

A Guide to CIGNA's Preventive Health Coverage for Health Care Professionals

This is a summary of CIGNA's standard Preventive Health Coverages. These Preventive Health Coverages are derived from the clinical recommendations of the U.S. Preventive Services Task Force (USPSTF): Guide to Clinical Preventive Services and the recommendations of the Advisory Committee on Immunization Practices (ACIP), as well as other nationally recognized sources. This information does not supersede the specific terms of an individual's health coverage plan, or replace the clinical judgment of the treating physician with respect to appropriate and necessary care for a particular patient.



Introduction

Most, although not all, CIGNA plans contain a provision for coverage of Preventive Care services. Depending on individual plan provisions, Preventive Care services may be reimbursed at 100% without application of deductible coinsurance or coverage limits. Other health plans cover these services, subject to deductible, coinsurance and/or other coverage limitations.

Preventive Care Services

To some degree, all health care services are preventive in nature. Services designated as Preventive Care in most CIGNA plans include periodic well visits, routine immunizations and routine screenings for symptom-free or disease-free individuals. Preventive Care services generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease. Services not covered under Preventive Care services may be covered under another portion of the health plan.

Coding for Preventive Care Services

Coding Preventive Care services is the key to accurate payment for those services. Preventive Care services must be submitted with an ICD-9¹ code that describes encounters with health services that are not for the treatment of illness or injury. (Full diagnostic coding information is available in the section indexed as "V" codes.) These diagnosis codes must be identified as the primary diagnosis code on the claim form. Some examples are included in the chart on the following pages.

If claims for Preventive Care services are submitted with diagnosis codes that represent treatment of illness or injury as the primary (first) diagnosis on the claim, the service will not be identified as Preventive Care and your patients' claims will be paid using their normal medical benefits rather than enhanced Preventive Care coverage.

In addition, the use of CPT[®] codes² designated as "Preventive Medicine Evaluation and Management Services" are used to differentiate such services from problem-oriented Evaluation and Management office visits. The chart on the following pages provides CPT code descriptions and examples of associated ICD-9 and CPT codes (see chart beginning on page 2).

¹ International Classification of Diseases, 9th Revision, Copyright © 2009, Practice Management Information Corporation

² Current Procedural Terminology (CPT[®]) 2010, American Medical Association



Preventive Coverage

Examples of well person ICD-9 codes

CPT Codes include but may not be limited to those listed below:

Comprehensive Preventive Evaluation and Management Services

- Initial (new patient) comprehensive preventive medicine evaluation and management of an individual includes: an age and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s) and laboratory/diagnostic procedures. (CPT codes 99381-99387)
- Periodic (established patient) comprehensive preventive medicine reevaluation and management of an individual including an age and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s) and laboratory/diagnostic procedures. (CPT codes 99391-99397)

Note that codes 99381-99397 include counseling/anticipatory guidance/risk factor reduction interventions that are provided at the time of the initial or periodic comprehensive preventive medicine examination.

Typically, the periodic well person **examination** component of the Preventive Evaluation and Management service includes but is not limited to:

- Age and gender-appropriate review of physical condition, including vital signs, height/weight/BMI, review of family and personal health risks, screening (not examination) of vision and hearing status, screening for depression and growth and development milestones.

Typically the **counseling/anticipatory guidance/risk factor reduction** component of the Preventive Evaluation and Management service includes but is not limited to:

- Anticipatory guidance regarding injury prevention (such as recreational vehicle helmet protection, auto seat belt use, infant/child car seat use and home firearm storage/removal), infant sleep positioning, oral health (including water fluoridation discussion), breast feeding counseling and violence prevention.
- Education regarding risk reduction (e.g., sun protection for prevention of skin cancer, sexual behavior/STD prevention and aspirin prophylaxis for cardiovascular risk) and basic screening and counseling regarding substance abuse, tobacco use, obesity, exercise and healthy diet/nutritional counseling.

Such as codes:
V70, V72.3,
V20.2

99381-99387:
99391-99397:
99461:
S0610:
S0612

Preventive Coverage	Examples of well person ICD-9 codes	CPT Codes include but may not be limited to those listed below:
<p>Preventive Medicine, Individual Counseling</p> <p>Preventive Medicine, Individual Counseling; the CPT manual identifies codes 99401-99404 to report services provided to individuals at a face-to-face separate encounter (from the Preventive Medicine or problem-oriented Evaluation and Management) for the purpose of promoting health and preventing illness or injury.</p> <p>Preventive medicine counseling and risk factor reduction interventions provided at a separate encounter will vary with age and should address such issues as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic and laboratory test results available at the time of the encounter.</p> <p>These codes are not to be used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness. For counseling individual patients with symptoms or established illness, use the appropriate office, hospital, consultation or other evaluation and management codes.</p>	<p>Such as codes:</p> <p>V70, V72.3, V20.2</p>	<p>99401-99404</p>
<p>Immunizations</p> <p>Routine Immunizations and Administration of Vaccines (Refer to CDC's posted schedule of Immunizations for 2009-2010)</p> <p>http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable</p> <p>http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm</p> <p><i>Please note that immunizations that are administered solely for the purpose of travel or occupation are typically excluded from coverage in most CIGNA plans.</i></p>	<p>Such as codes:</p> <p>V03.X, V04.X, V05.X, V06.X, V20.2</p>	<p>90632-90660: 90662: 90669: 90680-90681: 90696-90716: 90718-90723: 90732-90734: 90736: 90740-90748</p> <p><u>Administration codes:</u> 90465-90468: 90471-90474: J3530: G0008-G0010: S0195</p>
<p>Screenings</p> <p>Prostate Cancer Screening: Age 50 and older, PSA once every year (or at any age if risk factors present)</p>	<p>V16.42 V76.44 or a general medical exam code can be used</p>	<p>84152-84154: G0103</p>

Preventive Coverage	Examples of well person ICD-9 codes	CPT Codes include but may not be limited to those listed below:
Cervical Cancer Screening: Begin within 3 years of sexual activity or age 21-64, Pap test at least every three years	Such as code: V76.2	88141-88154: 88164-88167: 88174-88175: 87620-87622: G0123: G0124: G0141: G0143-45: G0147: G0148: P3000: P3001
Breast Cancer Screening: Age 40 (or at any age if risk factors present), Mammography once every year	Such as code: V76.X V10.3 V16.3	77051: 77052 77055-57 G0202
Colorectal Cancer Screening: Age 50 and older, routinely (or at any age if risk factors present):	Such as code: V76.X	
Colonoscopy every 10 years; OR		45378: 45380: 45383: 45384: 45385: G0105: G0121
Sigmoidoscopy every 5 years; OR		45330: 45331: 45338: 45339: G0104
Fecal occult blood test (FOBT)/Fecal Immunochemical test (FIT) annually; OR		82270: 82272: 82274: G0328
Barium enema every 5 years; OR		74270: 74280: G0106: G0120: G0122
Computed Tomographic Colonography (Virtual Colonoscopy) every 5 years; OR		74263*
Stool-based deoxyribonucleic acid (DNA) test		S3890

*CPT code 74263– (Computed tomographic colonography) requires precertification

Preventive Coverage	Examples of well person ICD-9 codes	CPT Codes include but may not be limited to those listed below:
Chlamydia Screening: Age 24 and under, sexually active females	Such as code: V73.X	87490-91: 87320: 87270
Osteoporosis Screening: Women age 65 and older (age 60 if risk factors), typically this is once/lifetime screening	Such as code: V82.8: V17.81	77080-81: 76977: G0130: 77078-79**
AAA by Ultrasound Screening: Men age 65-75, who have smoked, this is once/lifetime screening	Such as code: V81.2	76700: 76705: 76770: 76775: G0389
Cholesterol/Lipid Disorders Screening: Age 20 and older, every 5 years ³ Children/Adolescents (after age 2 but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes)	Such as code: V77.91	80061: 82465: 83718-21: 84478
Diabetes Screening: Age 45 and older, every 3 years ⁴ and at any age for adults if asymptomatic with sustained blood pressure greater than 135/80	Such as code: V77.1	82947: 82948

³ National Heart, Lung and Blood Institute; National Cholesterol Education Program, Adult Treatment Panel III, May 2001

⁴American Diabetes Association. 2008

** CPT codes 77078 and 77079 – (Computed tomography, bone density studies) require precertification

United States Preventive Services Task Force: accessed January 2010.

Available at URL address: <http://www.ahrq.gov/clinic/uspstfix.htm>

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