

**APPENDIX D**

**WELLNESS PROGRAM**

**Preventive Health Care and Immunization Guide for Children Birth - 18 Years**

<b>Preventive Services</b>	<b>Birth to 1 Year</b>	<b>1 thru 4 Years</b>	<b>5 thru 12 Years</b>	<b>13 thru 18 Years</b>
Schedule of Office Preventive Visits	<ul style="list-style-type: none"> <li>• Within first 2 weeks</li> <li>• 2 months</li> <li>• 4 months</li> <li>• Between 6-9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 15 months</li> <li>• 2 years</li> <li>• Once between 3-4 years</li> </ul>	<ul style="list-style-type: none"> <li>• 5 years</li> <li>• Once between 7-9 years</li> <li>• 12 years</li> </ul>	<ul style="list-style-type: none"> <li>• Once between 13 - 18 years</li> </ul>
Components of Preventive Visits	<ul style="list-style-type: none"> <li>• Physical &amp; medical history</li> <li>• Height &amp; weight</li> <li>• Head circumference</li> <li>• Ocular prophylaxis (typically given at birth)</li> <li>• Hemoglobin blood test</li> <li>• Preventive health counseling and education</li> <li>• Dental health</li> <li>• Subjective assessment of vision and hearing</li> <li>• Developmental screening</li> <li>• Injury prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Physical &amp; medical history</li> <li>• Height &amp; weight</li> <li>• Preventive health Counseling and education</li> <li>• Dental health</li> <li>• Vision screen 3-4 years</li> <li>• Subjective assessment of hearing</li> <li>• Developmental screening</li> <li>• Blood pressure</li> <li>• Injury prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Physical &amp; medical history</li> <li>• Height &amp; weight</li> <li>• Preventive health counseling and education</li> <li>• Dental health</li> <li>• Vision screen</li> <li>• Hearing screen</li> <li>• Blood pressure</li> <li>• Injury prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Physical &amp; medical history</li> <li>• Height &amp; weight</li> <li>• Preventive health counseling and education</li> <li>• Dental health</li> <li>• Blood pressure</li> <li>• Injury prevention</li> </ul>

Preventive Visits for children from birth to age 18 do not include tests and lab work ordered by the physician except for a hemoglobin blood test (CPT Code 85018) for children from birth to age 1 as shown above. The covered expense for Preventive Visits is the Reasonable and Customary charge for the following CPT Codes and includes the components shown above.

Age	Birth to 1	99381 or 99391
	1 thru 4	99382 or 99392
	5 thru 12	99383 or 99393
	13 thru 17	99384 or 99394
	18	99385 or 99395

**Preventive Health Care and Immunization Guide for Children Birth - 18 Years - continued**

<b>Vaccine</b>	<b>Birth</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>12 months</b>	<b>15 thru 18 months</b>	<b>4 thru 6 years</b>	<b>12 thru 16 years</b>
DtaP (Diphtheria, Tetanus, Acellular Pertussis) CPT Code 90700, 90721, or 90723 (all except 12 to 16)		X	X	X		X	X	Adult Td (Tetanus, Diphtheria) X CPT Code 90718
IPV (Intramuscular Polio Vaccine) CPT Code 90713		X	X	6 to 15 months X			X	
Hib (Haemophilus influenza b) CPT Code 90645,90646,90647, 90648 or 90748		X	X	X	12 to 15 months X			
MMR (Measles, Mumps, Rubella) CPT Code 90707 or 90710					12 to 15 months X			Booster between 11 <sup>th</sup> to 12 <sup>th</sup> year X
Varicella (Chicken Pox) CPT Code 90716					12 to 18 months X			Booster between 11 <sup>th</sup> to 12 <sup>th</sup> year X
HV (Hepatitis B) CPT Code 90740, 90743, 90744 or 90748	X	2 to 4 months X			6 to 18 months X			X

### Preventive Health Care Guide for Adults

Preventive Services	Ages 19 thru 49	Ages 50 thru 54	Ages 55 and Over
Adult physical examination **	Every 5 years	Every 2 years	1 per calendar year
Blood pressure check CPT Codes 99201 or 99211	Every 2 years	Every 2 years	1 per calendar year
Blood cholesterol (Total and HDL) CPT Code 83715, 83718 or 82465	Every 5 years	Every 2 years	1 per calendar year
Complete Blood Count (CBC) CPT Code 85025	Every 5 years	Every 2 years	1 per calendar year
Chemistry Panel CPT Code 80048	Every 5 years	Every 2 years	1 per calendar year
Hemocult CPT Code 82270		Every year beginning at age 50	Every year
Flexible sigmoidoscopy or colonoscopy CPT Code 45330 or 45378		Every 5 years beginning at age 50	Every 5 years
Vision Screening CPT Code 99173			Every 1-2 years beginning at age 75
Tetanus-diphtheria (Td)vaccine CPT Code 90471, 90472, or 90718	Every 10 years	Every 10 years	Every 10 years
Influenza vaccine CPT Code 90657, 58, 59 or 60			1 per calendar year
Pneumococcal vaccine CPT Code 90732			Once after age 65
Rubella CPT Code 86762 or 90706	Once in lifetime	Once in lifetime	Once in lifetime

\*\* Adult Physical Exam does not include tests and lab work ordered by the physician unless the test or lab work is specifically listed above. The covered expense for an Adult Physical Exam is the Reasonable and Customary charge for the following CPT Codes and includes the customary services performed by a Physician in an adult physical examination, including but not limited to assessment and history and vision screening.

Ages	18 thru 39	99385 or 99395
	40 thru 64	99386 or 99396
	65 plus	99387 or 99397