

**SANFORD HEALTH PLAN**  
**YOUTH PREVENTIVE HEALTH GUIDELINES**  
**AND OTHER COVERED SCREENING SERVICES**  
**EFFECTIVE JANUARY 2010**

\*Sources: Adapted from "Guide to Clinical Preventive Services Second Edition Report of the U.S. Preventive Services Task Force", CDC, American Cancer Society, Sanford Health Plan Physician Quality Committee. For other Clinical Practice Guidelines adopted by the Plan, refer to our website at [www.sanfordhealthplan.com](http://www.sanfordhealthplan.com)

PREVENTIVE HEALTH GUIDELINES FOR YOUTH																									
PROCEDURE	1-18 MONTHS	1 ½-6 YEARS	7-12 YEARS	13-17 YEARS	ICD-9 DIAGNOSIS CODES	CPT CODES	HCPCS CODES	REVENUE CODES	ICD-9 PROCEDURE CODES																
NEWBORN	PROPHYLACTIC CARE SHOULD INCLUDE: - State mandated neonatal screening tests - Hemoglobinopathy - Dose of Vitamin K - Eye treatment with silver nitrate OR antibiotics - Hearing screening 1 time between 1-18 months - Classical congenital adrenal hypoplasia																								
*IMMUNIZATIONS	Refer to the Sanford Health Plan Childhood Immunization Schedule. *A complete Childhood Immunization Schedule and Catch-Up Immunization Schedule can be obtained by calling Provider & Payor Relations at (605) 328-6877 or (800) 601-5086 or by visiting our website at <a href="http://www.sanfordhealthplan.com">www.sanfordhealthplan.com</a> .																								
HEPATITIS B	Covered through age 19 (3 series shot)					90740, 90744, 90747, 90748	G0010, Q3021, Q3023																		
DIPHTHERIA, TETANUS, PERTUSSIS (DTP)	DTP at 2, 4, and 6 months, at 15-18 months, and at 4-6 years. Tdap at 11-12 years.			Td/Tdap between 13-18 years if not received at 11-12 years.		90700-90702, 90715, 90718, 90719, 90720-90723																			
HAEMOPHILUS INFLUENZAE TYPE B (Hib)	Hib at 2, 4, and 6 months and at 12-15 months.					90645-90648																			
INACTIVATED POLIO (IPV)	IPV at 2 and 4 months, at 6-18 months, and at 4-6 years.					90712-90713																			
MEASLES, MUMPS, RUBELLA (MMR)	MMR at 12-15 months and at 4-6 years.					90704-90710																			
CHICKENPOX (VARICELLA)	Series of two doses through age 19.					90716																			
MENINGOCOCCAL			Meningococcal at 11-12 years.	Administer to age 17 for those that missed the 11-12 year old dose		90733-90734																			
INFLUENZA	Every year, starting at age 6 months. First influenza vaccine should be administered in 2 doses. In following years, 1 dose is administered per year.					90655-90660	G0008																		
PNEUMOCOCCAL CONJUGATE	Pneumo at 2, 4, and 6 months and at 12-15 months.					90669																			
HEPATITIS A	Hep A between 12-23 months. 2 doses should be at least 6 months apart.	Two doses covered to age 19 for high risk individuals. These include individuals with clotting factor disorders, chronic liver disease, and those who live in communities where there is a high incidence of the disease.				90633-90634																			
ROTAVIRUS	Roto at 2, 4, and 6 months.					90680																			
WELL CARE VISITS & *ALL ROUTINE IMMUNIZATIONS	<table border="1"> <thead> <tr> <th>AGE</th> <th># of Well Visits</th> </tr> </thead> <tbody> <tr> <td>0-13 months</td> <td>6 visits</td> </tr> <tr> <td>14-23 months</td> <td>2 visits</td> </tr> <tr> <td>2</td> <td>1 visit</td> </tr> <tr> <td>3</td> <td>1 visit</td> </tr> <tr> <td>4</td> <td>1 visit</td> </tr> <tr> <td>5</td> <td>1 visit</td> </tr> <tr> <td>6</td> <td>1 visit</td> </tr> </tbody> </table>		AGE	# of Well Visits	0-13 months	6 visits	14-23 months	2 visits	2	1 visit	3	1 visit	4	1 visit	5	1 visit	6	1 visit	Every Year			V20.2, V70.0, V70.3, V70.5, V70.9	99381-99385, 99391-99395, 99432		
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<b>DEVELOPMENTAL ASSESSMENT</b>	Developmental screen at 9, 18 and 24 months with standardized, validated tool				V20.2	96110			
<b>SCREENING FOR HIGH-RISK BEHAVIORS</b>	Review lifestyle habits such as: tobacco use, stress factors, alcohol and drug abuse, weight loss or gain, sexual practices, sun exposure, household hazards, and motor vehicle use. Counsel as necessary for high-risk behaviors.								
<b>HEMOGLOBIN OR HEMATOCRIT</b>	One Hemoglobin <b>OR</b> One Hematocrit between ages 9-15 months				V20.0-V20.2, V70.0, V70.3, V70.5, V70.9, V72.31	85013, 85014, 85018			
<b>CHOLESTEROL TEST</b>	One baseline Lipid Profile, if at high risk				272-272.4, V17.3, V17.4, V18.1, V77.91	80061			
<b>LEAD SCREENING TEST</b>	One screening test at 12 months and one at 24 months					83655			
<b>PAP SMEAR</b>				Age 12 and over at the discretion of the Primary Care Provider	V76.2, V72.31	88141-88145, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	RV923	
<b>CLINICAL HEARING AND VISION SCREENING</b>	Clinical hearing and vision screening performed during an annual physical. Does not include exam by an eye care professional or audiometry.				Included as part of the annual physical fee and not billed separately.				

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PREVENTIVE HEALTH GUIDELINES FOR ADULTS								
These are screening recommendations for asymptomatic adults, not members of high risk groups.								
PERIODIC HEALTH EXAMINATIONS	18-39 YEARS	40-49 YEARS	50+ YEARS	ICD-9 DIAGNOSIS CODES	CPT CODES	HCPCS CODES	REVENUE CODES	ICD-9 PROCEDURE CODES
<b>HISTORY &amp; PHYSICAL</b>	Every Year			V70.0, V72.31	99201-99215, 99241-99245, 99381-99397	G0344		
<b>CHOLESTEROL SCREENING</b>	Lipid profile <u>once</u> between ages 18 and 24	Lipid profile <u>once</u> every five years between ages 25 and 44	One lipid profile every year for ages 45 and over	272-272.4, V17.3, V17.4, V18.1, V77.91	80061, 83721			
<b>BASIC METABOLIC PANEL</b>	One Basic Metabolic Panel Every Year -(This panel includes the following: Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN))				80048		RV300-RV319	
<b>COLORECTAL SCREENING</b>		Yearly stool for occult blood by fecal hemoglobin	Colonoscopy every 10 years OR Stool for occult blood every year, flexible sigmoidoscopy every 5 years	<u>Stool for Occult Blood:</u> V76.51, V10.00, V10.05, V10.06, V16.0 <u>Flexible Sigmoidoscopy:</u> V76.50, V76.51 <u>Colonoscopy:</u> V76.50, V76.51, V10.00, V10.05, V10.06, V16.0	<u>Stool for Occult Blood:</u> 82274 <u>Flexible Sigmoidoscopy:</u> 45330-45342 <u>Colonoscopy:</u> 44388-44394, 45355-45386, 45391, 45392	<u>Stool for Occult Blood:</u> G0107, G0328 <u>Flexible Sigmoidoscopy:</u> G0104 <u>Colonoscopy:</u> G0121		<u>Flexible Sigmoidoscopy:</u> 45.24, 45.42 <u>Colonoscopy:</u> 45.22, 45.23, 45.25, 45.43
<b>SCREENING FOR HIGH-RISK BEHAVIORS</b>	Review lifestyle habits such as: tobacco use, stress factors, alcohol and drug abuse, weight loss or gain, sexual practices, sun exposure, household hazards, and motor vehicle use. Counsel as necessary for high-risk behaviors.							
<b>EKG</b>		Baseline X 1		V70.0	93000-93010	G0366-G0368	RV730	
<b>HEMOGLOBIN OR HEMATOCRIT</b>	One Hemoglobin <u>OR</u> One Hematocrit Every Year			V70.0, V72.31	85013, 85014, 85018			

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PERIODIC HEALTH EXAMINATIONS	18-39 YEARS	40-49 YEARS	50+ YEARS	ICD-9 DIAGNOSIS CODES	CPT CODES	HCPCS CODES	REVENUE CODES	ICD-9 PROCEDURE CODES
<b>FOR WOMEN ONLY</b>								
<b>MAMMOGRAM</b>	One baseline mammogram between the ages of 35-39	Every Year		V76.10, V76.11, V76.12	77051, 77052, 77056, 77057	G0202	RV403	87.37
<b>PAP SMEAR</b>	Annual gynecological examinations by a participating physician includes a pap smear test.			V76.2, V72.31	88141-88145, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	RV923	91.46
<b>FOR MEN ONLY</b>								
<b>PROSTATE SPECIFIC ANTIGEN</b>			Every Year	V70.0, V76.44	84152-84154	G0103		
<b>VACCINE/TOXOID</b>								
<b>INFLUENZA</b>	Every Year			V04.81	90655-90660	G0008		
<b>TETANUS-DIPHTHERIA (Td), COMBINED TETANUS, DIPHTHERIA &amp; PERTUSSIS (Tdap) VACCINES</b>	Td booster every 10 years Tdap once after age 18				90718, 90719, 90703, 90714, 90701, 90715			
<b>PNEUMOCOCCAL</b>	Recommended for individuals with underlying medical conditions such as chronic cardiac or pulmonary disease, chronic liver disease, alcoholism, diabetes mellitus, and the immunocompromised adult, such as those with anatomical and functional asplenia, multiple myeloma, Hodgkin's disease, organ transplants, renal disease, or HIV infection. Two vaccinations will be allowed for these high risk individuals. The vaccinations should be at least 5 years apart.		Once at age 65 if not vaccinated previously		90732	G0009		
<b>HEPATITIS B</b>	Covered through age 19 (3 series shot)	Recommended for health care workers, individuals with numerous sexual partners, IV drug users, and persons in contact with carriers. Health care workers, check with your employee health department about receiving this vaccination for free. (This is not a covered benefit with Sanford Health Plan for these age groups.)			90740-90748	G0010		
<b>CHICKENPOX (VARICELLA)</b>	Two vaccinations between the ages 13 and 19				90716			
<b>MENINGOCOCCAL</b>	Only ages 18-24				90733-90734			

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