

## **Information on Labs and Office Visits that are eligible on the Highmark Preventive Lab Schedule for MEBP**

The following are some common preventive labs (codes included) that are ordered by physicians and would be eligible on the Highmark Preventive Schedule. The diagnosis code has to be Z00.00 or Z00.01 in order to be covered on the Highmark Preventive Schedule.

- Fasting blood glucose (82947 or 82948)
- Cholesterol Screening: (82465, 83721, 83718 and 84478 **OR** 80061 in place of the 1<sup>st</sup> four codes)
- Complete Blood Count (85025, 85027)
- Urinalysis (81001 & 81002)
- PSA –(84152 & 84153)
- General Health Panel – (80050)
- Comprehensive Metabolic Plane (80053)

If the lab is billed with a diagnosis code related to a chronic condition such as hypertension or high cholesterol the labs will be processed to deductible.

### **Codes that are not covered at 100% on Highmark Preventive Schedule:**

- Thyroid (84443, 84436)
- Vitamin D (82306)

### **Other items that are not covered at 100% on the Highmark Preventive Schedule:**

- EKG
- Routine Chest X-ray

### **Information about Office Visits**

- The provider bills Highmark with a procedure code (generally 5 digits) and a diagnosis code. Highmark uses this information to process the charges according to your plan. You will then receive an Explanation of Benefits (EOB) that notes how the claim was processed. The EOB includes the procedure code but not the diagnosis code. Highmark does not include the diagnosis code as it is personal information and if for some reason the EOB would be delivered to the wrong person the personal information is not divulged.

- Below are a list of procedure codes that meet the guidelines for the Annual Physical requirement:

	Patient <b>NEW</b> to the Office	Patient <b>Established</b> w/ the Office
Office visit for Preventive Medicine ages 18-39	99385	99395
Office visit for Preventive Medicine ages 40-65	99386	99396
Office visit for Preventive Medicine ages 65 and older	99387	99396
GYN exam - any age	May also use G0101	

- EOB includes one of the eligible Preventive Codes but claim was not paid – call Highmark to see what diagnosis code was used

- EOB has a procedure code that is different from one of the eligible Preventive Codes and you had told the provider it was supposed to be your annual physical – Call the provider and note that you had indicated it was supposed to be your annual physical but it was not billed that way. The provider may be willing to resubmit the claim with a Procedure and diagnosis code that indicates it was Preventive.