



**Office of Group Benefits**  
**P. O. Box 44036 Baton Rouge, LA 70804**  
**Local #: 225-922-0218 or Toll Free #: 800-215-1093**

**LaCHIP Affordable Plan**

**Wellness & Preventive Care Benefits January 1, 2012 to December 31, 2012**

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

<b>WELL ADOLESCENT CARE</b>							
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							
<b>Pathology Tests / Evaluation &amp; Management</b>							
<i>Eligible Services (CPT &amp; 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			
<b>Radiology Tests</b>							
<i>Eligible Services (CPT)</i>							
71010		71015		71020		71030	

<b>PREVENTIVE ADOLESCENT CARE</b>							
Preventive adolescent care benefits are separate from and in addition to well adolescent care benefits.							
Level 0 – Any provider				100% of allowable			
Level 1 – Network provider				100% of allowable			
Level 1 – Non-network provider				70% of allowable			
<b>Routine Pap Smears</b>							
<i>Age</i>				<i>Time Frame</i>			
Age 16 until age 19				1 every 12 month period			
<i>Eligible Services (CPT &amp; 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

<b>WELL BABY CARE &amp; WELL CHILD CARE</b>							
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			
<b>Pathology Tests / Evaluation &amp; Management</b>							
<i>Eligible Services (CPT)</i>							
86580	99381	99382	99383	99384	99391	99392	99393
99394							

<b>IMMUNIZATIONS</b>							
Benefits are payable as follows:							
• PPO providers in-state and non-Louisiana residents:				100%			
• Non-PPO Providers in-state:				100%			
<b>Human Papillomavirus (HPV) Vaccine</b>							
<i>Age</i>				<i>Eligible Service (CPT)</i>			
Age 9 until age 19				90649			
<b>Other Eligible Immunization Services (CPT)</b>							
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**

- 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.
- 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.

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