>	
<p>Covered Screening</p>	<p>Breast cancer screening is a covered benefit and may include mammography and, as an adjunct, a clinical breast exam (CBE).</p>
<p>Initiation, Cessation, and Interval</p>	<p>Breast cancer screening is a covered benefit for average-risk women aged 40 to 80. Average-risk women are eligible for one mammography per calendar year. Women at high risk of breast cancer may qualify for screening at a younger age, if screening is deemed medically indicated.</p>
<p>Summary Plan Description Language: Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Counseling)</p>	
<p>Covered Counseling</p>	<p>Beneficiaries determined to be at high risk for breast cancer based on the results of a clinician’s risk assessment are eligible for genetic counseling.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Counseling is provided as medically indicated, and should be conducted at least once before and after genetic testing.</p>
<p>Summary Plan Description Language: Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Testing)</p>	
<p>Covered Testing</p>	<p>Beneficiaries determined to be at high risk for breast cancer based on the results of a clinician’s risk assessment are eligible for BRCA mutation testing.</p>
<p>Initiation, Cessation, and Interval</p>	<p>BRCA mutation testing is covered once per lifetime.</p>
<p>Summary Plan Description Language: Breast Cancer (Counseling on Preventive Medication and Preventive Treatment)</p>	
<p>Covered Counseling</p>	<p>Beneficiaries determined to be at high-risk for breast cancer based on the results of the clinician’s risk assessment or the results of BRCA mutation testing are eligible for counseling on the use of preventive medication or preventive treatments.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Counseling is provided as medically indicated.</p>

<p>Summary Plan Description Language: Breast Cancer (Preventive Medication)</p>	
<p>Covered Preventive Medications</p>	<p>Beneficiaries determined to be at high risk for breast cancer based on the results of a clinician’s risk assessment are eligible for preventive medication. Coverage is provided for all FDA-approved breast cancer preventive medications (e.g., tamoxifen).</p>
<p>Initiation, Cessation, and Interval</p>	<p>Coverage is provided for 5 years. Preventive treatment may be extended, if continued treatment is determined to be medically necessary.</p>
<p>Summary Plan Description Language: Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Preventive Treatment)</p>	
<p>Covered Preventive Treatment</p>	<p>Beneficiaries determined to be at high risk for breast cancer based on the results of a clinician’s risk assessment or the results of BRCA mutation testing are eligible for preventive treatment, which may include any of the following:</p> <ul style="list-style-type: none"> • Surgical removal of the breast(s) with or without reconstructive surgery • Surgical removal of the ovaries <p>Treatment coverage includes counseling-based office visits for treatment education, decision-making, and monitoring.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Preventive treatment is provided, as medically indicated.</p>
<p>Summary Plan Description Language: Cervical Cancer Screening (Screening)</p>	
<p>Covered Screening</p>	<p>Conventional Pap test.</p> <p>***Health plans have the discretion to provide coverage for newer screening methods, such as liquid-based, thin-layer preparations (e.g., ThinPrep®) or computer-assisted screening (e.g., AutoCyte®), and human papillomavirus (HPV) tests, such as Hybrid Capture II®.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Cervical cancer screening is a covered benefit for women age 21 (or women of any age 3 years within the onset of sexual activity) through age 65. Coverage beyond the age of 65 is provided for women with known risk factors, recent abnormal pap smears, inadequate previous screening, or when information about previous screening is unavailable or when screening is unlikely to have occurred in the past.</p> <p>Coverage allows Pap tests to be performed at least once every three years, but not more than once per calendar year.</p>

**Summary Plan Description Language:
Childhood Health Promotion (Screening, Immunization,
Medical Foods, and Preventive Medication)**

**Summary Plan Description Language:
Child Development (Screening)**

Covered Screening

Coverage is provided for developmental screening including the use of standardized instruments.

**Initiation, Cessation,
and Interval**

Developmental screening services are covered for all children as a component of the 9, 18, and 30-month well-child care visits.

**Summary Plan Description (SPD) Language:
Dental Caries Prevention through Oral Fluoride
Supplementation (Preventive Medication)**

**Covered Preventive
Medication(s)**

Oral fluoride

**Initiation, Cessation,
and Interval**

Oral fluoride is covered as prescribed by the clinician according to age and need. Coverage for supplementation is provided from 6 months to 5 years of age and may be extended through 16 years of age, if medically indicated.

**Summary Plan Description (SPD) Language:
Child Immunizations (Immunization)**

Please refer to the general Immunizations SPD language.

**Summary Plan Description Language:
Elevated Blood Lead Levels (Screening)**

Covered Screening

Covered screening tests for lead exposure include blood lead concentration measured from capillary or venous samples.

**Initiation, Cessation,
and Interval**

Screening is a covered benefit for children at risk for lead exposure at the following ages: 12 months, 24 months, and 36–72 months, or at any age when deemed medically necessary by a risk assessment, clinical signs or symptoms consistent with elevated BLL, or when other evidence indicates possible lead exposure. Secondary venous blood lead concentration tests, taken for confirmation, are covered for all children identified as having an elevated BLL through a capillary blood lead concentration screen.

Summary Plan Description Language: Newborn Hearing (Screening)	
Covered Screening	<p>Hospital-based hearing screening is a covered benefit for all newborns. Newborns who are not screened in the hospital, or who require further screening, may be tested in a clinician’s office. Screening may include the use of the following tests:</p> <ul style="list-style-type: none"> • Automated or semiautomated audiologic screening • Auditory Brainstem Response (ABR) • Otoacoustic Emissions (OAE) <p>Diagnostic audiological evaluation is a covered benefit for all infants and children who do not pass initial screening tests.</p>
Initiation, Cessation, and Interval	<p>Screening is covered for all newborns during the first 3 months of life. Additional screening is provided for at-risk children, as determined medically necessary, through age 3 years. Diagnostic audiological evaluation is covered, as medically necessary.</p>
Summary Plan Description Language: Newborn Screening for Genetic and Endocrine Disorders (Screening)	
Covered Screening Methods	<p>Newborn blood spot screening is a covered benefit. Screening is provided for the following conditions: phenylketonuria (PKU), congenital hypothyroidism (CH), galactosemia, sickle cell disease (SCD) and other hemoglobin disorders, congenital adrenal hyperplasia (CAH), biotinidase deficiency, and medium chain acyl-coA dehydrogenase (MCAD) deficiency. Screening for other conditions is covered, as medically indicated.</p>
Initiation, Cessation, and Interval	<p>Newborn screening is covered from birth through 4 months of age. Follow-up testing is covered, as medically indicated.</p>
Summary Plan Description Language: Newborn Screening for Genetic and Endocrine Disorders (Medical Foods)	
Covered Medical Foods	<p>Medical formulas and foods are covered for the purpose of preventing illness, disability, or death among beneficiaries with genetic or endocrine disorders.</p>
Initiation, Cessation, and Interval	<p>Medical formulas and foods are covered, as medically necessary.</p>

**Summary Plan Description Language:
Newborn Screening for Genetic and Endocrine
Disorders (Treatment)**

Covered Treatment

Medications and other forms of treatment used to prevent illness or disability among beneficiaries with genetic or endocrine disorders are covered. Case management is a covered benefit and is provided, as medically necessary, for beneficiaries with complex disorders.

**Initiation, Cessation,
and Interval**

Medications and other forms of treatment are covered, as medically indicated.

**Summary Plan Description Language:
Vision (Screening) (Child)**

Covered Screening

Vision screening is a covered benefit for all children and may include use of the following screening tests:

- Cover test
- External inspection of the eyes and lids
- Hirschberg light reflex test
- Ocular history
- Ocular motility assessment
- Photo-screening
- Pupil examination
- Random Dot E test
- Red reflex examination
- Titmus Fly test
- Vision assessment
- Visual acuity tests including the Snellen Acuity Chart, the Tumbling E, the HOTV Test, Allen Cards, and LH Symbols

**Initiation, Cessation,
and Interval**

Vision screening is covered in the newborn period and at all subsequent well-child visits.

The following vision screenings are covered for children birth to 3 years of age: ocular history, vision assessment, external inspection of the eyes and lids, ocular motility assessment, pupil examination, and red reflex examination.

The following vision screenings are covered for children ages 3 to 5 years: age appropriate visual acuity measurements using the Snellen Chart, Tumbling E, the HOTV Test, Allen Cards, or LH Symbols) and ophthalmoscopy.

Summary Plan Description Language: Colorectal Cancer (Screening)													
Covered Screening	<ul style="list-style-type: none"> • Colonoscopy • Double-contrast barium enema. • Fecal occult blood testing (FOBT) (alone or combined with flexible sigmoidoscopy) • Flexible sigmoidoscopy (alone or combined with FOBT) 												
Initiation, Cessation, and Interval	<p>Colorectal cancer screening is a covered benefit for men and women aged 50 and older. Screening may be initiated at an earlier age if the beneficiary has certain risk factors and a clinician determines that the individual requires early screening.</p> <p>Colorectal cancer screening intervals are based on the method of screening used:</p> <table border="0"> <thead> <tr> <th><u>Screening Method</u></th> <th><u>Approved Interval for Coverage</u></th> </tr> </thead> <tbody> <tr> <td>Colonoscopy</td> <td>Every 10 years</td> </tr> <tr> <td>Flexible sigmoidoscopy</td> <td>Every five years</td> </tr> <tr> <td>Double-contrast barium enema</td> <td>Every five years</td> </tr> <tr> <td>Fecal occult blood tests (FOBT)</td> <td>Every year</td> </tr> <tr> <td>Combination of flexible sigmoidoscopy and FOBT</td> <td>Every five years for the flexible sigmoidoscopy and annually for the FOBT</td> </tr> </tbody> </table>	<u>Screening Method</u>	<u>Approved Interval for Coverage</u>	Colonoscopy	Every 10 years	Flexible sigmoidoscopy	Every five years	Double-contrast barium enema	Every five years	Fecal occult blood tests (FOBT)	Every year	Combination of flexible sigmoidoscopy and FOBT	Every five years for the flexible sigmoidoscopy and annually for the FOBT
<u>Screening Method</u>	<u>Approved Interval for Coverage</u>												
Colonoscopy	Every 10 years												
Flexible sigmoidoscopy	Every five years												
Double-contrast barium enema	Every five years												
Fecal occult blood tests (FOBT)	Every year												
Combination of flexible sigmoidoscopy and FOBT	Every five years for the flexible sigmoidoscopy and annually for the FOBT												
Summary Plan Description Language: Contraceptive Use (Counseling)													
Covered Counseling	<p>Counseling on contraceptive use is a covered benefit.</p>												
Initiation, Cessation, and Interval	<p>Counseling is a covered benefit for all beneficiaries aged 13 to 55 years, whenever it is deemed medically indicated. Counseling should be conducted at least once a year and whenever emergency contraception is prescribed.</p>												
Summary Plan Description Language: Contraceptive Use (Preventive Intervention)													
Covered Preventive Medications/ Devices	<p>The full range of Food and Drug Administration (FDA) approved contraceptives are covered including:</p> <ul style="list-style-type: none"> • All hormonal medications (e.g., pills and patches) including emergency contraceptives • All contraceptive devices (e.g., IUD, diaphragm, vaginal ring) • Voluntary sterilization (e.g., vasectomy, tubal ligation) 												
Initiation, Cessation, and Interval Covered Screening	<p>Hormonal medications (e.g., pills and patches) — including emergency contraceptives — and contraceptive devices are covered as medically necessary for the prevention of pregnancy. Voluntary sterilization (e.g., vasectomy, tubal ligation) is covered once per lifetime. Coverage may be extended if the procedure fails.</p>												
Summary Plan Description Language: Depression (Screening)													
Covered Screening	<p>Depression screening, including the use of standardized depression screening or informal instruments, is a covered benefit.</p>												
Initiation, Cessation, and Interval	<p>Depression screening is a covered benefit for all adults age 18 and older, when deemed medically indicated. Depression screening is covered for adolescents, as medically indicated.</p>												

**Summary Plan Description Language:
Diabetes (Screening)**

<p>Covered Screening</p>	<ul style="list-style-type: none"> • Fasting plasma glucose test (FBG) • 2-hour post-load plasma glucose • Oral glucose tolerance test (OGTT)
<p>Initiation, Cessation, and Interval</p>	<p>Diabetes screening is a covered benefit for beneficiaries of any age with hypertension or hyperlipidemia (lipid disorders). Screening should be initiated whenever these conditions are diagnosed. Screening should be conducted, depending on risk, at least once every 3 years, but not more than once during any calendar year.</p> <p>Coverage for diabetes screening among those at high risk for the disease is provided beginning at age 30, if medically indicated. Screening should be conducted at least once every 2 years, but not more than once during any calendar year.</p> <p>Coverage for diabetes screening among individuals at normal risk for the disease is provided beginning at age 45, or earlier if medically indicated. Screening may be conducted once every 3 years.</p> <p>Individuals with impaired glucose function diagnosed by any test listed in “covered screening methods” qualify for a second screen to verify disease status. The secondary screening should be conducted on another day in the same calendar month.</p>

**Summary Plan Description Language:
Healthy Diet (Counseling)**

<p>Covered Counseling</p>	<p>Intensive behavioral dietary counseling is covered for adult beneficiaries with hyperlipidemia (lipid disorders) and other known risk factors for cardiovascular and diet-related chronic diseases.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Beneficiaries who meet the criteria for counseling are eligible for 3 intensive (30-45 minute) counseling sessions per calendar year.</p>

**Summary Plan Description Language:
Healthy Pregnancy (Screening, Testing, Counseling, Preventive Medication, and Treatment)**

**Summary Plan Description Language:
Alcohol Misuse (Screening)**

<p>Covered Screening</p>	<p>Screening for alcohol misuse is a covered benefit. Coverage includes the use of validated screening tools such as the:</p> <ul style="list-style-type: none"> • AUDIT
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	<ul style="list-style-type: none"> • AUDIT-C • TWEAK • T-ACE
Initiation, Cessation, and Interval	Screening is a covered benefit during pregnancy. Normal-risk women may be screened once per pregnancy. Patients at greater risk for alcohol problems, either because they have a history of past alcohol misuse or report other risky behaviors, qualify for multiple screenings during pregnancy.
Summary Plan Description Language: Alcohol Misuse (Counseling)	
Covered Counseling	<p>Counseling for alcohol misuse during pregnancy is a covered benefit. Three levels of counseling are covered:</p> <ul style="list-style-type: none"> • “Very brief” interventions that last up to 5 minutes and have no follow-up. • “Brief” counseling interventions that last 15 minutes and have no follow-up. • “Multi-contact” interventions that include one initial session lasting at least 15 minutes that is followed by several additional contacts.
Initiation, Cessation, and Interval	Eight (8) counseling sessions are covered per calendar year. Intervals between counseling sessions are at the discretion of the provider. These covered visits are not intended to supplant mental health or addiction treatment coverage.
Summary Plan Description Language: Asymptomatic Bacteriuria (Screening)	
Covered Screening	Urine culture
Initiation, Cessation, and Interval	Screening for asymptomatic bacteriuria is a covered benefit between 12 and 16 weeks’ gestation for all pregnant women. Subsequent screenings are covered, as medically indicated.
Summary Plan Description Language: Breastfeeding (Counseling)	
Covered Counseling	Structured breastfeeding education and behavioral counseling is a covered benefit for all pregnant and lactating women. Counseling may be provided in an office setting, during hospitalization for labor/delivery, or in the patient’s home after the birth of their child.
Initiation, Cessation, and Interval	Counseling to promote breastfeeding initiation and continuation is a covered benefit for all pregnant women and all lactating women. There is no maximum number of sessions, provided that the care is medically necessary.

<p>Summary Plan Description Language: Folic Acid Supplementation (Counseling)</p>	
Covered Counseling	Counseling to promote the use of folic acid supplements (for the prevention of neural tube defects) is a covered benefit.
Initiation, Cessation, and Interval	Counseling on folic acid supplementation is a covered benefit for all women considering pregnancy and all pregnant women through the first trimester of pregnancy.
<p>Summary Plan Description Language: Folic Acid Supplementation (Preventive Medication)</p>	
Covered Preventive Medications	<ul style="list-style-type: none"> • Prescription strength folic acid • Prenatal vitamins containing folic acid
Initiation, Cessation, and Interval	Folic acid medications of any type are covered, when used to reduce the risk of having a pregnancy affected by a neural tube defect.
<p>Summary Plan Description Language: Group B Streptococcal Disease (Screening)</p>	
Covered Screening	All methods of GBS isolation and identification are covered.
Initiation, Cessation, and Interval	Screening for vaginal and rectal group B streptococcal (GBS) colonization is a covered benefit for all pregnant women between 35 and 37 weeks gestation, or as medically indicated.
<p>Summary Plan Description Language: Group B Streptococcal Disease (Preventive Medication)</p>	
Covered Preventive Medications	Intrapartum antibiotic prophylaxis is a covered benefit for all pregnant women.
Initiation, Cessation, and Interval	<p>Intrapartum antibiotic prophylaxis to prevent GBS disease is a covered benefit for:</p> <ul style="list-style-type: none"> • All pregnant women whose screening status is unknown at the time of labor if they present with any of the following risk factors: delivery at < 37 weeks gestation, membrane rupture ≥ 18 hours, or intrapartum fever ≥ 38C. • Women who have had GBS isolated from their urine at any time during their current pregnancy. • All women who have previously given birth to an infant with invasive GBS disease. • Women who are expected to deliver preterm (< 37 weeks) and found to be at risk for perinatal GBS disease.

<p>Summary Plan Description Language: Hepatitis B Virus (HBV) (Screening)</p>	
<p>Covered Screening</p>	<p>Hepatitis B screening is a covered benefit for all pregnant women. Coverage includes the use of all validated screening tools, including the HBsAg Immunoassay and the “rapid test.”</p>
<p>Initiation, Cessation, and Interval</p>	<p>Average-risk women should be screened once, ideally at the first prenatal care visits. Additional screenings are covered for women at increased risk of acquiring HBV.</p>
<p>Summary Plan Description Language: Hepatitis B Virus (HBV) (Immunization)</p>	
<p>Covered Immunizations</p>	<p>All types and brands of hepatitis B immunization are covered.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Immunizations may be given at any time during pregnancy, as deemed appropriate by the clinician.</p>
<p>Summary Plan Description Language: Hepatitis B Virus (HBV) (Treatment)</p>	
<p>Covered Treatment</p>	<p>Treatment for infants born to hepatitis B (HBV)-positive women includes:</p> <ul style="list-style-type: none"> • Postexposure hepatitis B immune globulin • HBV vaccination <p>Treatment for infants born to women with unknown HbsAg status includes:</p> <ul style="list-style-type: none"> • Single-antigen hepatitis B vaccine (without HBIG) <p>Note: The hepatitis B vaccine (without HBIG) is a covered benefit for all infants, regardless of their mother’s hepatitis status.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Immune globulin and HBV immunizations are covered, as medically indicated.</p>

Summary Plan Description Language: Human Immunodeficiency Virus (HIV) (Screening)	
Covered Screening	<p>All FDA-licensed screens and tests, including:</p> <ul style="list-style-type: none"> • Enzyme immunoassay (EIA) • Western blot test • Abbott Murex Single Use Diagnostic System HIV-1 test • Rapid assay test
Initiation, Cessation, and Interval	<p>All pregnant women are eligible for HIV screening. One-time screening is covered for normal-risk women and should be conducted as early as possible during the pregnancy. All pregnant women with a positive screen are eligible for confirmatory testing. Women at high risk of HIV infection are eligible for additional screening/confirmatory testing during the third trimester, or as medically indicated.</p>
Summary Plan Description Language: Human Immunodeficiency Virus (HIV) (Counseling)	
Covered Counseling	<p>Counseling regarding HIV screening and HIV test results, risk reduction, and transmission reduction is a covered benefit for all pregnant women.</p>
Initiation, Cessation, and Interval	<p>All pregnant women are eligible to receive counseling and educational information on HIV and HIV screening before they are screened.</p> <p>All pregnant women who are screened for HIV are eligible for post-test counseling on their result and risk reduction.</p> <p>Pregnant women who have behaviors that place them at high risk for acquiring HIV infection (e.g., multiple sex partners, history of STDs, substance abuse, etc) are eligible for a referral to an HIV risk-reduction service (e.g., HIV centers with personnel trained in HIV counseling, drug treatment centers, etc).</p>
Summary Plan Description Language: Human Immunodeficiency Virus (HIV) (Preventive Medication)	
Covered Preventive Medications	<p>Antiretroviral chemoprophylaxis is a covered benefit for all infant beneficiaries who are born to women who are HIV positive or whose HIV status is unknown at the time of labor and delivery.</p>
Initiation, Cessation, and Interval	<p>All FDA-approved medications used for the prevention of perinatal HIV transmission are covered, as prescribed by a clinician, for exposed infants during the first 6 weeks of life (or as medically indicated).</p>

Summary Plan Description Language: Influenza (Immunization)	
Covered Immunizations	All brands and types of influenza immunization are covered, as medically indicated.
Initiation, Cessation, and Interval	Influenza immunization is a covered benefit for all women who will be pregnant during the influenza season (October to mid-May). One influenza immunization is covered per influenza season and women should be immunized with each pregnancy, as indicated.
Summary Plan Description Language: Preeclampsia (Screening)	
Covered Screening Methods	Conventional measure using an arm cuff and an appropriately validated aneroid (containing no liquid) or digital sphygmomanometer (blood pressure meter).
Initiation, Cessation, and Interval	Blood pressure screening is covered for all pregnant women, as medically indicated.
Summary Plan Description Language: Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Screening)	
Covered Screening Methods	All screening tests used to detect risk for chromosomal abnormalities and neural tube defects are covered.
Initiation, Cessation, and Interval	The timing and frequency is determined by the screening method used.
Summary Plan Description Language: Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Testing)	
Covered Screening	Testing for chromosomal abnormalities and neural tube defects is a covered benefit. Coverage includes the use of all validated testing tools, including, but not limited to: <ul style="list-style-type: none"> • Amniocentesis • Chorionic villus sampling (CVS) • Ultrasound
Initiation, Cessation, and Interval	Testing for chromosomal abnormalities is covered for all pregnant women age 35 or older (and those who have equivalent risk) in place of, or in addition to, screening services. Testing for neural tube defects is covered for all pregnant women at elevated risk of neural tube defects based on a positive screen or other documented risk factor. Genetic counseling, when medically indicated and provided in association with testing, is also covered.

**Summary Plan Description Language:
Rh (D) Incompatibility (Screening)**

Covered Screening	Rh (D) blood typing and antibody testing is a covered benefit for all pregnant women.
Initiation, Cessation, and Interval	All pregnant women are eligible for Rh (D) blood typing and antibody testing at their first prenatal visit. Women known to be Rh (D)-negative and unsensitized are eligible for repeat Rh (D) antibody test at 24 to 28 weeks' gestation to determine their degree of sensitivity.

**Summary Plan Description Language:
Rh (D) Incompatibility (Preventive Medication)**

Covered Preventive Medications	Immune globulin
Initiation, Cessation, and Interval	<p>Immune globulin is covered as a preventive medication for the following populations (as medically indicated):</p> <ul style="list-style-type: none"> • All unsensitized Rh (D)-negative women after their repeated antibody screen at 24-28 weeks' gestation. • Rh (D)-negative mothers within 72 hours of delivering a Rh (D)-positive infant. • Rh (D)-negative mothers following amniocentesis or either induced or spontaneous abortion.

**Summary Plan Description Language:
Rubella (Screening)**

Covered Screening	<p>Screening for rubella susceptibility is a covered benefit of all women of reproductive age. Screening may include:</p> <ul style="list-style-type: none"> • Ascertaining an individual's risk for rubella by way of immunization history • Serologic test for antibodies
Initiation, Cessation, and Interval	All women of childbearing age, including pregnant women, are eligible for screening.

**Summary Plan Description Language:
Syphilis (Screening)**

Covered Screening	<ul style="list-style-type: none"> • Venereal disease research laboratory (VDRL) or the rapid plasma regain (RPR) on serum specimens followed by a fluorescent treponemal antibody absorbed (FTA-ABS) or <i>T. palladium</i> particle agglutination (TP-PA) for confirmation. • Enzyme-linked Immunosorbent Assay (ELISA) for treponemal antibody in serum specimens. • RPR point-of-care test for nontreponemal antibody in serum specimens. • Dark field microscope examination of lesion specimens.
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<p>Initiation, Cessation, and Interval</p>	<p>Syphilis screening is a covered benefit for all pregnant women at their first prenatal care visit. Women with a positive screen are eligible for a confirmatory test. Women who are at high risk for syphilis, are previously untested, or have a positive serology in the first trimester are eligible for re-screening and confirmatory testing during the third trimester and at delivery, or as medically indicated.</p>
<p>Summary Plan Description Language: Tetanus (Immunization)</p>	
<p>Covered Immunizations</p>	<p>All brands and types of tetanus immunization are covered as medically indicated.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Coverage for tetanus vaccines is provided for all pregnant women without adequate documentation of a completed primary tetanus series and those without a tetanus vaccination within the past ten years.</p>
<p>Summary Plan Description Language: Tobacco Use Treatment (Screening)</p>	
<p>Covered Screening</p>	<p>Screening for tobacco use is a covered benefit for all pregnant women.</p>
<p>Initiation, Cessation, and Interval</p>	<p>There is no maximum limit on screening during pregnancy, provided that the care is medically indicated.</p>
<p>Summary Plan Description Language: Tobacco Use Treatment (Counseling)</p>	
<p>Covered Counseling</p>	<p>Smoking cessation counseling (5 to 15 minute sessions) is a covered benefit for all pregnant women who smoke. Counseling may be conducted during individual face-to-face office visits, in a group setting, or by telephone.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Pregnant women who screen positive for tobacco use should be advised to quit at every medical encounter. There is no maximum number of counseling sessions for eligible pregnant women.</p>
<p>Summary Plan Description Language: Hypertension (Screening)</p>	
<p>Covered Screening</p>	<p>Conventional measure using an arm cuff and an appropriately validated aneroid (containing no liquid) or digital sphygmomanometer (blood pressure meter).</p>
<p>Initiation, Cessation, and Interval</p>	<p>Screening is a covered benefit for all children, adolescents, and adults, and may be conducted as medically indicated.</p>

Summary Plan Description Language: Hypertension (Counseling and Treatment)	
Covered Counseling and Treatments	Covered treatment for hypertension includes: <ul style="list-style-type: none"> • Counseling to promote therapeutic lifestyle changes • Office visits to monitor hypertension and treatment efforts • Medications used to treat hypertension
Initiation, Cessation, and Interval	Six (6) counseling, treatment, and monitoring sessions are covered per calendar year. Additional counseling sessions are covered, as medically indicated. Beneficiaries undergoing treatment with hypertension-lowering medications qualify for additional medication management visits, as medically indicated.
Summary Plan Description Language: Child, Adolescent, Adult Immunizations (Immunization)	
Covered Screening/Evaluation for Susceptibility and Immunization Methods	Screening/risk assessment for vaccine-preventable disease (VPD) is a covered benefit for all beneficiaries. Screening may include counseling by the provider. Screening can be accomplished by a review of vaccination history, preferably documented history, or (when appropriate) serologic testing for antibodies to VPD using accepted laboratory tests. <u>Covered immunizations (children/adolescents):</u> Single-antigen or combination vaccines as consistent with the most current ACIP recommendations. Currently included vaccines are: hepatitis B, diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, polio, measles, mumps, rubella, varicella, pneumococcal disease, influenza, meningococcal disease, hepatitis A, rotavirus, human papillomavirus. <u>Covered immunizations (adults):</u> Single-antigen or combination vaccines as consistent with the most current ACIP recommendations. Currently included vaccines are: diphtheria, tetanus, influenza, human papillomavirus, pneumococcal disease. Also covered as necessary are: hepatitis A, hepatitis B, pertussis, measles, mumps, rubella, varicella, meningococcal disease, polio.
Initiation, Cessation, and Interval	Screening/risk assessment and immunizations are covered whenever indicated by medical conditions or other risk factors. There are no age or frequency limitations.
Summary Plan Description Language: Lipid Disorders (Screening)	
Covered Screening	9–12-hour fasting lipoprotein profile of total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglycerides.
Initiation, Cessation, and Interval	Screening is a covered benefit for all adults aged 20 and older and may be conducted once every 5 years, or as medically indicated.

Summary Plan Description Language: Lipids Disorders (Counseling and Treatment)	
Covered Counseling and Treatments	Covered treatment for a lipid disorder includes: <ul style="list-style-type: none"> • Counseling to promote therapeutic lifestyle changes • Office visits to monitor lipid disorders and treatment efforts • Medications used to treat lipid disorders
Initiation, Cessation, and Interval	Six (6) counseling, treatment, and monitoring sessions are covered per calendar year. Additional counseling sessions are covered, as medically indicated. Beneficiaries undergoing treatment with lipid-lowering medications qualify for additional medication management visits, as medically indicated.
Summary Plan Description Language: Motor Vehicle-Related Injury Prevention (Counseling)	
Covered Counseling	Counseling to reduce motor vehicle related injuries is a covered benefit. Both brief clinician counseling (3 minutes or less) and intensive counseling are covered.
Initiation, Cessation, and Interval	Counseling to prevent motor vehicle-related injuries is a covered benefit for beneficiaries of driving age. Counseling should be conducted: 1) when beneficiaries first begin to drive (age 15, 16, or older depending on state law), 2) when beneficiaries first become parents, 3) when beneficiaries seek other preventive services for young children, 4) when beneficiaries present with alcohol or other drug dependencies, and 5) when beneficiaries receive trauma care for alcohol-related injuries. One counseling session is covered per year. Individuals at high risk for a motor vehicle-related injury (beneficiaries aged 18 to 33 years, parents of small children or adolescents, and substance and alcohol abusers) may be counseled more frequently, if medically indicated.
Summary Plan Description Language: Obesity (Screening)	
Covered Screening	Screening for obesity is a covered benefit and may include measurements and calculations relating to body mass index (BMI) and waist circumference.
Initiation, Cessation, and Interval	Screening is covered for all beneficiaries aged 2 and above once per calendar year. More frequent screening is covered, if medically indicated.

**Summary Plan Description Language:
Obesity (Counseling)**

Covered Counseling

Intensive counseling (2 or more person-to-person individual or group sessions per month, for at least 3 months) is a covered benefit for beneficiaries aged 18 and older who meet criteria for obesity (BMI > 30).

**Initiation, Cessation,
and Interval**

Six (6) counseling sessions are covered per calendar year. Additional sessions are covered, if medically indicated.

**Summary Plan Description Language:
Obesity (Treatment)**

**Covered Treatment
Medications**

All FDA-approved medications for the treatment of obesity or weight loss are covered. Coverage is reserved for beneficiaries with a BMI higher than 30 and beneficiaries with a BMI of 27 to 29 who also have at least one additional major risk factor for cardiovascular disease. Coverage for medication is contingent on physician monitoring and participation in an individual or group counseling program.

Procedures

Surgical treatment procedures are covered. Coverage is reserved for beneficiaries aged 18 and older with class III obesity (BMI exceeding 40) and beneficiaries with class II obesity (BMI of 35 or higher) who also have at least one obesity-related illness. All obesity-related surgical procedures are subject to pre-authorization requirements.

**Initiation, Cessation,
and Interval**

The duration of treatment is determined by the type of medication used and its dosage. Coverage is provided for medications and surgery, as prescribed by a clinician.

**Summary Plan Description Language:
Osteoporosis (Screening)**

Covered Screening

Screening for osteoporosis is a covered benefit. Screening may include the use of standardized instruments such as the Osteoporosis Risk Assessment Instrument (ORAI) and the Simple Calculated Osteoporosis Risk Estimation tool (SCORE) and/or use of the following:

- Dual-energy x ray absorptiometry (DXA)
- Peripheral dual-energy x-ray absorptiometry,
- Peripheral quantitative computed tomography
- Radiographic absorptiometry
- Single-energy absorptiometry
- Ultrasound

**Initiation, Cessation,
and Interval**

Screening is provided for normal-risk women beginning at age 65. Screening is a covered benefit for all men beginning at age 70. High-risk women and men are eligible for screening beginning at age 60, or as otherwise medically indicated. Screening may not be conducted more frequently than once every 2 calendar years.

<p>Summary Plan Description Language: Osteoporosis (Treatment)</p>	
<p>Covered Treatment</p>	<p>All FDA-approved medications for the treatment of osteoporosis are covered for beneficiaries aged 60 and older who meet medical necessity criteria for the treatment of osteoporosis.</p>
<p>Initiation, Cessation, and Interval</p>	<p>The duration of treatment is determined by the type of medication used and its dosage. Coverage is provided for medications, as prescribed by a clinician.</p>
<p>Summary Plan Description Language: Sexually Transmitted Infections (Screening and Counseling)</p>	
<p>Counseling to Prevent Sexually Transmitted Infections (Counseling)</p>	
<p>Covered Counseling</p>	<p>Counseling to prevent sexually transmitted infections (STIs) is a covered benefit.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Counseling is a covered benefit for all adolescent and adult beneficiaries. One counseling session is covered per calendar year.</p>
<p>Summary Plan Description Language: Chlamydia (Screening)</p>	
<p>Covered Screening</p>	<p>Chlamydia screening is a covered benefit. The following tests are covered:</p> <ul style="list-style-type: none"> • Antigen detection tests • Culture analysis of a endocervical or urethral swab • Culture of swab specimens from exposed sites • Non-amplified nucleic acid hybridization tests • Nucleic acid amplification assays • Point-of-care antigen detection tests on genital swab specimens and leukocyte esterase on urine.
<p>Initiation, Cessation, and Interval</p>	<p>Annual screening is a covered benefit for all women aged 25 years and younger. Coverage is provided for women over age 25, if medically indicated.</p>
<p>Summary Plan Description Language: Gonorrhea (Screening)</p>	
<p>Covered Screening</p>	<p>Gonorrhea screening is a covered benefit. The following tests are covered:</p> <ul style="list-style-type: none"> • Culture of swab specimens from exposed sites • Microscopic examination of Gram-stained urethral or cervical specimen • Non-amplified nucleic acid hybridization tests on genital swab specimens • Nucleic acid amplification assays • Point-of-care antigen detection tests on genital swab specimens and urine dipstick for leukocyte esterase (LE)
<p>Initiation, Cessation, and Interval</p>	<p>Annual screening is a covered benefit for all women aged 25 years and younger. Coverage is provided for women over age 25, if medically indicated.</p>

**Summary Plan Description Language:
Human Immunodeficiency Virus (HIV) (Screening)**

<p>Covered Screening</p>	<p>HIV screening is a covered benefit. The following tests are covered:</p> <ul style="list-style-type: none"> • All FDA-approved home collection kits using dried blood spots • Laboratory-based options on serum, plasma, or whole blood. • Rapid HIV tests (Uni-Gold Recombigen & Oraquick Advance) • Repeatedly reactive enzyme immunoassay • Western blot or immunoflourescent assay on serum or plasma
<p>Initiation, Cessation, and Interval</p>	<p>Screening is a covered benefit for all persons aged 13 to 64. The frequency of screening should be determined by the beneficiary’s risk factors, but should be conducted no more than once per calendar year.</p>

**Summary Plan Description Language:
Human Immunodeficiency Virus (HIV) (Counseling)**

<p>Covered Counseling</p>	<p>HIV counseling is a covered benefit.</p>
<p>Initiation, Cessation, and Interval</p>	<p>Counseling is a covered benefit for all beneficiaries aged 13 to 64 considering HIV testing. Beneficiaries are eligible for pre- and post-test counseling for a total of 3 sessions per test cycle.</p>

**Summary Plan Description Language:
Syphilis (Screening)**

<p>Covered Screening</p>	<p>Syphilis screening is a covered benefit. The following tests are covered:</p> <ul style="list-style-type: none"> • Nontreponemal tests venereal disease research laboratory (VDRL) or the rapid plasma regain (RPR) on serum specimens followed by a fluorescent treponemal antibody absorbed (FTA-ABS) or <i>T. palladium</i> particle agglutination (TP-PA) for confirmation. • Immunochromatographic Strip (ICS) point-of-care test on blood specimen, when FDA approved. • Line Immunoassay (LIA) point-of-care test on blood specimen, when FDA approved. • Enzyme-linked Immunosorbent Assay (ELISA) for treponemal antibody in serum specimens. • RPR point-of-care test for nontreponemal antibody in serum specimens. • Dark field microscope examination of lesion specimens.
<p>Initiation, Cessation, and Interval</p>	<p>Annual screening is a covered benefit for all beneficiaries at risk of infection. More frequent screening is provided, if medically indicated.</p>

Summary Plan Description Language: Tobacco Use Treatment (Screening)	
Covered Screening	Screening for tobacco use is a covered benefit beginning at age 18. Coverage is provided for younger populations depending on risk and need.
Initiation, Cessation, and Interval	Screening may be conducted at every clinical encounter.
Summary Plan Description Language: Tobacco Use Treatment (Counseling)	
Covered Counseling	Brief counseling (in-person) and intensive counseling (in-person or over the telephone) are covered benefits for tobacco use treatment.
Initiation, Cessation, and Interval	Beneficiaries who meet criteria are eligible for 2 courses of 6 counseling sessions per calendar year, for a total of 12 sessions per calendar year.
Summary Plan Description Language: Tobacco Use Treatment (Treatment)	
Covered Treatment	All FDA-approved nicotine replacement products and tobacco cessation medications are covered.
Initiation, Cessation, and Interval	Medications are covered as prescribed by a clinician.
Treatment Services Not Covered	Neither hypnosis nor acupuncture has been demonstrated to be effective for tobacco cessation and these services are therefore not covered.
Summary Plan Description Language: Tuberculosis (Screening)	
Covered Screening	Screening for tuberculosis is a covered benefit and may include the use of the following: <ul style="list-style-type: none"> • Chest radiography • Intracutaneous administration of purified protein derivative {PPD} tuberculin using the Mantoux method, called the tuberculin skin test (TST) • Mycobacteriology services for smears, cultures • QuantiFERON®-TB Gold (QFT-G) • Sputum induction
Initiation, Cessation, and Interval	Screening is a covered benefit for all persons at high risk of tuberculosis and may be conducted as medically indicated. Follow up re-testing is covered as medically indicated. Note: Routine testing for TB or LTBI is not recommended for persons who are not at high risk of TB.



Current Procedural Terminology Codes (CPT® Codes) <i>Current Procedural Terminology © 2005 American Medical Association.</i>	
Abdominal Aortic Aneurysm (Screening)	
76700	Abdominal ultrasound, complete
76705	Abdominal ultrasound, limited
Alcohol Misuse (Screening)	
99420	Administration and interpretation of health risk assessment instrument
H0001*	Alcohol and/or drug assessment
H0049*	Alcohol and other drug screening
Alcohol Misuse (Counseling)	
96150-5	Health and behavior assessment and intervention
98960-2	Education and training for patient self-management
90804-8	Psychotherapy, including medical management for some codes
99201-5	Evaluation and management, new patient
99212-5	Evaluation and management, established patient
99381-97	Preventive services
99401-5	Preventive counseling
H0050*	Brief counseling intervention
H0004*	Behavioral health counseling
Aspirin for the Primary Prevention of Cardiovascular Events (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Breast Cancer (Screening)	
76092	Screening mammography, bilateral
76083	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography
0060T	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)

99386	Initial preventive medicine evaluation and management, 40 to 64 years, new patient
99387	Initial preventive medicine evaluation and management, 65 years and older
99396	Periodic preventive medicine evaluation and management, 40 to 64 years, established patient
99397	Periodic preventive medicine evaluation and management, 65 years and older
S8075*	Computer analysis of full-field digital mammogram and further physician review and interpretation, mammography
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Testing)	
83890	Molecular diagnostics; molecular isolation or extraction
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	Molecular diagnostics; enzymatic digestion
83893	Molecular diagnostics; dot/slot blot production
83894	Molecular diagnostics; separation by gel electrophoresis
83896	Molecular diagnostics; nucleic acid probe, each
83897	Molecular diagnostics; nucleic acid transfer
83898	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence
83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83901	Molecular diagnostics; amplification of patient nucleic acid, multiplex, each additional nucleic acid
83902	Molecular diagnostics; reverse transcription
83903	Molecular diagnostics; mutation scanning by physical properties, single segment, each
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment

83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence
83909	Molecular diagnostics; separation and identification by high resolution technique
83912	Molecular diagnostics; interpretation and report
88271	Molecular cytogenetics; DNA probe, each
88272*	Molecular cytogenetics; chromosomal <i>in situ</i> hybridization, analyze 3 – 5 cells
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 (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer
S3823*	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals
Breast Cancer Preventive Medication and Preventive Treatment (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Breast Cancer (Preventive Medication)	
S0187*	Tamoxifen citrate, oral 10 mg
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Preventive Treatment)	
19160	Mastectomy, partial
19162	Mastectomy, partial; with axillary lymphadenectomy
19180	Mastectomy, simple, complete
19182	Mastectomy, subcutaneous
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes
19240	Mastectomy, modified radical

19340	Immediate insertion of breast prosthesis following mastectomy
19342	Delayed insertion of breast prosthesis following mastectomy
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap, single pedicle, including closure of donor site
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap, double pedicle, including closure of donor site
58661	Laparoscopy, surgical; with removal of adnexal structures
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Cervical Cancer (Screening)	
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician
88142	Cytopathology, cervical or vaginal, automated thin layer prep, manual screening under physician supervision
88143	Cytopathology, cervical or vaginal, automated thin layer prep, manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal, screening by automated system, under physician supervision
88148	Cytopathology smears, cervical or vaginal, screening by automated system with manual rescreening under physician supervision
88150	Cytopathology slides, cervical or vaginal, manual screening under physician supervision
88152	Cytopathology slides, cervical or vaginal, manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology slides, cervical or vaginal, manual screening and rescreening under physician supervision

88154	Cytopathology slides, cervical or vaginal, manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology slides, cervical or vaginal, definitive hormonal evaluation
88164	Cytopathology slides, cervical or vaginal (Bethesda), manual screening under physician supervision
88165	Cytopathology slides, cervical or vaginal (Bethesda), manual screening and rescreening under physician supervision
88166	Cytopathology slides, cervical or vaginal (Bethesda), manual screening and computer-assisted rescreening under physician supervision
88167	Cytopathology slides, cervical or vaginal (Bethesda), manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal, collected in preservation fluid, automated thin layer prep, screening by automated system under physician supervision
88175	Cytopathology, cervical or vaginal, collected in preservation fluid, automated thin layer prep, screening by automated system and manual rescreening or review under physician supervision
Childhood Health Promotion (Screening, Counseling, Immunization, Preventive Medication and Treatment)	
Child Development (Screening)	
96110	Developmental screening; limited with interpretation and report
96111	Developmental testing; extended with interpretation and report
99381	Initial comprehensive preventive medicine evaluation and management, infant (under 1 year), new patient
99382	Initial comprehensive preventive medicine evaluation and management, early childhood (ages 1 to 4), new patient
99391	Periodic comprehensive preventive medicine evaluation and management, infant (under 1 year), established patient
99392	Periodic comprehensive preventive medicine evaluation and management, early childhood (ages 1 to 4), established patient
99201– 99205	Office or outpatient visit, new patient
99211– 99215	Office or outpatient visit, established patient
Dental Caries Prevention through Oral Fluoride Supplementation (Preventive Medication)	
D1201	Topical application of fluoride, including prophylaxis, child
D1203	Topical application of fluoride, excluding prophylaxis, child

Elevated Blood Lead Levels (Screening)	
83655	Lead
36415	Venipuncture
Childhood Immunizations	
	<i>See Immunizations</i>
Newborn Hearing (Screening)	
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
Newborn Screening for Genetic and Endocrine Disorders (Screening)	
	Screening for genetic and endocrine disorders is a covered benefit. Purchasers should refer to their health plan administrators for a current list of applicable CPT codes.
Newborn Screening for Genetic and Endocrine Disorders (Medical Foods)	
	CPT code not applicable
Newborn Screening for Genetic and Endocrine Disorders (Treatment)	
	Medications and other forms of treatment used to <i>prevent</i> illness or disability among beneficiaries with genetic or endocrine disorders are covered. Case management is a covered benefit and is provided, as medically necessary, for beneficiaries with complex disorders. Purchasers should refer to their health plan administrators for a list of applicable CPT codes.
Vision (Screening) (Child)	
92081	Visual field exam, unilateral or bilateral, limited exam
92082	Visual field exam, unilateral or bilateral, intermediate exam
92083	Visual field exam, unilateral or bilateral, extended exam
99172	Visual function screening, automated or semi-automated bilateral, quantitative
99173	Visual acuity screening, quantitative, bilateral
92002	Ophthalmological medical exam and evaluation, intermediate, new patient

92004	Ophthalmological medical exam and evaluation, comprehensive, one or more visits, new patient
92012	Ophthalmological medical exam and evaluation, intermediate, established patient
92014	Ophthalmological medical exam and evaluation, comprehensive, one or more visits, established patient
0065T	Ocular photoscreening, interpretation and report, bilateral
Colorectal Cancer (Screening)	
45378	Colonoscopy
45330	Sigmoidoscopy, flexible
74270	Barium enema, with/without KUB
74280	Radiological exam, colon, air contrast with specific high-density barium, with/without glucagon
82270	Fecal occult blood for colorectal neoplasm screening, by peroxidase activity, consecutive collected specimens with single determination
Contraceptive Use (Counseling)	
99384	Initial preventive medicine evaluation and management, adolescent (12 to 17 years), new patient
99385	Initial preventive medicine evaluation and management, 18 to 39 years, new patient
99386	Initial preventive medicine evaluation and management, 40 to 64 years, new patient
99394	Periodic preventive medicine evaluation and management, adolescent (12 to 17 years), established patient
99395	Periodic preventive medicine evaluation and management, 18 to 39 years, established patient
99396	Periodic preventive medicine evaluation and management, 40 to 64 years, established patient
Contraceptive Use (Preventive Intervention)	
11975	Insertion implantable contraceptive capsules
58300	IUD insertion
58565	Hysteroscopy; 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

58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	Occlusion of fallopian tube(s) by device (e.g, band, clip, Falope ring) vaginal or suprapubic approach
58661	Laparoscopy; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
S4993	Contraceptive pills for birth control
Depression (Screening)	
99420	Administration and interpretation of health risk assessment instrument
Diabetes (Screening)	
82947	Glucose, blood (except reagent strip)
82948	Glucose, blood, reagent strip
82950	Glucose, post glucose dose
82951	Glucose tolerance test, 3 specimens
82952	Glucose tolerance test, each additional specimen beyond 3
82962	Glucose, blood, by monitoring device FDA-approved for home use
36415	Venipuncture
99385	Initial preventive medicine evaluation and management, 18 to 39 years, new patient
99386	Initial preventive medicine evaluation and management, 40 to 64 years, new patient
99394	Periodic preventive medicine evaluation and management, adolescent (12 to 17 years), established patient
99395	Periodic preventive medicine evaluation and management, 18 to 39 years, established patient
99396	Periodic preventive medicine evaluation and management, 40 to 64 years, established patient

Healthy Diet (Counseling)	
99402	Preventive medicine counseling/risk factor reduction, individual, 30 minutes
99412	Preventive medicine counseling/risk factor reduction, group, 60 minutes
99403	Preventive medicine counseling/risk factor reduction, individual, 45 minutes
99411	Preventive medicine counseling/risk factor reduction, group, 30 minutes
98960	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
S9470*	Nutritional counseling, dietician visit
Healthy Pregnancy (Screening, Testing, Counseling, Preventive Medication, and Treatment)	
Alcohol Misuse (Screening)	
99420	Administration/interpretation health risk assessment instrument
Alcohol Misuse (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Asymptomatic Bacteriuria (Screening)	
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of isolates, urine
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate
Breastfeeding (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes

98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
Folic Acid Supplementation (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Folic Acid Supplementation (Preventive Medication)	
	CPT code not applicable
Group B Streptococcal Disease (Screening)	
87081	Culture, presumptive, pathogenic organisms, screening only
Group B Streptococcal Disease (Preventive Medication)	
	CPT code not applicable
Hepatitis B Virus (HBV) (Screening)	
36415	Venipuncture
87340	Hepatitis B surface antigen (HBsAg)
Hepatitis B Virus (HBV) (Immunization)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
Hepatitis B Virus (HBV) (Treatment)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)

90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Human Immunodeficiency Virus (HIV) (Screening)	
36415	Venipuncture
86689	HTLV or HIV antibody, confirmatory test
86701	HIV-1 antibody
86702	HIV-2 antibody
86703	HIV-1 and HIV-2 antibody, single assay
87390	Infectious agent antigen detection, HIV-1
87391	Infectious agent antigen detection, HIV-2
S3645*	HIV antibody testing of oral mucosal transudate
Human Immunodeficiency Virus (HIV) (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Human Immunodeficiency Virus (HIV) (Preventive Medication)	
J3485	Zidovudine, injection, 10 mg
S0104*	Zidovudine, oral, 100 mg
Influenza (Immunization)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)

90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
Preeclampsia (Screening)	
	CPT code not applicable
Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Screening)	
36415	Venipuncture
82105	Alpha-fetoprotein; serum
82106	Amniotic fluid
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Qualitative
86336	Inhibin A
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
59000	Amniocentesis
76946	Ultrasound guidance for amniocentesis
59015	Chorionic villus sampling
76945	Ultrasound guidance for chorionic villus sampling
59012	Cordocentesis
76941	Ultrasonic guidance for cordocentesis
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
89291	Greater than 5 embryos
11100– 11107	Skin Biopsy
82012	ACHE
82677	Quantitative Estriol
83020	Hemoglobin Electrophoresis
83896	Nucleic Acid Probe (each)
83898	Nucleic Acid Probe w/Amplification (PCR)
83912	DNA Interpretation and Report
86316	Cancer Antigen Immunoassay

88230	Cell Culture, Lymphocytes
88233	Cell Culture, Tissue
88235	Cell Culture, Amnio/CVS
88237	Cell Culture, Bone Marrow
88239	Cell Culture, Other Tissue
88245	Blood Chromosomes, Bloom syndrome
88248	Blood Chromosomes, Fanconi syndrome
88250	Blood Chromosomes, Fra(X)
88261	Chromosome Analysis, 5 Cell, Karyotype
88262	Chromosome Analysis, Routine
88262	Chromosome Analysis, Post BMT
88262	Additional Tissue
88267	Chromosome Analysis, Mosaic
88267	Chromosome Analysis/Karyotype (Amnio)
88267	Chromosome Analysis/Karyotype (CVS)
88269	Chromosomal Analysis/Karyotype (<i>In situ</i>)
88280	Additional Karyotype
88283	Additional Banding
88285	Additional Cells Counted
88289	Additional High Resolution
88271	X 5 Molecular cytogenetics, DNA probe, each (code applied 5 times, once for each probe in the assay)
88275	Interphase <i>in situ</i> hybridization, count 100 to 300 cells
88291	Molecular cytogenetics, interpretation and report
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
S3828*	Complete gene sequence analysis; MLH1 gene
S3830*	Complete mlh1 and mlh2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing

S3831*	Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
S3833*	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3834*	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3835*	Complete gene sequence analysis for cystic fibrosis genetic testing
S3837*	Complete gene sequence analysis for hemochromatosis genetic testing
S3840*	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
S3841*	Genetic testing for retinoblastoma
S3842*	Genetic testing for von Hippel-Lindau disease
S3843*	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia
S3844*	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845*	Genetic testing for alpha-thalassemia
S3846*	Genetic testing for hemoglobin E beta-thalassemia
S3847*	Genetic testing for Tay-Sachs disease
S3848*	Genetic testing for Gaucher disease
S3849*	Genetic testing for Niemann-Pick disease
S3850*	Genetic testing for sickle cell anemia
S3851*	Genetic testing for Canavan disease
S3853*	Genetic testing for myotonic muscular dystrophy
Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Testing)	
9000	Amniocentesis
76946	Ultrasound guidance for amniocentesis
59015	Chorionic villus sampling
76945	Ultrasound guidance for chorionic villus sampling
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; single or first gestation

76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position, and/or qualitative amniotic fluid volume), one or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	Ultrasound, pregnant uterus, real time image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
Rh(D) Incompatibility (Screening)	
36415	Venipuncture
86901	Blood typing, Rh(D)
Rh(D) Incompatibility (Preventive Medication)	
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use
90772	Injection, intramuscular
90774	Injection, IV push

90765	Intravenous infusion, up 1 hour
90766	Intravenous infusion, each additional hour
Rubella (Screening)	
36415	Venipuncture
86762	Rubella antibody
Syphilis (Screening)	
36415	Venipuncture
86592	Syphilis, qualitative
86593	Syphilis, quantitative
86781	Treponema pallidum, confirmatory test (e.g., FTA-abs)
86403	Particle agglutination; screen, each antibody
86406	Particle agglutination; titer, each antibody\
Tetanus (Immunization)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90703	Tetanus toxoid adsorbed, for intramuscular use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservation free, for use in individuals seven years or older, intramuscular use
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use
Tobacco Use Treatment (Screening)	
99420	Administration/interpretation health risk assessment instrument
Tobacco Use Treatment (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
S9075*	Tobacco use treatment

Hypertension (Screening)	
	CPT code not applicable
Hypertension (Counseling, Treatment)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
99201	Office/outpatient evaluation and management visit, new patient, level 1
99202	Office/outpatient evaluation and management visit, new patient, level 2
99203	Office/outpatient evaluation and management visit, new patient, level 3
99204	Office/outpatient evaluation and management visit, new patient, level 4
99205	Office/outpatient evaluation and management visit, new patient, level 5
99211	Office/outpatient evaluation and management visit, established patient, level 1
99212	Office/outpatient evaluation and management visit, established patient, level 2
99213	Office/outpatient evaluation and management visit, established patient, level 3
99214	Office/outpatient evaluation and management visit, established patient, level 4
99215	Office/outpatient evaluation and management visit, established patient, level 5
Immunizations (Child, Adolescent, Adults)	
	This list is complete and up-to-date as of July 11, 2006. Please refer to your appropriate state or local agency, providers, or partner organizations (e.g., Medicaid, AAP, AAFP, etc.) regarding use of these codes. Please refer to AMA/CPT publications as the current, authoritative source. AMA/CPT publication information can be found online at (www.ama-assn.org/ama/pub/category/3113.html). Errata for the most recent CPT print edition can also be found online (www.ama-assn.org/ama/pub/category/3896.html). Please refer to (www.ama-assn.org/ama/pub/category/10902.html) for additional “early release” codes.
Vaccines (Toxoids)	
90281	Immune globulin (Ig), human, intramuscular use
90283	Immune globulin (IgIV), human, intravenous use
90296	Diphtheria antitoxin, equine, any route
90371	Hepatitis B immune globulin (HBIG), human, intramuscular use
90389	Tetanus immune globulin (TIG), human, intramuscular use

90396	Varicella-zoster immune globulin, human, intramuscular use
90399	Unlisted immune globulin
90632	Hepatitis A vaccine, adult dosage, intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, intramuscular use
90636	Hepatitis A and hepatitis B (HepA-HepB), adult dosage, intramuscular use
90645	<i>Hemophilus influenza</i> b vaccine (Hib), HbOC conjugate (4 dose schedule), intramuscular use
90646	<i>Hemophilus influenza</i> b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	<i>Hemophilus influenza</i> b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), intramuscular use
90648	<i>Hemophilus influenza</i> b vaccine (Hib), PRP-T conjugate (4 dose schedule), intramuscular use
90649	Human papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) 3 dose schedule, intramuscular use.
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, intramuscular use
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, intramuscular use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, intramuscular use
90660	Influenza virus vaccine, live, intranasal use
90669	Pneumococcal conjugate vaccine, polyvalent, for children under five years, intramuscular use
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, oral use.
90698	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than seven years, intramuscular use
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), intramuscular use

90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, intramuscular use
90703	Tetanus toxoid adsorbed, intramuscular use
90704	Mumps virus vaccine, live, subcutaneous use
90705	Measles virus vaccine, live, subcutaneous use
90706	Rubella virus vaccine, live, subcutaneous use
90707	Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous use
90708	Measles and rubella virus vaccine, live, subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, subcutaneous use
90712	Poliovirus vaccine, (any type(s)) (OPV), live, oral use
90713	Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, intramuscular use
90716	Varicella virus vaccine, live, subcutaneous use
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, intramuscular use
90719	Diphtheria toxoid, intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and <i>Hemophilus influenzae</i> B vaccine (DTP-Hib), intramuscular use
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and <i>Hemophilus influenzae</i> B vaccine (DTaP-Hib), intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group(s)), subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), intramuscular use
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), intramuscular use

90746	Hepatitis B vaccine, adult dosage, intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), intramuscular use
90748	Hepatitis B and <i>Hemophilus influenzae</i> b vaccine (HepB-Hib), intramuscular use
90749	Unlisted vaccine/toxoid
Vaccines (Administration and Counseling)	
90465	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90466	Each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90467	Immunization administration under 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90468	Each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
Lipid Disorders (Screening)	
82465	Cholesterol, serum or whole blood, total
83721	Lipoprotein, direct measurement, LDL cholesterol
83719	Lipoprotein, direct measurement, VLDL cholesterol
83718	Lipoprotein, direct measurement, high density cholesterol
84478	Triglycerides

Lipid Disorders (Counseling and Treatment)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
99201	Office/outpatient evaluation and management visit, new patient, level 1
99202	Office/outpatient evaluation and management visit, new patient, level 2
99203	Office/outpatient evaluation and management visit, new patient, level 3
99204	Office/outpatient evaluation and management visit, new patient, level 4
99205	Office/outpatient evaluation and management visit, new patient, level 5
99211	Office/outpatient evaluation and management visit, established patient, level 1
99212	Office/outpatient evaluation and management visit, established patient, level 2
99213	Office/outpatient evaluation and management visit, established patient, level 3
99214	Office/outpatient evaluation and management visit, established patient, level 4
99215	Office/outpatient evaluation and management visit, established patient, level 5
Motor Vehicle-Related Injury Prevention (Counseling)	
99401	Preventive medicine counseling and/or risk factor reduction, 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction, 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction, 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction, 60 minutes
Obesity (Screening)	
99420	Administration and interpretation of health risk assessment instrument
Obesity (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, individual, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, individual, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, individual, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, individual, 60 minutes
99411	Preventive medicine counseling/risk factor reduction, group, 30 minutes
99412	Preventive medicine counseling/risk factor reduction, group, 60 minutes

Obesity (Treatment)	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; With small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open removal and replacement of subcutaneous port component only
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy
43645	Laparoscopy, surgical, gastric restrictive procedure with gastric bypass and small intestine reconstruction to limit absorption
Osteoporosis (Screening)	
99420	Administration and interpretation of health risk assessment instrument
76071	Computerized tomography, bone mineral density study, one or more sites; appendicular skeleton

76076	Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton
76077	Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment
76078	Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), one or more sites
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
78350	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
Osteoporosis (Treatment)	
	CPT code not applicable
Sexually Transmitted Infections (Screening and Counseling)	
Counseling to Prevent Sexually Transmitted Infections (STI)	
99401	Preventive medicine counseling/risk factor reduction, individual, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, individual, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, individual, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, individual, 60 minutes
Chlamydia (Screening)	
87270	Infectious agent antigen detection by immunofluorescent technique, Chlamydia trachomatis
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, Chlamydia trachomatis
87320	Chlamydia, culture, any source
87810	Infectious agent detection by immunoassay with direct optical observation, Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid; Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid; Chlamydia trachomatis, amplified probe technique
87800	Infectious agent detection by nucleic acid, multiple organisms; direct probe technique

87801	Infectious agent detection by nucleic acid, multiple organisms; amplified probe technique
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated without microscopy
Gonorrhea (Screening)	
87081	Culture, presumptive, pathogenic organisms, screening only
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87800	Infectious agent detection by nucleic acid, multiple organisms; direct probe technique
87801	Infectious agent detection by nucleic acid, multiple organisms; amplified probe technique
87590	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , amplified probe technique
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated without microscopy
Human Immunodeficiency Virus (HIV) (Screening)	
36415	Venipuncture
86689	HTLV or HIV antibody, confirmatory test
86701	HIV-1 antibody
86702	HIV-2 antibody
86703	HIV-1 and HIV-2 antibody, single assay
87390	Infectious agent antigen detection, HIV-1

87391	Infectious agent antigen detection, HIV-2
S3645*	HIV antibody testing of oral mucosal transudate
Human Immunodeficiency Virus (HIV) (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, individual, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, individual, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, individual, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, individual, 60 minutes
Syphilis (Screening)	
36415	Venipuncture
86592	Syphilis test, qualitative
86781	Antibody, treponemal pallidum, confirmatory test
87164	Dark field examination, any source, includes specimen collection
87166	Dark field examination, any source, without collection
Tobacco Use (Screening)	
99420	Administration/interpretation health risk assessment instrument
Tobacco Use (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, individual, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, individual, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, individual, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, individual, 60 minutes
S9075*	Smoking cessation treatment
Tobacco Use (Treatment)	
	CPT code not applicable
Tuberculosis (Screening)	
71010	Chest xray, single view
71020	Chest xray, two views, frontal and lateral
71030	Chest xray, complete, minimum of four views
86580	Skin test, tuberculosis, intradermal

86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
94640	Sputum induction for diagnostic purposes
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
36415	Venipuncture

Source:

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Notes:

*“S” codes are national Permanent Level II HCPCS Codes that are maintained by the HCPCS National Panel, a group comprised of representatives from the Blue Cross/Blue Shield Association (BCBSA), the Health Insurance Association of America (HIAA), and the Centers for Medicare and Medicaid Services (CMS). Permanent Level II HCPCS Codes provide a standardized coding system that is managed jointly by public and private insurers, thus providing a stable system for claims processing. These codes can be used by all private and public insurers.

*“H” codes are used by Medicaid and other plans in order to identify mental health services such as alcohol and drug screening.

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