



HEALTH PLAN OF NEVADA

A UnitedHealthcare Company



SIERRA HEALTH AND LIFE

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## Women’s Preventive Health Coding Summary for Providers

Note the following:

- The purpose of this document is to provide a quick reference of the applicable codes for plans that have Women’s Preventive Care benefits.
- Certain Health Plan of Nevada/Sierra Health and Life plans do not use the following codes for preventive care benefits. This document does not apply to all Health Plan of Nevada/Sierra Health and Life members. Please use your existing process for benefit verification such as looking up member benefit information by using We’re@YourService: [www.healthplanofnevada.com](http://www.healthplanofnevada.com) or [www.sierrahealthandlife.com](http://www.sierrahealthandlife.com)
- Codes 36415 and 36416 (where listed below) are only covered as preventive when done for a preventive laboratory procedure that requires a blood draw.
- See the Preventive Care Services Coverage Determination Guideline for complete coding instructions.
- Each member’s benefits are defined by his or her benefit plan documents, and any information in the following tables that is inconsistent with the applicable benefit plan documents does not constitute an additional benefit. Benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.

### Expanded Women’s Preventive Health Care Services – Health Care Reform

*The following benefits are effective August 1, 2012*

Service:	Code(s):	Limits
<b>Wellness Examinations</b> (well baby, well child, well adult)**	<b>Procedure Code(s):</b> G0402, G0438, G0439, G0445, S0610, S0612, S0613, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411 – 99412, 99461 <b>Diagnosis Code(s):</b> n/a **Included as part of the benefits effective on the first plan year on or after Sept 23, 2010	No age or gender limit
<b>Well-Woman Visits</b> <i>Also see “Wellness Examinations” section in the above</i>	<b>Procedure Code(s):</b> Annual visits: See the Wellness Examinations section above. Prenatal E&M Visit: 99201 – 99205, 99211 – 99215, 99078	Females

Service:	Code(s):	Limits
	Prenatal Care Visits: 59425, 59426; Global Obstetrical Codes*: 59400, 59510, 59610, 59618 * <i>The routine, low risk, prenatal visits portion of the Global Obstetrical code is covered as preventive.</i> <b>Diagnosis Code(s):</b> <i>The following codes are required only where indicated in the Expanded Women's Preventive Health table:</i> V22.0 – V22.2, V23.0 – V23.3, V23.41, V23.42, V23.49, V23.5, V23.7, V23.81 – V23.86, V23.87, V23.89, V23.9 V91.00 – V91.03, V91.09, V91.10 – V91.12, V91.19 – V91.22, V91.29, V91.90 – V91.92, V91.99	
<b>Screening for Gestational Diabetes</b>	<b>Procedure Code(s):</b> 82947, 82948, 82950, 82951, 82952, 83036, 36415, 36416 <b>Diagnosis Code(s):</b> Pregnancy diagnosis. (See Pregnancy Diagnosis list above.)	Pregnant Females
<b>Human Papillomavirus DNA Testing</b>	<b>Procedure Code(s):</b> 87620 – 87622 <b>Diagnosis Code(s):</b> V70.0, V72.31, V73.81, or V76.2	Females Age 30 +
<b>Counseling for Sexually Transmitted Infections</b>	<b>Procedure Code(s):</b> <i>See the Wellness Examinations above.</i>	Females
<b>Counseling and Screening for Human Immune-deficiency Virus</b>	<b>Counseling:</b> <i>See the Wellness Examinations section above.</i> <b>Screening Tests:</b> <b>Procedure Code(s):</b> 86689, 86701, 86702, 86703, G0432, G0433, G0435, S3645, 36415, 36416 <b>Diagnosis Code(s):</b> V02.9, V70.0, V73.89, V74.5, V75.9, <b>OR</b> Pregnancy (see list at end of section)	Females
<b>Contraceptive Methods (Including Sterilizations)</b>	<b>Code Group 1:</b> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264, 57170, A4261, A4266, J7300 <b>Code Group 2:</b> <i>(requires a diagnosis from list below):</i> 11976, 11981, 11982, 11983, 58300, 58301, J1051, J1055, J1056, J7302, J7306, J7307, Code Group 2 Diagnosis Code(s): V25.01, V25.02, V25.03, V25.09, V25.11, V25.12, V25.13, V25.40, V25.41, V25.42, V25.43, V25.49, V25.5, V25.8, V25.9 <b>Code Group 3:</b> <i>(requires diagnosis V25.2):</i> 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968 Code Group 3 Diagnosis Code: V25.2	Females
<b>Breastfeeding Support Supplies and Counseling</b>	<b>Support and Counseling:</b> <b><i>Members may contact HEW for lactation counseling services for one-on-one consultations or classes at: 702-877-5356 (S. NV) or 775-824-9704 (N. NV)</i></b> Breast Pump/Supplies	Females
<b>Screening and Counseling for Interpersonal and Domestic Violence</b>	<b>Procedure Code(s):</b> <i>See the Wellness Examinations section above.</i> <b>Diagnosis Code(s):</b> <i>See the Wellness Examinations section above.</i>	n/a

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