Participating Provider Quick Reference Guide
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We are here to help

Aetna Better Health® of Louisiana would like to make the process of coding and billing as easy as possible for you and your team. We have listed here the required codes for our Value Added Benefits, as well as some additional service codes. This list is in no way all encompassing, it is a guide. As always, if you have a question regarding coding, billing, prior authorization, eligibility verification, or other provider concerns, contact our Provider Services department at 1-855-242-0802.

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the Aetna Better Health® of Louisiana Provider Manual.

Together, we can improve health care quality

At Aetna Better Health® of Louisiana, we value you as our provider partners. We want to work with you to provide timely, safe and effective health care to our members.

Provider site

Your [provider manual](#) will give you more details. However, on our Aetna Better Health® of Louisiana Provider site, you’ll also find:

- Information about clinical practices
- The forms and resources you need
- The latest provider news and notices

Good communication among our providers and our plan administrators is key to the delivery of quality health care services to our members.

Provider portal

On our Aetna Better Health® of Louisiana Provider portal, benefits include:

- Convenient, safe access
- Single sign-on – One log-in and password allows you to move smoothly through various systems.
- Mobile interface – Enjoy the added convenience of access through your mobile device.
- Personalized content and services – After log-in, you'll find a landing page just for you.
- Real-time data access – View updates as soon as they're posted.

Guidelines

On our Aetna Better Health® of Louisiana Provider Guidelines page, you’ll find we have chosen certain clinical guidelines to help our providers. These include treatment protocols for specific conditions, as well as preventive health measures. You’ll also find, Aetna Clinical policy bulletins. **These guidelines are intended to clarify standards and expectations. They should not:**

- Take precedence over your responsibility to provide treatment based on the member’s individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

Quality initiatives

The primary focus of Aetna Better Health® of Louisiana is to improve health care for Bayou Health recipients by making certain members receive appropriate and quality care and are satisfied with their experience with the health plan and its providers. Special attention has been placed on the performance measures and performance improvement projects to improve care, services and outcomes for enrollees.
• **Increasing access, care coordination and utilization of perinatal care:**
  
  ─ **Pre-term birth prevention** Ensure the care management team is identifying and outreaching to pregnant women between the ages 15-45 years with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who qualify as a candidate for 17P. Case managers are assisting with appointment scheduling, facilitating transportation, engaging the member in the care management program and providing intensive follow-up for high risk members. Educate providers on 17P use and guidelines. Educate the members on Text4Baby program and incentives available for complying with pre and post-partum visits (Promise Program Rewards). Case managers discuss neonatal substance abuse issues with at risk members.

  ─ **Promoting Post-partum Care** Case managers and the maternal health coordinator is outreaching to women post-discharge to arrange appointments and transportation. Discuss long-acting reversible contraception options, family planning and enrollment in the Text4Baby program to receive educational messaging and appointment reminders. Educate members on incentives available to them for complying with post-partum visits.

• **Increasing access and use of primary care by:**

  ─ **Encouraging members age 12-21 years of age to have an Annual Well-care Visit with a PCP or an OB/GYN** The case managers, EPSDT coordinator and Prevention & Wellness coordinator are identifying members with care gaps through utilization and predictive modeling reports and placing outreach calls to discuss and help facilitate appointments and transportation. Reminder postcards are also being mailed to members.

• **Improving appropriate utilization of services:**

  ─ **Ensure children prescribed ADHD Meds are receiving follow-up care** The pharmacy staff is monitoring ADHD prior authorization requests for efficacy and appropriateness. Requiring prior authorization for any prescribed ADHD meds for all children from birth to seven years of age. Sending weekly provider letters flagging new ADHD prescription starts and current treatment guidelines. Peer-to-peer reviews required for any provider prescribing antipsychotic or ADHD meds for children under age five.

  ─ **Decrease the rate of C-sections for low-risk first birth women** UM requests for C-sections for low-risk first birth women require mandatory medical director review. We are monitoring utilization reports for facilities to identify high C-section rates. Case managers are performing targeted outreach to these members to enroll them encourage enrollment in our Promise Program and sign-up for Text4Baby to receive educational messages and appointment reminders.

  ─ **Decrease inappropriate ER utilization** We are monitoring claims reports and predictive modeling reports to identify ER super-users. Case managers, EPSDT coordinator and Prevention & Wellness coordinator outreach to the super-users to identify PCP/PCMH and educate on how to use their services. Discuss rationale behind ER usage and identify barriers to care and facilitate appointments for non-emergent care needs. Enroll those members with complex and co-existing medical and behavioral health/substance abuse issues/conditions in intensive care management. Educate on availability of PCP, nurse line and urgent care facilities.

  ─ **Promote the Patient-Centered Medical Home Model** Health plan staff to encourage members to select a PCP and build a relationship with their treating provider. Educate the member about the importance of centralizing and coordinating care with their PCP and receiving services in the community in which they live.
• **Better Management of Chronic Conditions:**
  - **Improve the short term complication rate for diabetics** Monitor utilization reports (inpatient census and ER reports) and predictive modeling reports to identify high risk diabetic members. Provide intensive case management to high risk members. Enroll members in the Care4Life Program to provide support and promote self-management skills (glucose monitoring, diet adherence, exercise, medication compliance) and need for visits w/ PCP to have lab tests (A1c, urine protein), foot exam, and eye exam performed as part of their preventive health, and in accordance with clinical practice guidelines.
  - **Improve management of HIV members** Case managers, EPSDT coordinator and Prevention & Wellness coordinators promote visits with the member’s PCP/Specialist to have their viral load monitored and collaborate on individual care plan development. Assist members in scheduling appointments and transportation and help prepare for appointment by completing a symptom checklist to identify any needs or issues the PCP should address. Provide the member with a list of their current medications so the PCP is aware of medications from other prescribers.

• **Development of the Performance Improvement Projects (PIPs) and Diabetes and Obesity Action Plans:**
  - Attending all DHH PIP and Diabetes and Obesity Action Plan meetings to pro-actively identify measurements and ensure the health plan is able to capture data points for reporting outcomes.
  - Updating internal work plans and action plans to reflect changes and plan strategies.
  - Training staff to make certain they understand key measures and management approach.
  - Educate providers on evidenced-based clinical practice guidelines and preventive health guidelines.
  - Use PIPs and action plan information to identify future quality activities and interventions.

• **Address healthcare disparities**
  - Identify members who are vulnerable and/or have special health care needs and provide care management outreach to enroll in the care management program. Coordinate appointments and transportation to increase access and continuity of care.
  - Provide culturally and linguistically appropriate information for members and providers.
  - Reduce fragmented and episodic care by monitoring over and under-utilization of services.
  - Promote cultural competency among staff and providers through training and education.
  - Research and understand current demographics (gender, age, education and other socioeconomic variables) and gaps. Determine strategies to connect members to providers.
  - Target needed providers through contracting efforts.

**Medical necessity criteria**
To support prior authorization decisions, Aetna Better Health® of Louisiana uses nationally recognized, and/or community developed, evidence-based criteria, which are applied based on the needs of individual members and characteristics of the local delivery system.

The criteria are consistently applied, consider the needs of the members, and allow for consultations with requesting providers when appropriate. These are to be consulted in the order listed:
- Criteria required by applicable State or federal regulatory agency
- Applicable Milliman Care Guidelines (MCG) as the primary decision support for most medical diagnoses and conditions
- Aetna Better Health® of Louisiana Clinical Policy Bulletins (CPBs)
- Aetna Better Health® of Louisiana Policy Council Review
HEDIS MEASURES
Coding Desk Reference

HEDIS Measures
HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

HEDIS performance measures assist you in providing timely and appropriate care for your patients; provide you with a picture of the overall health and wellness of our members, allowing you to identify gaps in care and develop programs/interventions to help increase compliance and improve health outcomes.

Listed below are our current HEDIS measures and corresponding coding. This list is in no way all encompassing, it is a brief guide, and some of these measures may repeat throughout this document. For HEDIS measures relating to children, such as Immunizations and Well-Child visits, view our EPSDT of this document. As always, if you have a question regarding coding, billing, prior authorization, or other provider concerns, contact our Provider Services department at 1-855-242-0802.

<table>
<thead>
<tr>
<th>HEDIS MEASURE</th>
<th>CODING</th>
<th>ADDITIONAL NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td><strong>Procedure Codes</strong> 77055-77057</td>
<td>Women 50-74 years of age with one or more mammograms within last 2 years.</td>
</tr>
<tr>
<td></td>
<td><strong>HCPCS</strong> G0202, G0204, G0206</td>
<td>Documentation of member education on the benefits of early detection of breast cancer.</td>
</tr>
<tr>
<td></td>
<td><strong>Diagnosis Codes</strong> 87.36, 87.37</td>
<td>Encourage mammography to all women who are within risk group.</td>
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<tr>
<td></td>
<td><strong>UB Rev Codes</strong> 0401, 0403</td>
<td></td>
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<tr>
<td></td>
<td><strong>Mastectomy Codes</strong> Diagnosis 85.41-85.48</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Procedure Codes</strong> 19180, 19200, 19220, 19240, 19303-7</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Bilateral Modifiers</strong> 50, 09950</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td><strong>Procedure Codes</strong> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</td>
<td>Women 21-64 years of age with one or more Pap tests within the last 3 years OR for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing with in the last 5 years.</td>
</tr>
<tr>
<td></td>
<td><strong>HCPCS</strong> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</td>
<td>Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements.</td>
</tr>
<tr>
<td></td>
<td><strong>UB Rev Codes</strong> 0923</td>
<td>Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 years testing.</td>
</tr>
<tr>
<td></td>
<td><strong>HPV</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Procedure Codes</strong> 87620-87622</td>
<td></td>
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<tr>
<td></td>
<td><strong>LOINC Codes</strong> 21440-3, 30167-1, 38372-9, 49896-4, 59420-0</td>
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<tr>
<td>Chlamydia Screening in Women</td>
<td><strong>Procedure Codes</strong> 87110, 87270, 87320, 87490-87492, 87810</td>
<td>Women 16-24 years of age who are identified as sexually active receive a Chlamydia test annually.</td>
</tr>
</tbody>
</table>
### Prenatal and Postpartum Care

**Prenatal**
- **Procedure Codes**: 99201-99205, 99211-99215, 99241-99245
- **Bundled Prenatal Service Codes**: 59400, 59425, 59426, 59510, 59610, 59618
- **HCPCS**: G0463
- **UB Rev Code**: 0514
- **Diagnosis Codes**: 630-639, V22, V23, V28

**Postpartum**
- **Procedure Codes**: 57170, 58300, 59430, 99501, 0503F
- **Diagnosis Codes**: V24.1, V24.2, V25.11-V25.13, V72.31, V27.32, V76.2

- Pregnant members with prenatal care during 1st trimester and postpartum care 21-56 days after delivery.
- Educate staff to schedule first appointment with the MD, DO, NP or PA in the first trimester.
- **RN visits for education do not count in HEDIS.** They must see a prescribing provider.
- Encourage attendance for postpartum visit.
- **Please Note**: A C-section incision check is not a postpartum visit. The member must return for the full postpartum checkup 21 and 56 days after delivery.

### Osteoporosis Management in Women Who Had a Fracture

**Bone Density**
- **Procedure Codes**: 76977, 77078
- **Diagnosis Code**: 88.98
- **HCPCS**: G0130, J3489

**Osteoporosis Medications**
- **HCPCS**: J0630, J0897, J1000, J1740, J3110, J3487-J3489

- Women 67-85 years of age who suffered a fracture AND had a bone mineral density test OR were prescribed a drug to treat osteoporosis.
- Schedule women age 67-85 years to have a bone mineral density test (BMD) within six months after a fracture if they have not had a BMD test in the prior 24 months.
- Prescribe medications to treat osteoporosis when indicated.

### Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

**Diagnosis Codes**: 714.0, 714.1, 714.2, 714.81

**DMARD HCPCS**
- J0129, J0135, J0717, J0718, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

- Members 18 years of age or older who were diagnosed with rheumatoid arthritis and were prescribed a disease-modifying anti-rheumatic drug (DMARD).
- **Exclusions**: A diagnosis of HIV anytime during the member’s history through December 31, 2015 or a diagnosis of pregnancy in 2015.

### Controlling High Blood Pressure

**Diagnosis Codes**: 401.0, 401.1, 401.9

- Members 18-85 years of age with a diagnosis of hypertension (HTN) whose BP is adequately controlled.
  (Age 18-59 and age 60-85 with diabetes <140/90, age 60-85 without diabetes <150/90).

### Comprehensive Diabetes Care

**Diagnosis Codes**: 250, 357.2, 362.01-362.07, 366.41, 648

**HbA1c Procedure Codes**: 83036, 83037

**HbA1c level 7.0-9.0**: 3045F

**HbA1c level less than 7.0**: 3044F

**HbA1c level greater than 9.0**: 3045F

**Nephropathy Screen Procedure Codes**: 82042 - 82044, 84156, 3060F, 3061F

**Blood Pressure Procedure Codes**
- **Systolic BP < 140**: 3074F, 3075F
- **Systolic BP >/= to 140**: 3077F

- Members 18-75 years of age with diabetes should have each of the following at least annually: HbA1c testing, medical attention for nephropathy, a retinal eye exam and blood pressure monitoring at each visit.
<table>
<thead>
<tr>
<th><strong>Diastolic BP 80-89</strong></th>
<th>3079F</th>
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<tr>
<td><strong>Diastolic BP &lt; 80</strong></td>
<td>3078F</td>
</tr>
<tr>
<td><strong>Diastolic BP &gt;/= 90</strong></td>
<td>3080F</td>
</tr>
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<table>
<thead>
<tr>
<th>Colorectal Cancer Screening</th>
<th><strong>Colonoscopy</strong></th>
<th>Procedure Codes</th>
<th>44388-44394, 44397, 45355, 45378-45387, 45391, 45392</th>
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<tr>
<td><strong>Diagnosis Codes</strong></td>
<td>45.22, 45.23, 45.25, 45.42, 45.43</td>
<td></td>
<td></td>
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<tr>
<td><strong>HCPCS</strong></td>
<td>G0105, G0121</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flexible Sigmoidoscopy</strong></td>
<td>Procedure Codes</td>
<td>45330-45335, 45337-45342, 45345</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis Code</strong></td>
<td>45.24</td>
<td></td>
<td></td>
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<tr>
<td><strong>HCPCS</strong></td>
<td>G0104</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fecal Occult Blood Test (FOBT)</strong></td>
<td>Procedure Codes</td>
<td>82270, 82274</td>
<td></td>
</tr>
<tr>
<td><strong>HCPCS</strong></td>
<td>G0328</td>
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</table>

- Adults 50-75 years of age with an appropriate screening for colorectal cancer.
- Educate members on importance of early detection.
- Order colonoscopy or flexible sigmoidoscopy as needed.
- Perform Fecal Occult Blood Test in-house.
- Proper documentation in medical record, correct diagnosis code and timely submission of data is requested.

<table>
<thead>
<tr>
<th>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</th>
<th><strong>COPD Diagnosis Codes:</strong></th>
<th>493.2-493.22, 496, 492.0,492.8, 491.0, 491.2 - 491.22, 491.8, 491.9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spirometry Procedure Codes:</strong></td>
<td>94010, 94014-94016, 94060, 94070 94375, 94620</td>
<td></td>
</tr>
</tbody>
</table>

- Members 40 years of age or greater with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis.
- Encourage members that are diagnosed with COPD to have a spirometry test performed.
- Members who have been diagnosed by another physician should be encouraged to have testing to confirm their original diagnosis.

<table>
<thead>
<tr>
<th>Adult BMI Assessment</th>
<th><strong>Diagnosis Codes</strong></th>
<th>V85.0—V85.5</th>
</tr>
</thead>
</table>

- Members 18-74 years of age with their body mass index (BMI) and weight documented annually.
- Perform and document criteria of height, weight, BMI calculation at each visit.
- *Pregnant members are excluded from this measure.*
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
CPT Code Desk Reference

EPSDT
EPSDT is a federally required Medicaid benefit for individuals under the age of 21 years that expands coverage for children and adolescents beyond adult limits to ensure availability of 1) screening and diagnostic services to determine physical or mental defects and 2) health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered [42 CFR §440.40(b)]. EPSDT requirements help to ensure access to all medically necessary health services within the federal definition of “medical assistance”.

EPSDT CPT codes well-child visits

<table>
<thead>
<tr>
<th>STAGE (Age)</th>
<th>NEW PATIENT CPT CODE</th>
<th>ESTABLISHED PATIENT CPT CODE</th>
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<tr>
<td>INFANCY (Prenatal – 9 months)</td>
<td>99381</td>
<td>99391</td>
</tr>
<tr>
<td>EARLY CHILDHOOD (12 months – 4 years)</td>
<td>99382</td>
<td>99392</td>
</tr>
<tr>
<td>MIDDLE CHILDHOOD (5 years – 10 years)</td>
<td>99383</td>
<td>99393</td>
</tr>
<tr>
<td>ADOLESCENCE STAGE 1 (11 years – 17 years)</td>
<td>99384</td>
<td>99394</td>
</tr>
<tr>
<td>ADOLESCENCE STAGE 2 (18 years – 21 years)</td>
<td>99385</td>
<td>99395</td>
</tr>
</tbody>
</table>

EPSDT CPT codes for sensory screening

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>CPT CODE</th>
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<tbody>
<tr>
<td>VISION</td>
<td>99173</td>
</tr>
<tr>
<td>HEARING (Audio)</td>
<td>92551</td>
</tr>
<tr>
<td>HEARING (Pure tone-air only)</td>
<td>92552</td>
</tr>
</tbody>
</table>

EPSDT CPT codes for developmental/behavior assessment

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>CPT CODE</th>
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<tbody>
<tr>
<td>DEVELOPMENTAL SCREENING</td>
<td>96110</td>
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<tr>
<td>AUTISM SCREENING</td>
<td>96111</td>
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<tr>
<td>DEPRESSION SCREENING</td>
<td>3725F</td>
</tr>
<tr>
<td>BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT</td>
<td>96127</td>
</tr>
<tr>
<td>with scoring and documentation, per standardized instrument</td>
<td></td>
</tr>
<tr>
<td>METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS</td>
<td>82465; 83718; 84478</td>
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</table>

EPSDT CPT Codes for physical examination procedures

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>CPT CODE</th>
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<tbody>
<tr>
<td>HEMATOCRIT</td>
<td>85013</td>
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<tr>
<td>HEMOGLOBIN</td>
<td>85018</td>
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<tr>
<td>LEAD SCREENING</td>
<td>83655</td>
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<tr>
<td>DYSLIPIDEMIA SCREENING</td>
<td>80061</td>
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<tr>
<td>TUBERCULOSIS SCREENING</td>
<td>86580</td>
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<td>IMMUNIZATIONS</td>
<td>CPT CODES</td>
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</tr>
<tr>
<td>Meningococcal</td>
<td>90733; 90734</td>
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<tr>
<td>Tdap</td>
<td>90715</td>
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<tr>
<td>Td</td>
<td>90714; 90718</td>
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<tr>
<td>Tetanus</td>
<td>90703</td>
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<tr>
<td>Diphtheria</td>
<td>90719</td>
</tr>
</tbody>
</table>

**Additional CPT codes:**

**Weight assessment and counseling for nutrition and physical activity for children/adolescents:**

Counseling for nutrition

i. **CPT Code 97802**: Initial one-on-one with the patient, 15 minutes

ii. **CPT Code 97803**: Follow-up one-on-one with the patient, 15 minutes

iii. **CPT Code 97804**: Group session, 30 minutes or more

**Human Papillomavirus (HPV) vaccine**

i. **CPT Code 90649**: Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use [covered for age 9 to 26]

ii. **CPT Code 90650**: Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use [covered for age 9 to 26]

iii. **CPT Code 90651**: Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use [covered for girls and women age 9 to 26 and boys age 9 to 15]

**Chlamydia screening**

i. **CPT Codes 87110; 87270; 87320; 87490-87492; 87810**: Used to identify Chlamydia Screening

**Use of first-line psychosocial care for children and adolescents on antipsychotics**

i. **CPT Codes 90832-90834; 90845-90847; 90849; 90853; 90875-90876; 90880**: Used to identify psychosocial care

**Circumcision**

i. **CPT Code 54160**: Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)

If you have any questions regarding our **EPSDT program**, please contact Candi Meredith, EPSDT Coordinator—Aetna Better Health® of Louisiana, at MeredithC@aetna.com or 504-667-4471.
Value Added Benefits

CPT Code Desk Reference

Value added benefits
Aetna Better Health® of Louisiana offers our members additional benefits for choosing us as their preferred health plan, and those benefits are called Value Added Benefits. These value added benefits are additional benefits offered by Aetna Better Health® of Louisiana, which reward our members with incentives for placing a value on their health.

Unlimited primary care provider (PCP) visits
Unlimited visits to a member’s primary care provider. *Note: There is no limit on specialist visits, but member should see PCP for referral.

Annual wellness with STI screening:
For Annual wellness with STI w screening use the following CPT Codes:

Adult preventive care visits

New patient
CPT Code 99385: Initial Preventive Medicine New Patient age 18-39 years
CPT Code 99386: Initial Preventive Medicine New Patient age 40-64 years
CPT Code 99387: Initial Preventive Medicine New Patient age 65 years & older

Established patient
CPT Code 99395: Periodic Preventive Medicine Established Patient 18-39 years
CPT Code 99396: Periodic Preventive Medicine Established Patient 40-64 years
CPT Code 99397: Periodic Preventive Medicine Established Patient 65 years & older

STI screening
CPT Code 86631: Antibody; Chlamydia
CPT Code 86632: Antibody; Chlamydia, IgM
CPT Code 86780: Antibody; Treponema pallidum
CPT Code 87110: Culture, Chlamydia, any source
CPT Code 87270: Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
CPT Code 87320: Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
CPT Code 87340: Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
CPT Code 87341: Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
CPT Code 87490: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
CPT Code 87491: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
CPT Code 87590: Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoea, direct probe technique
CPT Code 87591: Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoea, amplified probe technique
CPT Code 87800: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
CPT Code 87810: Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
CPT Code 87850: Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoea
Annual women’s mammogram
For annual women’s mammogram use the following CPT Codes:
  - CPT Code 77057: Screening Mammography Bilateral
  - CPT Code 77055: Mammography Unilateral
  - CPT Code 77056: Mammography Bilateral
  - CPT Code 77052: Computer-Aided Detection Screening Mammography

Diabetes blood tests
For Diabetes blood tests use the following CPT Codes:

LDL tests
  - CPT Code 83721: Lipoprotein Direct Measurement LDL Cholesterol
  - CPT Code 82465: Cholesterol Serum/Whole Blood Total
  - CPT Code 83719: Lipoprotein Direct Measurement VLDL Cholesterol

HbA1C tests
  - CPT Code 83036: Hemoglobin; glycosylated (A1C)
  - CPT Code 83037: Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
  - CPT Code 3044F: Most recent hemoglobin A1C (HbA1c) level less than 7.0 percent (DM)
  - CPT Code 3045F: Most recent hemoglobin A1C (HbA1c) level 7.0-9.0 percent (DM)
  - CPT Code 3046F: Most recent hemoglobin A1C level greater than 9.0 percent (DM)

Cervical cancer screening
For cervical cancer screening use the following CPT codes:
  - CPT Code 88141: Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
  - CPT Code 88142: Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
  - CPT Code 88143: Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
  - CPT Code 88147: Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
  - CPT Code 88148: Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
  - CPT Code 88150: Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
  - CPT Code 88152: Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
  - CPT Code 88153: Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
  - CPT Code 88154: Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
  - CPT Code 88164: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
  - CPT Code 88165: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
  - CPT Code 88166: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
  - CPT Code 88167: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
  - CPT Code 88174: Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
CPT Code 88175:  Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision

**Initial colonoscopy, members 50 and over**

For initial colonoscopy using the following CPT codes:

- **CPT Code 44388**: Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- **CPT Code 44389**: Colonoscopy through stoma; with biopsy, single or multiple
- **CPT Code 44390**: Colonoscopy through stoma; with removal of foreign body(s)
- **CPT Code 44391**: Colonoscopy through stoma; with control of bleeding, any method
- **CPT Code 44392**: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- **CPT Code 44397**: Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
- **CPT Code 44401**: (replaces 44393) Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- **CPT Code 44394**: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- **CPT Code 45399**: (replaces 45355) Unlisted procedure, colon
- **CPT Code 45391**: Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
- **CPT Code 45392**: Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
- **CPT Code 45378**: Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- **CPT Code 45379**: Colonoscopy, flexible; with removal of foreign body(s)
- **CPT Code 45380**: Colonoscopy, flexible; with biopsy, single or multiple
- **CPT Code 45381**: Colonoscopy, flexible; with directed submucosal injection(s), any substance
- **CPT Code 45382**: Colonoscopy, flexible; with control of bleeding, any method
- **CPT Code 45388**: (replaces 45383) Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- **CPT Code 45384**: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- **CPT Code 45385**: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- **CPT Code 45386**: Colonoscopy, flexible; with transendoscopic balloon dilation
- **CPT Code 45389**: (replaces 45387) Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)

**Adult dental care**

We offer an exam and cleaning twice a year as well as a bitewing X-rays annually to adult members. We also work with the Louisiana Dental Health Coalition to coordinate member education and information regarding the importance of dental health, particularly for pregnant women, members with diabetes and members with cardiac conditions. Only available through contracted dentists to adult members aged 21 and over who do not have dental coverage through another source.

**Adult vision care**

Members will receive a free annual refraction and $80 toward eyewear (frames, glass lenses, or contact lenses). Members may also receive a $15 gift card* as an annual incentive for accessing an adult wellness screen for a diabetic dilated eye exam. We will cover a retinopathy screening for members with sickle cell.

For **Diabetic dilated eye exam** use the following CPT Code:

- **CPT Code 2022F**: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)
For **Retinopathy Screening**, for members with sickle cell, use the following CPT Code:

CPT Code 92227: Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral

**Promise Program: Pre- and post-natal incentives**

Our Promise Program encourages pregnant members to make early and frequent prenatal and postpartum visits. The program includes case management, text4baby℠, and Promise program rewards. The Promise Program also provides free circumcision for newborn males.

For prenatal and postpartum care use the following CPT codes:

**Prenatal visits**
- CPT Code 59425: Antepartum Care Only 4-6 visits
- CPT Code 59426: Antepartum Care Only 7 or more visits

For deliveries, vaginal or cesarean, use the following CPT codes:

**Delivery visits**
- CPT Code 59409: Vaginal Delivery Only (with or without episiotomy and/or forceps)
- CPT Code 59414: Cesarean Delivery Only

**Postpartum visits**
- CPT Code 59430: Postpartum Care Only Separate Procedure

**Circumcision**

We do not require prior authorization for this procedure. But for reimbursement of newborn male member circumcision, use the following CPT code:

CPT Code 54160: Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)

**17-P Alpha-Hydroxyprogesterone Caproate and Makena**

In addition to our value added benefits, Aetna Better Health® of Louisiana covers the weekly intramuscular injection of 17-P Alpha-Hydroxyprogesterone Caproate (compounded formula) and Makena for use in pregnant women with a history of pre-term delivery before 37 weeks gestation, and no symptoms of pre-term labor in the current pregnancy. We do not require prior authorization for these drugs.

For reimbursement of 17-P, use HCPCS code J3490-TH, (The “J” code and “TH” modifier must be used); For reimbursement for administration of injection, may use a lower level “office visit” (99211-TH) if no higher level evaluation and management service has been billed on that date; and include ICD-9 diagnosis code V23.41 (Pregnancy with history of pre-term labor) and NDC code 64011-0243-01.

**Weight management program for children and adolescents**

We offer a weight management program for children and adolescents, ages 5 through 20. These young members are able to request assistance from Case Managers for help with weight management; they are enrolled in Integrated Care Management for any other issues. Participants receive incentives for enrolling and participating in the program. Upon enrollment, each member will receive a pedometer or exercise band. *Note: It is very important to bill using the Nutrition Visit codes, as children will receive incentives for having confirmed attendance at four weight management assessments and four nutritional consultations.

For children and adolescents identified as overweight or obese (having a BMI in the 85th percentile and over according to the CDC BMI chart) use the following CPT Codes:
Nutrition visits
CPT Code 97802: Medical Nutrition Assessment &IVNTJ Individual Each 15 minutes
CPT Code 97803: Medical Nutrition Re-Assessment & IVNTJ Individual Each 15 minutes
CPT Code 97804: Medical Nutrition Therapy Grp2/Individual Each 30 minutes

BMI diagnosis codes
V85.53 - BMI 85th to 95th percentile for age
V85.54 - BMI greater than or equal to 95th percentile for age

Unlimited free over-the-counter medicines and products with prescription
Aetna Better Health® of Louisiana offers unlimited over-the-counter (OTC) medicines and products with a doctor’s prescription, to all members. *Note: Please remember to write a prescription for your members OTC medicines.

Asthma Condition Management Program
Members can enroll in the asthma incentive program for member compliance with completion of educational modules in Asthma Condition Management program. *Note: Members are eligible for multiple incentives by managing their asthma, following up with their PCP after an emergency episode, and completing their annual asthma assessment with their PCP.

For Asthma Condition Management—Follow-up with PCP after ED Episode using the following CPT codes:

CPT Codes ED
CPT Code 99281: Emergency Department Visit Limited/Minor Prob
CPT Code 99282: Emergency Department Visit Low/Moderate Severity
CPT Code 99283: Emergency Department Visit Moderate Severity
CPT Code 99284: Emergency Department Visit High/Urgent Severity
CPT Code 99285: Emergency Department Visit High Severity & Threat

Asthma diagnosis codes
CPT code 493: Asthma
CPT code 493.0: Extrinsic asthma
CPT code 493.00: Extrinsic asthma, unspecified
CPT code 493.01: Extrinsic asthma with status asthmaticus
CPT code 493.02: Extrinsic asthma with (acute) exacerbation
CPT code 493.1: Intrinsic asthma
CPT code 493.10: Intrinsic asthma, unspecified
CPT code 493.11: Intrinsic asthma with status asthmaticus
CPT code 493.12: Intrinsic asthma with (acute) exacerbation
CPT code 493.2: Chronic obstructive asthma
CPT code 493.20: Chronic obstructive asthma, unspecified
CPT code 493.21: Chronic obstructive asthma with status asthmaticus
CPT code 493.22: Chronic obstructive asthma with (acute) exacerbation
CPT code 493.8: Other forms of asthma
CPT code 493.81: Exercise induced bronchospasm
CPT code 493.82: Cough variant asthma
CPT code 493.9: Asthma unspecified
CPT code 493.90: Asthma, unspecified type, unspecified
CPT code 493.91: Asthma, unspecified type, with status asthmaticus
CPT code 493.92: Asthma, unspecified type, with (acute) exacerbation

For annual Asthma Assessment during preventive care visit using the following asthma diagnosis codes with annual preventive care visit codes:

Asthma diagnosis codes
CPT code 493: Asthma
CPT code 493.0: Extrinsic asthma

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CPT code 493.00: Extrinsic asthma, unspecified
CPT code 493.01: Extrinsic asthma with status asthmaticus
CPT code 493.02: Extrinsic asthma with (acute) exacerbation
CPT code 493.1: Intrinsic asthma
CPT code 493.10: Intrinsic asthma, unspecified
CPT code 493.11: Intrinsic asthma with status asthmaticus
CPT code 493.12: Intrinsic asthma with (acute) exacerbation
CPT code 493.2: Chronic obstructive asthma
CPT code 493.20: Chronic obstructive asthma, unspecified
CPT code 493.21: Chronic obstructive asthma with status asthmaticus
CPT code 493.22: Chronic obstructive asthma with (acute) exacerbation
CPT code 493.8: Other forms of asthma
CPT code 493.81: Exercise induced bronchospasm
CPT code 493.82: Cough variant asthma
CPT code 493.9: Asthma unspecified
CPT code 493.90: Asthma, unspecified type, unspecified
CPT code 493.91: Asthma, unspecified type, with status asthmaticus
CPT code 493.92: Asthma, unspecified type, with (acute) exacerbation

Adult annual preventive care visits

New patient
CPT Code 99385: Initial Preventive Medicine New Patient age 18-39 years
CPT Code 99386: Initial Preventive Medicine New Patient age 40-64 years
CPT Code 99387: Initial Preventive Medicine New Patient age 65 years & older

Established patient
CPT Code 99395: Periodic Preventive Medicine Established Patient 18-39 years
CPT Code 99396: Periodic Preventive Medicine Established Patient 40-64 years
CPT Code 99397: Periodic Preventive Medicine Established Patient 65 years & older

Adolescent annual preventive care visits

New patient
CPT Code 99382: Initial Preventive Medicine New Patient age 1-4 years
CPT Code 99383: Initial Preventive Medicine New Patient age 5-11 years
CPT Code 99384: Initial Preventive Medicine New Patient age 12-17 years

Established patient
CPT Code 99392: Periodic Preventive Medicine Established Patient age 1-4 years
CPT Code 99393: Periodic Preventive Medicine Established Patient age 5-11 years
CPT Code 99394: Periodic Preventive Medicine Established Patient age 12-17 years

Care4Life diabetes coaching program
Free to our members who have a diabetes diagnosis, a personalized, interactive mobile program sends text messages to program enrollees on a variety of topics, including:
- Diabetes education and support/personal care manager
- Appointment and medication reminders
- Exercise and weight goal-setting and tracking

Tobacco cessation
Members aged 18 and above (members of minor age must have parental or guardian written consent) who smoke are screened for inclusion in the program, including assessing the member’s readiness to change through using motivational interviewing techniques. The program includes telephonic health coaching and continued contact to assess the member’s
tobacco-use status. We also provide smoking cessation medications for six months, which is an extension of the standard pharmacy benefit:

- Bupropion and Bupropion SR
- Chantix®
- Nicotine gum, lozenges, and patches, which can be accessed over-the-counter
- Nicotrol® cartridge
- Nicotrol nasal spray

**Member Services and Nurse Line**
Member Services and Nurse Line with extended hours are available 24 hours a day, 7 days a week. By calling the Aetna Better Health® of Louisiana 24-hour Member Services and Nurse Line at **1-855-242-0802**, select the option for Member Service or the Nurse Line.

**Contact us**
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