

Preventive Services Guidelines: MoDOT/MSHP Coventry PPO Medical Plan

Please share with your healthcare provider

Disclaimer: This document is neither a verification of coverage nor a guarantee of payment for services rendered. It is also not a confirmation that the patient is eligible for the benefits, as they may have utilized all or part of their annual maximum benefit at a different time. It is meant to be utilized as a guide for filing claims on the patient's behalf. In no way does this advocate or encourage inappropriate or inaccurate coding of claims for services. Providers are still responsible for the integrity of claims submitted for reimbursement.

Enrolled subscribers, spouses and dependent children who are neither eligible for nor participating in Medicare have a preventive services benefit available through this medical plan.

Benefits for covered preventive services are provided in full within the allowed amount listed below (according to plan guidelines), and are not subject to deductibles, co-payments, and co-insurance. When filing claims, include both procedural and diagnostic coding that identifies preventive care services, provided as preventive in nature, to facilitate correct adjudication of claims.

Cancer screenings, as listed in the Plan document under Sections 6.01 (p)(u), can also be covered under preventive benefits. If you have spent your preventive dollars, the costs for these screenings can also be applied to your deductibles, co-payments, or co-insurance level of benefits.

Preventive care is an important element in any healthcare plan. Thank you for your cooperation and assistance in providing the maximum level of benefits for our plan member(s).

Additional information regarding benefits can be obtained by calling Coventry's Customer Service Center at (800)627-6406.

Annual Plan Calendar Year Maximums:

Coventry MoDOT/MSHP PPO Plan

NON-MEDICARE MEMBERS

Subscriber and enrolled spouse: \$350 per person

Enrolled Dependents: \$200 per child

(Following is a list of preventive codes eligible for services)

MoDOT/MSHP (Active and Non-Medicare Retirees)

PREVENTIVE SERVICES LOGIC

The procedure codes below will be considered routine/preventive regardless of the diagnosis they are billed with since the procedure codes themselves specify they are routine procedures.

Procedure codes which will pay Preventive/Routine regardless of diagnosis billed:

IMMUN ADMIN, ONE VACCINE, SING	90471
IMMUN ADMIN, EACH ADDL, SINGLE	90472
IMMUN ADMIN INTRANASAL/ORAL ON	90473
IMMUN ADMIN INTRANASAL/ORAL EA	90474
HEP A VAC, ADULT DOSE, FOR IM	90632
HEP A & HEP B, ADULT, FOR IM U	90636
INFLUENZA VIRUS VACC SPLIT,PRE	90656
INFL VIRUS VACC, LIVE, INTRANA	90660
LYME DISEASE VACC, ADULT DOSAG	90665
DTAP HIB IPV VACCINE IM USE	90698
TETANUS DIPHTHERIA ADSORBED,PR	90714
TETANUS,DIPHTH ACELL PERTUSSIS	90715
TETANUS/DIPHHTHERIA ADSORBED WH	90718
PNEUMOCOCCAL VACCINE ADULT WHE	90732
MENINGOCOCCAL IMMUNIZATION	90733
MENINGOCOCCAL CONJUGATE VACCI	90734
HEP B VACC, DIALYSIS OR IMMUNO	90740
HEP B VACCINE, ADOLESCENT (2 D	90743
HEPATITIS B VACCINE, 20 PLUS Y	90746
HEPATITIS B VACCINE, ANY AGE	90747
ADMINISTRATION OF INFLUENZA VI	G0008
ADMINISTRATION OF PNEUMOCOCCAL	G0009
ADMINISTRATION OF HEPATITIS B	G0010
PREVENTIVE VISIT,NEW,INFANT	99381
PREVENTIVE VISIT, NEW, 1-4	99382
PREVENTIVE VISIT,NEW,AGE5-11	99383
PREVENTIVE VISIT,NEW,12-17	99384
PREVENTIVE VISIT,NEW,18-39	99385
PREVENTIVE VISIT, NEW 40-64	99386
PREVENTIVE VISIT, EST, INFANT	99391
PREVENTIVE VISIT, EST, 1-4	99392
PREVENTIVE VISIT, EST, 5-11	99393
PREVENTIVE VISIT,EST,12-17	99394
PREVENTIVE VISIT,EST,18-39	99395
PREVENTIVE VISIT,EST,40-64	99396
PREVENTIVE COUNSEL, IND 15 MIN	99401
PREVENTIVE COUNSEL, IND 30 MIN	99402
PREVENTATIVE COUNSEL INDIV 45	99403

PREVENTIVE COUNSEL, IND 60 MIN	99404
PREVENTIVE COUNSEL GRP 30 MIN	99411
PREVENTATIVE COUNSELING GRP 6	99412
ADMIN AND INTERPR HEALTH RISK	99420
NORMAL NEWBORN CARE IN OTHER T	99432
INITIAL PREVENTIVE PHYSICAL EX	G0344
PREVENTIVE CARE SERVICES--GENE	U770
PREVENTIVE CARE SERVICES--OTHE	U779
IMMUNIZATION ADMIN COUNSEL L	90465
IMMUNIZATION ADMIN COUNSEL	90466
IMMUNIZATION ADMIN COUNSELING	90467
IMMUNIZATION ADMIN COUNSELING	90468
ADENOVIRUS VACC, TYPE 4, LIVE,	90476
ADENOVIRUS VACC, TYPE 7, LIVE,	90477
HEP A VAC, PEDIATRIC/ADOLESC 2	90633
HEP A VACC, PEDIATRIC/ADOL, 3	90634
HEMOPHILUS INFLUENZA B (HIB) H	90645
HEMOPHILUS INFLU B (HIB) PRP-D	90646
HEMOPHILUS INFLUE B (HIB) PRP-	90647
HEMOPHILUS INFL B PRP-T, 4 DOS	90648
HPV VACCUBE TYPES 6 11 16 18	90649
INFLUENZA VIRUS VACC,SPLIT,PRE	90655
INFLUENZA VIRUS VACC,SPLIT, WH	90657
INFLUENZA VIRUS VACC, SPLIT WH	90658
PNEUMOCOCCAL CONJUGATE VACC,PO	90669
RABIES VACC, FOR IM USE	90675
ROTAVIRUS VACCINE LIVE FOR ORA	90680
DTAP VACCINE WHEN ADMIN TO YOU	90700
DTP IMMUNIZATION	90701
DIPHTHERIA/TETANUS ADSORBED WH	90702
TETANUS IMMUNIZATION	90703
MUMPS IMMUNIZATION	90704
MEASLES IMMUNIZATION	90705
RUBELLA IMMUNIZATION	90706
MMR VIRUS IMMUNIZATION	90707
MEASLES-RUBELLA IMMUNIZATION	90708
COMBINED VACCINE	90710
ORAL POLIOVIRUS IMMUNIZATION	90712
POLIOVIRUS VACCINE INACTIVATE	90713
IMMUNIZATION - VARICELLA	90716
DTP/HIB VACCINE	90720
IMMUNIZATION, DTAP/HIB	90721
DTAP HEPB IPV FOR IM USE - DIP	90723
SHINGLES VACCINE (60 yrs of age or older)	90736
HEPATITIS B PEDIATRIC/ADOLESC	90744
HEPATITIS B/HIB VACCINE	90748
PNEUMOCOCCAL CONJUGATE VACCINE	S0195
PREVENTIVE CARE SERVICES-VACCI	U771

Additionally, any other procedure (i.e. office visit, lab etc.) billed with a diagnosis on the list below will also be considered routine/preventive.

Diagnosis which will pay as Preventive/Routine:

V70	GENERAL MEDICAL EXAM
V70.0	ROUTINE MEDICAL EXAM
V70.3	GENERAL MEDICAL EXAM
V70.5	GENERAL HEALTH EXAM
V70.9	GENERAL MEDICAL EXAM NOS
V76.44	SCREEN FOR PROSTATE MAL
V76.41	SCREEN MAL NEOPL-RECTUM
V72.5	RADIOLOGICAL EXAM NEC
V76.10	BREAST SCREENING, UNSPECIFIED
V16.3	FAMILY HX-BREAST MAL
V10.3	HX OF BREAST MALIGNANCY
V76.19	OTHER SCREEN BREAST EXAM
V76.12	OTHER SCREEN MAMMO OF BREAST
V76.1	SCREEN MAL NEOP-BREAST
V76.11	SCREEN MAMMO/HIGH-RISK PATIENT
V17.89	FAM HIST OTH MUSCULO DISEASES
V17.81	FAM HISTORY OSTEOPOROSIS
V16.40	FAM HX MALIG-GENITAL ORG,UNSP
V17.8	FAM HX MS DISORDER NEC
V19.6	FAM HX-ALLERGIC DISORD
V18.3	FAM HX-BLOOD DISORD NEC
V17.6	FAM HX-CHR RESP COND NEC
V19.5	FAM HX-CONG ANOMALIES
V18.0	FAM HX-DIABETES MELLITUS
V18.8	FAM HX-INF/PARASIT DIS
V16.2	FAM HX-INTRATHORACIC MAL
V17.3	FAM HX-ISCHEMIC HD
V16.7	FAM HX-LYMPH NEOPL NEC
V18.4	FAM HX-MENTAL RETARD
V17.2	FAM HX-NEURO DIS NEC
V17.0	FAM HX-PSYCHIATRIC COND
V18.9	FAMILY HIST GENETIC DISEASE
V18.51	FAMILY HISTORY, COLONIC POLYPS
V18.59	FAMILY HISTORY, OTHER DIGESTIV
V16.49	FAMILY HX MALIG-OTHER
V16.41	FAMILY HX MALIG-OVARY
V16.42	FAMILY HX MALIG-PROSTATE
V16.43	FAMILY HX MALIG-TESTIS
V18.2	FAMILY HX-ANEMIA
V17.7	FAMILY HX-ARTHRITIS
V17.5	FAMILY HX-ASTHMA
V19.0	FAMILY HX-BLINDNESS
V19.8	FAMILY HX-CONDITION NEC
V19.7	FAMILY HX-CONSANGUINITY
V19.2	FAMILY HX-DEAFNESS

V19.3	FAMILY HX-EAR DISORD NEC
V19.1	FAMILY HX-EYE DISORD NEC
V18.5	FAMILY HX-GI DISORDERS
V16.0	FAMILY HX-GI MALIGNANCY
V18.7	FAMILY HX-GU DISEASE NEC
V18.69	FAMILY HX-KIDNEY DIS NEC
V16.51	FAMILY HX-KIDNEY MAL
V16.6	FAMILY HX-LEUKEMIA
V16.8	FAMILY HX-MALIGNANCY NEC
V16.9	FAMILY HX-MALIGNANCY NOS
V18.61	FAMILY HX-PKD
V19.4	FAMILY HX-SKIN CONDITION
V17.1	FAMILY HX-STROKE
V16.59	FAMILY HX-URIN MAL NEC
V16.1	FM HX-TRACH/BRONCH MAL
V73.98	SCREEN CHLAMYD DIS NOS
V73.9	SCREEN VIRAL/CHLAMYD NOS
V82.81	SCREENING FOR OSTEOPOROSIS
V76.51	SCREENING MALIG COLON
V72.6	LABORATORY EXAMINATION
V82.9	SCREEN COND NOS
V20.1	CARE OF HEALTHY CHLD NEC
V20.0	FOUNDLING HEALTH CARE
V20	HEALTH SUPERVISION CHILD
V20.2	ROUTIN CHILD HEALTH EXAM
V202	ROUTINE CHILD HEALTH EXAM
V72.3	GYNECOLOGIC EXAMINATION
V72.31	ROUTINE GYNECOLOGICAL EXAM
V76.2	SCREEN MAL NEOPL-CERVIX

If a medical service is performed at the same time as a preventive service, the lines billed with a medical diagnosis will pay as medical and the lines billed with a routine/preventive diagnosis will pay as routine/preventive. No co-pay, deductible or coinsurance will apply to the preventive visit, but any medical services performed on the same day will be processed with the applicable co-payment or deductible and coinsurance.