



# 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.ph.OBG.501.htm](http://www.hmsa.com/portal/provider/zav_pel.ph.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.

Newborns & Children						
Test	CPT Codes	CLH Test	Description and Recommendations	Frequency	ICD-9 Codes	ICD-10 Codes
Hematocrit or Hemoglobin	85014, 85018	H + H	Blood count: Hematocrit (Hct) Hemoglobin (Hgb)	See Bright Futures	V78.0	Z13.0
Lead Screening	83655	Lead	Lead Screening	See Bright Futures	V82.5	Z13.88
Tuberculin Test	86480	Quantiferon TB Gold	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	See Bright Futures	V74.1	Z11.1
Dyslipidemia Screening	80061, 82465, 83718, 84478	Lipid Panel, Cholesterol, HDL Cholesterol, Triglycerides	Lipid panel, Cholesterol, serum or whole blood, total, HDL cholesterol, Triglycerides	See Bright Futures	V77.91	Z13.220

## Newborns & Children

Test	CPT Codes	CLH Test	Description and Recommendations	Frequency	ICD-9 Codes	ICD-10 Codes
Congenital hypothyroidism	84436, 84439, 84443	T4 total, T4 Free, TSH	Screening for congenital hypothyroidism up to age 1	One lab test	V77.0	<b>Z13.29</b>
Hemoglobinopathies	83020, 83021	Hemoglobin electrophoresis	Screening for sickle cell disease up to age 1	One lab test	V78.2	<b>Z13.0</b>
Phenylketonuria	84030	PKU quant	Screening for PKU up to age 1	One lab test	V77.3	<b>Z13.228</b>
Screening for hepatitis B virus (HBV)	87340, 87341, 86704, 86705, 86706	Hep B Surf AG, Hep B Surf AG confirm, Hep B Core AB Total, Hep B Core AB IgM, Hep B Surf AB	Screening for HBV in adolescents at high risk for infection	Once every 365 days	V73.89	<b>Z11.59</b>
Cervical Dysplasia Screening	88141-88175 G0123 – G0124 G0141- G0148	Thin Prep, Thin Prep Imager, Conventional pap smear	Cytopathology, cervical or vaginal screening by various methods and to report physician interpretation services Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, reports screening by cytotechnologist under physician supervision; or requiring interpretation by physician Screening cytopathology smears, cervical or vaginal, performed by various methods and to report physician interpretation services	See Bright Futures	V76.2, V72.31, V72.32	<b>Z12.4, Z01.411, Z01.419, Z01.42</b>
STI Screening:						
Human Immune-deficiency Virus (HIV)	86701, 86703, 87389	HIV 1/2 Combo screen, HIV1 AG w/ HIV 1/2 ABS	Screening for HIV in adolescents ages 15 and older. Younger adolescents who are at high risk should also be screened.	One lab test every 365 days		
Chlamydia and Gonorrhea (GC)	87081, 87205, 87210, 87490, 87491, 87591, 87800, 87801	Culture GC, Gram stain, KOH Prep, Chlamydia Amp Probe, GC Amp probe	STI Screening - Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the <i>AAP Red Book: Report of the Committee on Infectious Diseases</i> .	See Bright Futures	V73.88, V74.5, V75.9, V72.60 - V72.63, V72.69	<b>Z11.3, Z11.8, Z11.9, Z01.812, Z01.84, Z01.89</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)