



Office of Group Benefits
P. O. Box 44036 Baton Rouge, LA 70804
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LaCHIP Affordable Plan
Wellness & Preventive Care Benefits July 1, 2010 to June 30, 2011

Verification of eligibility and/ or benefits is not a guarantee of coverage

WELL ADOLESCENT CARE							
Allows a routine physical examination and related pathology and radiology services as listed below. Each examination must be performed by a physician and billed by that physician.							
Level 0 – Any provider				100% of allowable			
Level 1 – Network provider				100% of allowable			
Level 1 – Non-network provider				70% of allowable			
Federally Qualified Health Center or Rural Health Clinic:				Medicaid Encounter Rate			
<i>Age</i>				<i>Time Frame</i>			
Ages 16 through 18				1 during a 3-year period			
Pathology Tests / Evaluation & Management							
<i>Eligible Services (CPT & HCPCS)</i>							
80050	80053	80061	81000	81001	81002	81003	82270
82272	82465	82747	82947	82948	82951	82952	83718
84443	84478	85007	85014	85018	85025	85027	85032
85610	85651	99384	99385	99386	99387	99394	99395
99396	99397	G0101	G0402	G0403			
Radiology Tests							
<i>Eligible Services (CPT)</i>							
71010		71015		71020			71030

PREVENTIVE ADOLESCENT CARE							
Preventive adolescent care benefits are separate from and in addition to well adolescent care benefits. Subject to co-insurance.							
Level 0 – Any provider				100% of allowable			
Level 1 – Network provider				100% of allowable			
Level 1 – Non-network provider				70% of allowable			
Routine Pap Smears							
<i>Age</i>				<i>Time Frame</i>			
Age 16 through age 19				1 every 12-month period			
<i>Eligible Services (CPT & HCPCS)</i>							
88142	88143	88147	88148	88150	88152	88153	88154
88164	88165	88166	88167	88174	88175	Q0091	G0123
G0124	G0143	G0144	G0145	G0147	G0148	P3000	P3001

WELL BABY CARE & WELL CHILD CARE							
Allows routine physical examinations, active immunizations, checkups and office visits to a physician as listed below. Each examination must be performed by a physician and billed by that physician.							
Level 0 – Any provider				100% of allowable			
Level 1 – Network provider				100% of allowable			
Level 1 – Non-network provider				70% of allowable			
<i>Age</i>				<i>Time Frame</i>			
Birth until age 1				All office visits for scheduled immunizations & screenings.			
Ages 1 and 2				3 office visits, including scheduled immunizations & screenings, per year.			
Ages 3 through 15				1 office visit, including scheduled immunizations & screenings, per year.			
Pathology Tests / Evaluation & Management							
<i>Eligible Services (CPT)</i>							
86580	99381	99382	99383	99384	99391	99392	99393
99394							

IMMUNIZATIONS							
Immunizations are no longer part of Well Adolescent, Well Baby and Well Child Care. Benefits are payable as follows:							
• PPO providers in-state and non-Louisiana residents:				100%			
• Non-PPO Providers in-state:				100%			
Human Papillomavirus (HPV) Vaccine							
<i>Age</i>				<i>Eligible Service (CPT)</i>			
Age 9 through age 19				90649			
Other Eligible Immunization Services (CPT)							
90470	90476	90477	90585	90632	90633	90634	
90636	90645	90646	90647	90648	90650	90655	
90656	90657	90658	90660	90669	90680	90681	
90696	90698	90700	90701	90702	90703	90704	
90705	90706	90707	90708	90710	90712	90713	
90714	90715	90716	90718	90719	90720	90721	
90723	90732	90733	90734	90740	90743	90744	
90746	90747	90748	G9141				

Key Points to Remember

- No deductibles apply for Level 0 or Level 1 participants.
- Level 0 participants have no cost sharing and are not subject to co-pays or co-insurance. There is no provider network.
- Adolescent wellness examinations are eligible for coverage only when performed within the time limits specified plus one day.
- Appropriate codes for wellness diagnoses and eligible services must be used in billing.
- Level 1 participants receive maximum value for wellness benefits when utilizing network providers.
- Immunizations are now covered as a regular benefit.

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