

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

## Introduction

CIGNA has updated its preventive care coverage to comply with the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated screenings for symptom-free or disease-free individuals. Preventive care services also generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease.

The PPACA requires that non-grandfathered health plans cover preventive care services with no cost-sharing. Most CIGNA plans cover the full cost of preventive care services for individuals with CIGNA coverage, including copay and coinsurance. There are some exceptions.

To determine if your patient's CIGNA administered plan covers preventive care at 100%, visit the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) to verify benefit and eligibility information, or call 1.800.88CIGNA (882.4462). For patients with a GWH-CIGNA or Great-West Healthcare ID card, visit the GWH-CIGNA Secured Provider Portal ([www.gwhcignaforHCP.com](http://www.gwhcignaforHCP.com)), or call 1.800.663.8081.

## Preventive Care Services

The PPACA has designated specific resources that identify the Preventive services required for coverage by the Act. These resources are the:

- U.S. Preventive Services Task Force (USPSTF) A and B recommendations
- Advisory Committee on Immunization Practices (ACIP) recommendations that have been adopted by the Director of the Centers for Disease Control. Recommendations of the ACIP appear in four immunization schedules
- Comprehensive Guidelines Supported by the Health Resources and Services Administration (HRSA). Comprehensive guidelines for infants, children, and adolescents supported by HRSA appear in two charts: the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children
- With respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA (not otherwise addressed by the recommendations of the Task Force). The Department of HHS is developing these guidelines and expects to issue them no later than August 1, 2011

For more information regarding the preventive recommendations of these resources and implementation of the PPACA regulations, please see the federal government website: <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.



## Coding for Preventive Services

Correctly coding preventive care services is key to receiving accurate payment for those services.

- Preventive care services must be submitted with an ICD-9 code that describes encounters with health services that are not for the treatment of illness or injury.
- These diagnosis codes must be identified as the primary diagnosis code on the claim form.
- 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.
- Use CPT coding designated as "Preventive Medicine Evaluation and Management Services" to differentiate preventive services from problem-oriented Evaluation and Management office visits (99381–99397, 99461, 99401–99404, S0610, S0612). Non-preventive care services incorrectly coded as "Preventive Medicine Evaluation and Management Services" will not be covered as preventive care.

The following pages provide guidance related to designated preventive services and the associated ICD-9, CPT and HCPCS codes. All standard correct coding practices should be observed.

Additional information about Preventive Care Guidelines is available in the Health Care Professionals section of CIGNA's Informed on Reform website: [www.informedonreform.com](http://www.informedonreform.com).

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.

### References

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



Preventive Coverage	ICD-9 codes (represent services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services)	CPT codes/ HCPCS codes (represent the services listed)
<p><b>Comprehensive Preventive Evaluation and Management Services</b> (preventive office visits for well baby, well children and well adults)</p> <p>The frequency of visits for infants, children and adolescents complies with the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule, which can be located on the Department of Health and Human Services website, accessible via <a href="http://www.informedonreform.com">www.informedonreform.com</a>.</p> <p>Comprehensive preventive medicine evaluation and management of an individual includes:</p> <ul style="list-style-type: none"> <li>■ An age and gender-appropriate history</li> <li>■ Physical examination</li> <li>■ Counseling/anticipatory guidance</li> <li>■ Risk factor reduction interventions and</li> <li>■ The ordering of appropriate immunization(s) and laboratory/screening procedures</li> </ul> <p>See the following pages for the specific preventive laboratory screenings. Lab screenings not listed in this reference guide will not be covered at the preventive benefit level of reimbursement.</p> <p>These Preventive Evaluation and Management (E &amp; M) services are represented by distinct CPT codes from those that represent problem-oriented evaluation and management services.</p> <ul style="list-style-type: none"> <li>■ Preventive Initial E &amp; M (new patient) (CPT codes 99381–99387)</li> <li>■ Preventive Periodic E &amp; M (established patient) (CPT codes 99391–99397)</li> </ul> <p><i>Note that codes 99381–99397 include counseling, anticipatory guidance and risk factor reduction interventions that are provided at the time of the initial or periodic comprehensive preventive medicine examination.</i></p>	<p>V20.0, V20.1, V20.2, V20.3, V20.31, V20.32</p> <p>V65.11</p> <p>V70.0, V70.8, V70.9, V72.3, V72.31, V79.0, V79.1, V79.3, V79.8, V79.9</p>	<p>99381–99387 (new patient)</p> <p>99391–99397 (established patient)</p> <p>99461 (initial newborn care)</p> <p>S0610 } S0612 } Annual GYN exam S0613 }</p> <p>99420 (administration of HRA)</p> <p>G0402, G0438, G0439 (Medicare only)</p>

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<p><b>Comprehensive Preventive Evaluation and Management Services</b> <i>(continued)</i></p> <p>Typically, the examination component of the Preventive Evaluation and Management service includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>■ Age and gender-appropriate review of physical condition, including vital signs such as blood pressure, height/weight/BMI calculation (utilized to screen for obesity)</li> <li>■ Review of family and personal health risks</li> <li>■ Screening (not examination) of vision and hearing status</li> <li>■ Screening for growth and development milestones and developmental surveillance</li> <li>■ Autism screening</li> <li>■ Psychosocial/behavioral assessment</li> <li>■ Screening for depression in adolescents and adults</li> <li>■ Screening for alcohol and substance misuse/abuse</li> <li>■ Screening for tobacco use</li> </ul> <p>Typically, the counseling/anticipatory guidance/risk factor reduction component of the Preventive Evaluation and Management service includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>■ Oral health (including water fluoridation discussion and referral to dental home)</li> <li>■ Counseling regarding obesity, weight loss, healthy diet, and exercise</li> <li>■ Breast feeding counseling</li> <li>■ Counseling and evaluation for BRCA testing (genetic counseling only—BRCA testing is not included)</li> <li>■ Discussion of chemoprevention with women at high risk for breast cancer</li> <li>■ Counseling related to sexual behavior/STD/STI prevention</li> <li>■ Aspirin prophylaxis for cardiovascular risk</li> <li>■ Guidance and counseling regarding substance use, alcohol misuse, tobacco use, obesity, exercise, and healthy diet/nutritional counseling as indicated,</li> <li>■ Behavioral dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related disease.</li> <li>■ Screening procedure recommendations (such as breast cancer, colorectal cancer, osteoporosis)</li> <li>■ Review of laboratory test results available at the time of the encounter.</li> </ul>		<p>If counseling services are required beyond what is described as included in the Preventive Medicine E &amp; M visit codes, see specific Counseling codes in the following section, as well as the following codes:</p> <p>96110 (Developmental testing , limited (such as Developmental Screening Test II)</p> <p>96040, S0265 (Genetic Counseling, each 30 minutes or 15 minutes respectively) such as for BRCA counseling: up to three visits for a preventive indication</p> <p>97802–04, S9470 (Medical Nutrition Therapy services) up to three visits for a preventive indication</p>

Preventive Coverage	ICD-9 codes (represent services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services)	CPT codes/ HCPCS codes (represent the services listed)
<p><b>Preventive Medicine, Individual Counseling</b></p> <p>CPT codes 99401–99404 are designated to report services provided to individuals at a face-to-face encounter for the purpose of promoting health and preventing illness or injury.</p> <p>Preventive medicine counseling and risk factor reduction interventions will vary with age and should address such issues as:</p> <ul style="list-style-type: none"> <li>■ Diet and exercise (such as related to obesity, hyperlipidemia)</li> <li>■ Substance misuse/abuse</li> <li>■ Tobacco use and cessation</li> <li>■ Sexual practices, and STD/STI prevention</li> <li>■ Screening procedures and laboratory test results available at the time of the encounter</li> </ul> <p>Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.</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.</p> <p>For counseling individual patients with symptoms or established illness, use the appropriate office, hospital, consultation, or other evaluation and management codes.</p>	<p>V65.3, V65.42, V65.44, V65.45, V15.82, 305.1</p>	<p>99401–99404</p> <p>If Behavior Change Interventions are required beyond what is described in the Preventive Medicine Counseling code descriptions here, see specific codes in the following section which represent smoking and tobacco cessation counseling, alcohol or substance abuse screening and counseling</p>
<p><b>Behavior Change Interventions</b></p> <p>CPT codes 99406–99412 are designated to report services provided to individuals at a face-to-face encounter and are utilized for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse or obesity. Behavior change services may be reported when performed as part of the treatment of conditions related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in illness. Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow-up.</p>	<p>V65.42, V79.1, V15.82, 305.1</p>	<p>99406–99412</p>

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<p><b>Routine Immunizations and Administration of Vaccines</b></p> <p><b>Please note that immunizations that are administered solely for the purpose of travel or occupation are typically excluded from coverage in most CIGNA plans.</b></p> <p>There are four immunization schedules on the website of the Centers for Disease Control (CDC). These represent the routine immunization services that are currently designated as Preventive care by the PPACA regulations. The URL for those schedules are listed here for your convenience. The schedules are:</p> <ul style="list-style-type: none"> <li>■ Childhood: ages 0 through 6 years, and</li> <li>■ Childhood : ages 7 through 18 years</li> <li>■ Childhood: Catch-up schedule</li> <li>■ Adult schedule</li> </ul> <p><a href="http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp">www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp</a></p> <p><a href="http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#hcp">www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#hcp</a></p> <p>Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP) (Tdap) (Td) Tdap</p> <p>Haemophilus Influenzae type b conjugate (Hib)</p> <p>Hepatitis A (HepA)</p> <p>Hepatitis B (HepB)</p> <p>Human Papillomavirus (HPV)</p> <p>Influenza Vaccine</p> <p>Measles, Mumps and Rubella (MMR)</p> <p>Meningococcal (MCV)</p> <p>Pneumococcal (Pneumonia)</p> <p>Poliovirus (IPV)</p> <p>Rotavirus</p> <p>Varicella (Chickenpox)</p> <p>Zoster</p>	<p>V20.2, V70.0, V03.5, V03.6, V03. 7, V03.81, V03.82, V03.89, V04.0, V04.2, V04.3, V04.6, V04.8, V04.81, V04.89, V05.3, V05.4, V06.1, V06.2, V06.3, V06.4, V06.5, V06.6, V06.8, V06.9</p>	<p><b>Administration codes:</b></p> <p>90465–90468 (to be replaced 1/1/2011 with CPT codes 90460, 90461)</p> <p>90471-90474, G0008, G0009, G0010, J3530</p> <p><b>Vaccine codes:</b></p> <p>90696, 90698, 90700-90703, 90714, 90715, 90718, 90719, 90720, 90721, 90723, 90645-90648</p> <p>90632-90634, 90636, 90740, 90743, 90744, 90746, 90747, 90748</p> <p>90649, 90650</p> <p>90655-90658, 90660-90662, 90704, 90705, 90706, 90707, 90708, 90710</p> <p>90732, 90733, 90734, 90644</p> <p>90669, 90670, 90732, S0195</p> <p>90712, 90713, 90680, 90681</p> <p>90716, 90736</p> <p>Q2035, Q2036, Q2037, Q2038, Q2039 (Medicare only)</p>
<p><b>Screenings</b></p> <p><b>The following laboratory and imaging screening procedures are the designated preventive services that are allowed without cost sharing to the patient. Additional laboratory or procedural services if ordered, will be subject to standard medical plan provisions of deductible, coinsurance or copay by the patient.</b></p>		
<p>Abdominal Aortic Aneurysm screening: men, age 65–75 who have ever smoked</p>	<p>V70.0, V70.8</p>	<p>76700, 76705, 76770, 76775, G0389</p>

Preventive Coverage	ICD-9 codes (represent services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services)	CPT codes/ HCPCS codes (represent the services listed)
<b>Screenings (continued)</b> Anemia screening, iron deficiency: pregnant women	Covered as preventive only when submitted with a maternity diagnosis code	85014, 85018, 85025, 85027, G0306, G0307
Bacteriuria screening with urine culture: Pregnant women at 12–16 weeks gestation or at the first prenatal visit, if later	Covered as preventive only when submitted with a maternity diagnosis code	87086, 87088
Breast cancer screening: Women 40 and older: screening mammography with or without clinical breast exam, every 1–2 years	V76.10, V76.11, V76.12, V76.19, V16.3	77055, 77056, 77057, 77051, 77052, G0202, G0204, G0206
Cervical cancer screening: Women who have been sexually active and have a cervix	V76.2 V72.32	87620–22, 88141–43, 88147–48, 88150, 88152, 88153, 88154, 88164–67, 88174–75, G0101, G0123–24, G0141, G0143–45, G0147–48, P3000, P3001, Q0091
Chlamydial infection screening: All sexually active women age 24 and younger, and older women at increased risk	V73.88, V73.98: or a maternity diagnosis code	86631–32, 87110, 87270, 87320, 87490–92, 87810
Cholesterol screening (dyslipidemia): Children at risk due to known family history, when family history is unknown, or with personal risk factors such as obesity, high blood pressure or diabetes, after age 2 but by age 10 (Periodicity Schedule/Bright Futures)	V 77.91	80061, 82465, 83718, 83719, 83721, 84478
Cholesterol screening (dyslipidemia) in adults: <ul style="list-style-type: none"> <li>■ Men age 35 and older: or age 20–35 if risk factors for coronary heart disease are present</li> <li>■ Women age 45 and older: or age 20–45 if risk factors for coronary heart disease are present</li> </ul>	V77.91	80061, 82465, 83718, 83719, 83721, 84478
Colorectal cancer screening: beginning at age 50 (or younger with risk factors), by any of the following methods: <ul style="list-style-type: none"> <li>■ Fecal occult blood testing(FOBT)/Fecal Immunochemical test (FIT), annually; or</li> <li>■ Sigmoidoscopy every 5 years; or</li> <li>■ Colonoscopy every 10 years; or</li> <li>■ Computed Tomographic Colonography* (Virtual Colonoscopy) every 5 years; or</li> <li>■ Stool-based deoxyribonucleic acid (DNA) test</li> </ul>	V76.41, V76.50, V76.51, V76.52, V16.0, V18.51	82270, 82274, G0328, 45330, 45331, 45338, 45339, G0104, 45378, 45380, 45383, 45384, 45385, G0105, G0121 74263* 74270, 74280, G0106, G0120, G0122, S3890 00810, 88305
Congenital hypothyroidism screening: Newborns	V77.0, V20.2	84436, 84437, 84443

Preventive Coverage	ICD-9 codes (represent services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services)	CPT codes/ HCPCS codes (represent the services listed)
<b>Screenings (continued)</b>		
Diabetes screening: Adults with sustained blood pressure greater than 130/80 (whether treated or untreated)	V77.1	82947, 82948
Gonorrhea screening: Sexually active women including pregnant women if they are at increased risk for infection	V74.5: or a maternity diagnosis code	87850, 87590, 87591
Gonorrhea: Prophylactic ocular medication for all newborns to prevent blindness (typically instilled at birth)	V20.2	No specific code; typically included on hospital billing, miscellaneous charge
Hearing screening: Infants, children through age 10 (not a full hearing examination)	V20.2	May be a component of the Preventive E & M visit service or 92551, 92586, 92587
Hemoglobin or Hematocrit: Infants, children, females after menarche (see anemia screening for pregnant women, above)	V20.2	85014, 85018, 85025, 85027, G0306, G0307
Hemoglobinopathy screening for Sickle Cell disease: Newborns	V78.2	85660
Hepatitis B screening: Pregnant women, first prenatal visit	Covered as preventive only when submitted with a maternity diagnosis code	87340, 87341
HIV screening: Pregnant women, adolescents and adults at risk	V73.89: or a maternity diagnosis code	86701, 87390, G0432, G0433, G0435, S3645
Hypothyroidism, Congenital: Newborns	V77.0	84436, 84437, 84443
Lead screening for children at risk for lead exposure (Periodicity Schedule/Bright Futures)	V20.2	83655
Newborn Metabolic screening panel (specific combination of tests will vary according to State Law): there are not designated codes for all heritable diseases which are identified for screening in this recommendation	V20.2, V78.3	S3620
Nutrition Counseling for adults with hyperlipidemia, and other known risk factors for cardiovascular and diet-related chronic disease; nutrition counseling and behavioral interventions to promote sustained weight loss for obese adults and children age 6 years and older	V65.3, V77.8	97802: 97803, 97804, S9470 May also be performed as component of Preventive E & M visit or in context of Preventive Counseling visit (99401–99404)
Osteoporosis screening: Women age 65 or older (or 60 for women at risk)**	V82.81, V17.81	76977, 77078**, 77079**, 77080, 77081, G0130
Ovarian cancer/breast cancer risk: Referral/counseling for women whose family history is associated with increased risk for BRCA1 & BRCA2 gene mutations (does not include BRCA test)	V26.33, V16.3, V16.41	96040, S0265



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<b>Screenings (continued)</b>		
Phenylketonuria (PKU) screening: Newborns	V20.2, V77.3	84030
RH Incompatibility screening: Rh (D) blood typing and antibody testing for all pregnant women at first visit and repeat for unsensitized Rh neg women at 24–28 weeks	Covered as preventive only when submitted with a maternity diagnosis code	86900, 86901
Prostate cancer screening: PSA age 50 and older or at any age with risk factors	V76.44, V16.42	84152, 84153, 84154, G0103
Syphilis screening: All pregnant women and persons at increased risk of syphilis infection	V74.5; or a maternity diagnosis code	86592, 86593
Tobacco use: Counseling and interventions for tobacco cessation in adults who smoke	V65.42, V15.82, 305.1	99406, 99407; HCPCS codes C9801, C9802 will be replaced with G0436, G0437 effective 1/1/2011
Tuberculin testing: Children and adolescents at high risk	V20.2, V74.1	86580
Visual impairment screening: Newborn through age 18	V20.2	Preventive E & M visit component or 99173

\*CPT code 74263 (Computerized tomographic colonography) requires precertification

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

After completing an analysis of the current PPACA guidance, CIGNA has determined there are four instances in which the regulations recommend the use of a prescription medication or an over-the-counter (OTC) medication. These medications and OTCs will be administered under our Pharmacy benefits and will require a prescription—even for the OTCs. This section does not apply to customers who do not have CIGNA Pharmacy benefit plans.

Medication	Examples	Recommended for this population
Aspirin to prevent cardiovascular disease (OTC)	Ascriptin, Bufferin, Halfprin	Men ages 45–79, Women ages 55–79
Iron Supplementation (OTC) (for children at increased risk for iron-deficiency anemia)	Fer In Sol, Vitafol, ICAR, Fer-Gen-Sol	Children ages 6–12 months
Folic Acid Supplementation (for women planning or capable of pregnancy)	Prenatal, Natalcare, Optinate, Folic Acid	Women of childbearing age
Oral Fluoride Supplementation (where water source does not contain fluoride)	Poly Vi Flor, Fluor-A-Day, Luride, Fluritab	Children ages 6 months to preschool

*Note: Ocular topical medication for newborns is also referenced in the regulations; however, this medication is typically administered at birth and covered under the medical benefit.*

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