

Healthy Initiatives HealthPlan Provider Billing Tips

NAME _____

Male Female

Date of Birth _____

Height _____ Weight _____

Annual Tests	Provider Billing Tips	Date/Comments
Health Power Assessment	TML IEBP web portal (patient responsibility)	
Routine/Preventive Office Visit	CPT 99385-99397	
Heart Rate 60-80 beats/minute	Inclusive in EM Code	
Blood Pressure Normal <120/80; Prehypertension 120-139/80-89; Hypertension Stage 1 140-159/90-99; Hypertension Stage 2 >159/99	Inclusive in EM Code	
Body Mass Index (BMI) 19%-24%	Inclusive in EM Code	
Lipid Profile Cholesterol Desirable <200; Borderline High 200-239; High >240; Total Cholesterol Ratio (TC/HDL) <=4.5	Lipid Panel CPT 80061	
LDL Cholesterol (Bad) Optimal <100; Near Optimal 100-129; Borderline High 130-159; High 160-189; Very High >189	Lipid Panel CPT 80061	
HDL Cholesterol (Good) Low 40; Desirable 40-59; High >59	Lipid Panel CPT 80061	
Triglycerides Normal <150; Borderline high 150-199; High 200-499; Very High >500	Lipid Panel CPT 80061	
Comprehensive Metabolic Blood Panel Glucose, Diabetes, Calcium, Sodium, Potassium, CO ₂ , Chloride, Urea Nitrogen BUN, Creatinine, Albumin, Bilirubin, Phosphatase Alkaline, Protein, Transferase Alanine Amino (ALT)(SGPT), Transferase, Aspartate Amino (AST)(SGOT)	Comprehensive Metabolic Blood Panel CPT 80053	
Thyroid Stimulating Hormone (TSH) Women >age 35; Tests the thyroid gland for over/under thyroid	CPT 84443	
Osteoporosis Screening/Bone Density Women age >65	V8281; CPT 77080	
Mammogram Women >age 40; One (1) Per Calendar Year	V162 Family History; V761CPT 77057; 77052;	
Well Woman Check Up/PAP Women >age 35 through 50; One (1) Per Calendar Year	Pap Screening; CPT 88141; 88142; 88143; 88147; 88148; 88150; 88152; 88153; 88154; 88164; 88165; 88166; 88167; 88174; 88175; 88155	
Prostate Specific Antigen (PSA) Men >age 50; Tests for prostate cancer and benign prostate enlargement	V1641 Family History; V7644; CPT 84152; 84153; 84154	
Fecal Occult Blood Test > age 40	CPT 82270	
Venipuncture	CPT 36415	

* Services are subject to appropriate bundling rules and network fee schedules or R&C for out of network providers

** Healthy Initiatives Medical Plan Benefits have to be billed as routine for 100% of network fee schedule or R&C for out of network provider

The TML Intergovernmental Employee Benefits Plan is a non-Federal governmental health plan that has elected to be exempted from the HIPAA Title I prohibitions against discriminating against individual participants and beneficiaries based on health status. Therefore, the rules regarding Nondiscrimination and Wellness Programs in Health Coverage in the Group Market do not apply to this plan.