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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 23.1
TITLE: PREVENTIVE SERVICES

AUTHORITY: PL-104-106, Section 701; 38 CFR 17.270(a) and 17.272(a)(31)

RELATED AUTHORITY: 32 CFR 199.4(a)(1)(i), (e)(3)(ii), and (g)(37)

I. EFFECTIVE DATE

- A. April 19, 1983.
- B. November 5, 1990, for cancer screening mammography.
- C. October 6, 1997, for Health promotion and disease prevention services covered in connection with immunizations, pap smears, mammograms, or examinations/screenings for colorectal and prostate cancer, and well child care (birth to age 6).
- D. April 16, 1997, for carrier testing and cystic fibrosis and counseling.
- E. January 26, 2000, for automated thin layer preparation Pap smear and computer-assisted Pap screening.
- F. March 24, 2000, for genetic testing for breast cancer for beneficiaries with known high-risk family history.

II. PROCEDURE CODE(S)

- A. CPT Codes: 45300-45321, 45327, 45330-45340, 45355, 45378-45387, 59000, 59012, 59015, 59030, 71010, 71015, 71020, 76090, 76092, 80061, 82270, 83718-83719, 83890-83894, 83898, 83912, 84152-84153, 84156-84157, 85055, 85396, 86580, 86585, 86762, 87269, 87329, 87340, 87660, 88112, 88141-88155, 88160-88162, 88164-88167, 88174-88175, 88299, 88361, 89220- 89240, 90281-90283, 90296-90396, 90585-90586, 90632-90665, 90669-90680, 90700-90748, 93270-93272, 99173, 99382-99386, and 99392-99396
- B. HCPCS Level II Codes: G0104-G0107, G0204-G0206, J1670, J2790, S3820, S3822, S3823, and S3850

III. DESCRIPTION

Preventive care is diagnostic and other medical procedures not related directly to a specific illness, injury, or definitive set of symptoms, or obstetrical care, but rather performed as periodic health screening, health assessment, or health maintenance.

IV. POLICY

Diagnostic and other medical procedures, which meet the following conditions, are considered to be preventive care and are not covered unless specifically noted:

1. diagnostic and other medical procedures being performed which are not related to a specific medical illness, injury or definitive set of symptoms or obstetrical care, that is, the patient is asymptomatic, and/or
2. diagnostic and other medical procedures which are performed as part of periodic health screening, health assessment, or health maintenance.

V. EXCEPTIONS

A. Health Promotion and Disease Prevention Examinations. The following preventive services are specific exceptions to the general preventive care exclusion under the Regulation and may be provided during acute and chronic care visits or during preventive care visits for asymptomatic individuals to maintain and promote good health.

1. Cancer Screening Examination and Services.
 - a. Breast Cancer Screening (see [Chapter 2, Section 2.1](#), X-ray *Mammography*).
 - b. *Colorectal Cancer* (see [Chapter 2, Section 23.2](#) and [Chapter 2, Section 23.1, Addendum 1](#)).
 - c. *PAP (Papanicolaou Screening Tests)* (see [Chapter 2, Section 35.2](#) and [Chapter 2, Section 23.1, Addendum 1](#)).
 - d. *Prostrate Cancer* (see [Chapter 2, Section 3.5](#) and [Chapter 2, Section 23.1, Addendum 1](#)).
 - e. Genetic testing for breast cancer (see [Chapter 2, Section 2.3](#), *Prophylactic Mastectomy and Prophylactic Oophorectomy*).
2. Routine chest X-rays and electrocardiograms required for admission to an inpatient institution are not covered unless the patient is being admitted for a surgical procedure that involves general anesthesia.
3. Genetic testing.

a. Genetic testing and counseling is covered only for a pregnant beneficiary and when one of the following circumstances exists:

- (1) the pregnant woman is 35 years of age or older,
- (2) one of the parents of the fetus has had a previous child born with a congenital abnormality,
- (3) one of the parents of the fetus has a history (personal or family) of congenital abnormality,
- (4) the pregnant woman contracted rubella during the first trimester of the pregnancy, and
- (5) carrier testing for cystic fibrosis and counseling is covered for couples planning a pregnancy and to couples expecting a child whose families have a history of recessive genetic disorder and to partners of people with cystic fibrosis.

b. Chromosome analysis (to include karyotyping and/or high resolution chromosome analysis) in cases of habitual abortion or infertility is considered a diagnostic service and is not subject to the genetic testing criteria.

c. Genetic testing for Marfan Syndrome and chromosome analysis (to include karyotyping and/or high-resolution chromosome analysis) of children are considered a diagnostic service and is not subject to the genetic testing criteria. Common indications for chromosome analysis in children include ambiguity of external genitalia, small-for-gestational age infants, multiple anomalies and failure to thrive.

d. Genetic testing for sickle cell anemia.

e. Other medically necessary genetic diagnostic tests, for example, genetic testing for Huntington's disease).

4. Infectious disease.

a. Treatment provided to individuals with verified exposure to a potentially life-threatening medical condition, for example, hepatitis B, meningococcal meningitis, etc.. Claims for such treatment must include documentation by the attending physician verifying such contact.

b. HIV testing (see [Chapter 2, Section 16.3](#), *HIV Testing*, and [Chapter 2, Section 14.1](#), *Maternity Care*).

c. Immunizations (see [Chapter 2, Section 23.3](#), *Immunization Injections*, as recommended by the (CDC) Centers for Disease Control. Refer to the CDC homepage (<http://www.cdc.gov/>) and [Chapter 2, Section 23.1, Addendum 1](#)) for recommended immunizations.

Note: The CDC provides immunization recommendations only. The physician will determine when it is appropriate to receive immunizations based on CDC recommendations and other specific factors. Catch-up immunizations should be done during any physician visit when feasible.

d. Isoniazid therapy for individuals at high risk for tuberculosis to include those:

- (1) with a positive Mantoux test without active disease,
- (2) who have had close contact with an infectious case of TB in the past 3 months regardless of their skin test reaction, or
- (3) who are members of populations in which the prevalence of TB is greater than 10 percent regardless of their skin test reaction - including injection drug users, homeless individuals, migrant workers, and those born in Asia, Africa, or Latin America.

Note: In general, isoniazid prophylaxis should be continued for at least 6 months up to a maximum of 12 months.

e. Prophylaxis. The following prevention services may be provided to those who are at risk for developing active disease.

- (1) Anti-rabies serum or human rabies immune globulin and rabies vaccine is covered following an animal bite.
- (2) Laboratory examination of the brain of an animal suspected of having rabies is covered if performed by authorized provider and if the laboratory customarily charges for such examinations. In order for the examination charges to be paid, the animal must have bitten a beneficiary, the charges must be submitted under the beneficiary's name, and the beneficiary must be responsible for the cost share on the claim.
- (3) Charges by any source for boarding and observation of the animal or destruction of the animal and collection of the brain specimens are not covered.
- (4) Pre-exposure prophylaxis for persons with a high risk of exposure to rabies is not covered.

f. Rh immune globulin is covered when administered to an Rh-negative woman during pregnancy and following the birth of an Rh-positive child or following a spontaneous or induced abortion.

g. Tetanus immune globulin (human) and tetanus toxoid administered following an injury are covered or as medically determined (see [Chapter 2, Section 23.3, Immunization Injections](#))

5. Well-child care from birth to the age of six years is covered (See [Chapter 2, Section 12.1](#), *Well-Child Care*).

B. Health Promotion and Disease Prevention Services which are Covered When Provided in Connection with Immunizations, Pap Smears, Mammograms, or Examinations for Colon and Prostate Cancer. The following health prevention services are only covered in connection with immunizations, pap smears, mammograms, or screening examinations for colon and prostate cancer. For example, an eligible female goes to her primary care physician for a routine pap smear, she is also eligible for a wide variety of other preventive services such as blood pressure screening, cholesterol screening, and rubella antibody screening. However, the same services will not be authorized if she simply makes an appointment for a routine health visit where one or more of the associated preventive services, **that is**, Pap smear, mammogram, immunization and/or other cancer screenings are not performed. Even though a particular service may now be covered, in some cases, such service may be considered a component of good clinical practice and would therefore be integrated into the appropriate office visit at no additional charge.

1. Audiology Screening. Preventive hearing examinations are only allowed under the criteria of well-child care (see [Chapter 2, Section 12.1](#), *Well-Child Care*).

2. Body Measurements. Height and weight should be measured periodically. The optimal frequency is a matter of clinical discretion. Those individuals who are 20 percent or more above desirable weight should receive appropriate nutritional and exercise counseling.

3. Cancer Screening.

a. Oral Cavity and Pharyngeal Cancer. A complete oral cavity examination should be part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol.

b. Skin Cancer. Physical skin examination should be performed for individuals with family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.

c. Testicular Cancer. Physical examination annually for males age 13-39 with history of cryptorchidism, orchipexy, or testicular atrophy.

d. Thyroid Cancer. Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.

4. Cardiovascular Disease.

a. Blood pressure screening.

b. Cholesterol. Non-fasting total blood cholesterol should be

performed at least once every five years, beginning age 18. (CPT 83718-83719).

5. **Counseling Services.** Patient and parent education counseling services are expected components of good clinical practice and are integrated into the appropriate office visit at no additional charge.

6. **Infectious Diseases.**

a. **Rubella antibodies.** Females, once during age 12-18 unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday (CPT 86762).

b. **Tuberculosis screening.** Screening annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests.

7. **Vision Screening.** Eye examinations are excluded except when rendered in connection with a medical or surgical treatment of a covered illness or injury as outlined in B. or in connection with well-child care (see [Chapter 2, Section 12.1, Well-Child Care](#) and [Chapter 2, Section 23.1, Addenda 1, Addenda 1 - Preventive Services](#)).

C. Other conditions not included on the above list may be considered for coverage when medical review determines the care does not meet the preventive care definition as previously outlined above under POLICY.

VI. EXCLUSIONS

The following services and supplies are viewed as preventive care and are not covered.

1. **Counseling services for dietary assessment and nutrition.** [38 CFR 17.272(a)(22)]
2. **Counseling services for sex therapy, sexual advice, sexual behavior modification or other similar services.** [38 CFR 17.272(a)(24)]
3. **Counseling services that are not medically necessary in the treatment of a diagnosed medical condition (such as educational counseling, vocational counseling, stress management, life style modification).** [38 CFR 17.272(a)(33)]
4. **Counseling for tobacco usage (smoking cessation programs).** [38 CFR 17.272(a)(57)]
5. **General exercise programs, even if recommended by a physician.** [38 CFR 17.272(a)(38)]

6. Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child, or sex of and unborn child are excluded from coverage. [38 CFR 17.272 (a)(30)]

END OF POLICY