



Office of Group Benefits

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Wellness & Preventive Care Benefits July 1, 2011 to December 31, 2011

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

WELL ADULT CARE							
Routine physical examination and related pathology and radiology services will no longer have a \$500 maximum benefit or plan year deductible effective July 1, 2011.							
Expenses Payable, Not to Exceed the OGB Fee Schedule							
PPO Provider or Medicare/COB primary				100% of allowable			
Non-PPO Provider (OGB primary)				70% of allowable			
Non-Louisiana residents				100% of allowable			
Pathology Tests / Evaluation & Management							
Eligible Services (CPT & HCPCS)							
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							
Eligible Services (CPT)							
71010		71015		71020		71030	
PREVENTIVE ADULT CARE							
Preventive adult care benefits are separate from and in addition to well adult care benefits. Maximum dollar benefits and deductibles for routine mammogram, pap smear or PSA testing for in-network services will not apply effective July 1, 2011.							
Benefits are payable as follows:							
• PPO Providers:				100%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
Routine Mammograms							
Age				Time Frame			
Age 35 until age 40				1 every 5-year period			
Age 40 until age 50				1 every 24-month period			
Age 50 and over				1 every 12-month period			
Eligible Services (CPT & HCPCS)							
77051	77052	77055	77056	77057	G0202	G0204	G0206
Routine Pap Smears							
Age				Time Frame			
Age 16 and over				1 every 12-month period			
Eligible Services (CPT & HCPCS)							
88142	88143	88147	88148	88150	88152	88153	88154
88164	88165	88166	88167	88174	88175	Q0091	G0123
G0124	G0143	G0144	G0145	G0147	G0148	P3000	P3001
Routine Prostate-Specific Antigen (PSA) Tests							
Age				Time Frame			
Age 50 and over				1 every 12-month period			
Eligible Services (CPT)							
84152		84153		84154		G0102	
						G0103	
Routine Colorectal Cancer Screenings							
Routine colorectal cancer screenings; for in-network services are no longer subject to plan year deductible and co-insurance, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories and frequencies referenced in such recommendations, including the following:							
Fecal occult blood test		Colonoscopy			Flexible sigmoidoscopy		
Benefits are limited to SCREENINGS only. Office visits, interpretations, etc. are NOT included.							
Benefits are payable as follows:							
• PPO Providers:				100%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
Age		Eligible Services (CPT/HCPCS)			Time Frame		
Age 50 & over		G0104		G0106		1 every 48 months	
Age 50 & over		82270				1 every 12 months	
Any age		G0105		G0120		1 every 24 months	
Any age		G0121			1 every 10 years		

WELL BABY CARE & WELL CHILD CARE							
OGB allows routine physical examinations, checkups and office visits to a physician; for in-network services will no longer be subject to plan year deductible and co-insurance effective July 1, 2011. Each examination must be performed by a physician and billed by that physician.							
Eligible Expenses Payable Not To Exceed The OGB Fee Schedule							
• PPO Providers:				100%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Members resides outside LA):				90%			
Eligible Services (CPT)							
86580	99381	99382	99383	99384	99391	99392	99393
99394							

IMMUNIZATIONS							
Benefits are payable as follows:							
• PPO Providers:				100%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
Herpes Zoster Vaccine							
Age				Eligible Service (CPT)			
Age 60 and over				90736			
Human Papillomavirus (HPV) Vaccine							
Age				Eligible Service (CPT)			
Age 9 until age 20				90649			
Other Eligible Immunization Services (CPT)							
90470	90476	90477	90632	90633	90634	90636	
90645	90646	90647	90648	90650	90655	90656	
90657	90658	90660	90662	90669	90670	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

- Preventative Adult Care examinations are eligible for coverage only when performed no more often than listed frequency plus one day.
- Appropriate codes for wellness diagnoses and eligible services must be used in billing.
- Plan participants receive maximum value for wellness benefits when utilizing network providers.

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