State of Michigan

State Health Plan PPO

Preventive services for retirees

This document provides information on preventive services covered under the State Health Plan PPO for retirees.

For members on Medicare, there is no cost to you when these services are performed by a BCBSM participating provider.

Unless otherwise specified in this brochure, there is a $1500 annual maximum for preventive services.

Inside, you'll find the procedure codes and out-of-pocket costs (if any) for each preventive service the plan covers. These services are covered at no cost to you when performed by a PPO network provider. However, certain services are allowed out-of-network (with a cost share) when performed by a Blue Cross Blue Shield of Michigan participating provider.

Preventive services not listed on the following pages are your financial responsibility.

It's important to remember that **preventive services** are those that help you stay healthy, and ultimately prevent serious health problems before they start. **Diagnostic services** address signs of an existing health problem, so your doctor may order tests to identify a condition.

> ***Please note: This brochure should not be used to dictate required services to your doctor. He or she determines which tests may be required for your care and/or treatment, and some may not be covered under the State Health Plan PPO.***

Questions about preventive services? Contact the BCBSM Customer Service Center at 1-800-843-4876.

State Health Plan PPO — Preventive services for retirees

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Chemical profile	80047, 80048, 80050, 80051, 80053, 80061	In-network – $0 Out-of-network – Not covered	
Colonoscopy	G0105, G0121, 00810, 44388, 44394, 44397, 45338, 45339, 45355, 45378, 45380-45385	In-network – $0 Out-of-network – 20% after deductible	Depending on the diagnosis, certain procedure codes can be billed as a medical or preventive service. Not subject to the annual $1500 maximum
Complete blood count	G0306, G0307, 83026, 85004, 85013, 85014, 85018, 85025, 85027	In-network – $0 Out-of-network – Not covered	
Chest X-ray	71020	In-network – $0 Out-of-network – Not covered	
Digital rectal exam	G0102	In-network – $0 Out-of-network – Not covered	
Double contrast barium enema	G0106, G0120, 74270, 74280	In-network – $0 Out-of-network – 20% after deductible	This service is available beginning age 50. Not subject to the $1500 annual maximum
EKG/ECG	G0403-G0405, 93000, 93005, 93010	In-network – $0 Out-of-network – Not covered	G0403-G0405 – Only payable for Medicare members
Fecal occult blood screening	G0328, 82270, 82271, 82272, 82274	In-network – $0 Out-of-network – Not covered	

State Health Plan PPO — Preventive services for retirees (cont.)

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Flu mist	90660, 90672	In-network – $0 Out-of-network – Not covered	
Flu shot	G0008, Q2035-Q2038, 90654-90658, 90662	In-network – $0 Out-of-network – 20% after deductible	Not subject to the annual $1500 maximum
Gonorrhea screening	87590, 87591, 87592, 87850	In-network – $0 Out-of-network – Not covered	
Gynecological exam	G0101, *Q0091, S0610, S0612, S0613	In-network – $0 Out-of-network – Not covered	Women are also eligible for an annual health maintenance exam. *Q0091 – Payable when billed with G0101
Health maintenance exam	G0402, 99381-99387, 99391-99397	In-network – $0 Out-of-network – Not covered	G0402 is only payable for Medicare members.
Immunizations (vaccines) and administration – Adult	G0009, G0010, S0195, 90281, 90371, 90376, 90389, 90393, 90396, 90460, 90461, 90471-90474, 90585, 90632-90634, 90636, 90645, 90647, 90648, 90649, 90650, 90669, 90670, 90675, 90680, 90681, 90690, 90691, 90696, 90698, 90700-90708, 90710, 90713-90717, 90721, 90723, 90732-90736, 90738, 90740, 90743, 90744, 90746-90748, 90283	In-network – $0 Out-of-network – Not covered	Travel vaccines are not covered under the SHP PPO. The shingles vaccine (90736) is covered beginning at age 60. The following services are allowed out of network with no member cost share, and do not contribute toward the $1500 annual maximum: Flu vaccine, yellow fever, shingles, pneumococcal, meningococcal

State Health Plan PPO — Preventive services for retirees (cont.)

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Lead screening	83655	In-network – $0 Out-of-network – Not covered	
Lipid disorders screening	80061, 82465, 83718, 83721, 84478	In-network – $0 Out-of-network – Not covered	
Mammography for breast cancer screening	G0202, 77052, 77057	In-network – $0 Out-of-network – 20% after deductible	Not subject to the annual $1500 maximum
Pap smear	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, 87620, 87621, 87622, 88141-88143, 88147, 88148, 88150, 88152-88155, 88161, 88162, 88164-88167, 88174, 88175	In-network – $0 Out-of-network – Not covered	
Prostate specific antigen	G0103, 84152, 84153, 84154	In-network – $0 Out-of-network – Not covered	
Sigmoidoscopy	G0104, 45330, 45333, 45334, 45338, 45339, 00810	In-network – $0 Out-of-network – Not covered	
Tuberculin test	86580	In-network – $0 Out-of-network – Not covered	
Type 2 diabetes mellitus screening and gestational diabetes screening	82947, 82950, 82951, 83036	In-network – $0 Out-of-network – Not covered	
Urinalysis	81000-81003	In-network – $0 Out-of-network – Not covered	
Venipuncture	36415	In-network – $0 Out-of-network – Not covered	

Notes


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