



# Update on HMSA's Preventive Health Guidelines for Coverage of Lab Services

As a result of the recent health care reform mandates, HMSA has made changes to the coverage policies it provides as it relates to preventive health for Non-Grandfathered Plans only. Here is a link to "Coverage Codes for Affordable Care Act (ACA), Preventive Services," which lists the plans affected: [http://www.hmsa.com/portal/provider/zav\\_pel.ph.COV.100.htm](http://www.hmsa.com/portal/provider/zav_pel.ph.COV.100.htm).

To assist you with ensuring that your patients receive all benefits available to them through their HMSA health plan, Clinical Laboratories of Hawaii, LLP and Pan Pacific Pathologists LLC have created this informational update based on HMSA publications regarding its new Preventive Health guidelines. This update is a summary of select laboratory tests compiled from HMSA publications to provide HMSA's CPT and ICD-9 V coding requirements when ordered as preventive health services. Please note that all of these tests have frequency limitations and that information is listed for your convenience. If testing is conducted more often than the allowable frequency, different ICD-9 codes that support medical necessity will be required.

The following summary is not the complete list. To access the complete list of HMSA Preventive Health Guidelines, please refer to:

- Women: [http://www.hmsa.com/portal/provider/zav\\_pel.ph.GUI.401.htm](http://www.hmsa.com/portal/provider/zav_pel.ph.GUI.401.htm)
- Prenatal: [http://www.hmsa.com/portal/provider/zav\\_pel.aa.OBG.501.htm](http://www.hmsa.com/portal/provider/zav_pel.aa.OBG.501.htm)

## HMO and PPO Non-Grandfathered Plans

Effective: 1.1.2015

*The following chart contains procedure and diagnosis code combinations that identify services covered under HMSA's Preventive Health Services policy.*

- For professional claims, the applicable ICD-9 code must be identified as the primary line diagnosis to ensure appropriate application of benefits.
- You will not receive the maximum payment allowed for these services under the new guidelines if the code combinations below are not submitted on your claim.
- Remember: Lab must receive the ICD-9 code from the ordering/referring provider.

| Men   |   |   |   |                          |  |  |
|---|---|---|---|--------------------------|--|--|
| Test  | CPT codes                                       | CLH Test  | Description and Recommendations   | Frequency                | ICD-9 Codes                                      | ICD-10 Codes   |
| Colorectal cancer                                 | 82270,<br>82274,<br>G0328                       | Occult Blood  | Screening men 50 to 75 years of age at average risk for colorectal cancer by fecal occult blood testing | Once every calendar year | V16.0,<br>V18.51,<br>V18.9,<br>V76.41,<br>V76.51 | <b>Z80.0,</b><br><b>Z83.71,</b><br><b>Z84.81,</b><br><b>Z12.12,</b><br><b>Z12.11</b> |
| Screening for human immune-deficiency virus (HIV) | 86689,<br>86701,<br>86702,<br>86703,<br>87389** | HIV1 or 2 AB by WB<br>HIV1 AB,<br>HIV2 AB,<br>HIV1/2 Combo screen<br>HIV1 AG w/HIV<br>1/2 Abs | Screening for HIV in men (**effective 01/01/13)   | Once every 365 days      | V73.89   | <b>Z11.4, Z20.6</b>  |

## Men (continued)

| Test                                  | CPT codes   | CLH Test   | Description and Recommendations  | Frequency   | ICD-9 Codes     | ICD-10 Codes                          |
|---------------------------------------|---|--|--|---|-----------------|---------------------------------------|
| Lipid disorders                       | 80061,<br>82465,<br>83718                               | Lipid Panel,<br>Cholesterol,<br>HDL Cholesterol  | Screening men 35 years of age and older for lipid disorders and for men 20 to 35 years of age, if at increased risk for coronary heart disease     | Once every 365 days in accordance with USPSTF recommended tests | V77.91          | <b>Z13.220</b>                        |
| Syphilis                              | 86592,<br>86780   | RPR/VDRL AB,<br>T pallidum AB  | Screening men at increased risk for infection  | Once every 365 days   | V69.2,<br>V74.5 | <b>Z11.3,<br/>Z72.51 -<br/>Z72.53</b> |
| Type 2 diabetes mellitus              | 82947,<br>83036   | Glucose,<br>Hemoglobin A1C   | Screening for type 2 diabetes mellitus in asymptomatic men with a sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg | Once every 365 days   | V77.1           | <b>Z13.1</b>                          |
| Screening for hepatitis B virus (HBV) | 87340,<br>87341,<br>86704,<br>86705,<br>86706           | <u>Hep B Surf AG</u> ,<br><u>Hep B Surf AG confirm</u> ,<br><u>Hep B Core AB Total</u> ,<br><u>Hep B Core AB IgM</u> ,<br><u>Hep B Surf AB</u> | Screening for HBV in men at high risk for infection  | Once every 365 days   | V73.89          | <b>Z11.59</b>                         |
| Screening for Hepatitis C Virus (HCV) | 86803,<br>86804,<br>87520,<br>87521,<br>87522,<br>G0472 | Hepatitis C antibody; confirmatory test; infectious agent detection by DNA or RNA  | Screening for HCV in men at high risk for infection  | Once every 365 days   | V01.79,         | <b>Z20.5,<br/>Z20.828</b>             |
|                                       |   |  | Screening for HCV in asymptomatic men born between 1945 and 1965   | Once per lifetime   | V73.89          | <b>Z11.59</b>                         |

Refer to HMSA's Provider E-Library, Preventive Health Policies for complete policies and additional information:  
[http://www.hmsa.com/portal/provider/zav\\_IN.MM\\_Preventive\\_Services.htm](http://www.hmsa.com/portal/provider/zav_IN.MM_Preventive_Services.htm)