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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

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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 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*.

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

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.

Source:

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This publication contains CPT codes to offer information regarding coding of medical services using the CPT coding system. The CPT codes presented are based on the experience and interpretations of the publisher. The material in this manual is to assist in obtaining correct and appropriate coverage and reimbursement for healthcare goods and services. To the best of our knowledge, the information contained in the manual was correct as of the date of publication. However, there can be no assurances that it will not become outdated without notice or that the government or other payers may differ with the guidance contained in the manual. The responsibility for coding correctly lies with the healthcare provider, and we urge you to consult with your coding advisors to resolve any billing questions that you might have. Though all of the information has been carefully researched and checked for accuracy and completeness, the publisher does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation. Please note that CPT codes change annually, the most current CPT is available from the American Medical Association.

No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

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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