



Health
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2019



Health
Alliance
NORTHWESTSM

Helping You Stay Healthy

Health Alliance emphasizes prevention through comprehensive preventive service coverage. We support members throughout their lives, not just when they're sick.



Using Your Preventive Services

Call us 8 a.m. to 8 p.m. Monday through
Friday 1-800-965-4022 or TTY 711

Accurate at time of print. Please log in to
YourHealthAlliance.org for a current list
of preventive service benefits.

Helping You Stay Healthy

Health Alliance Medicare emphasizes prevention through comprehensive preventive service coverage. We support members throughout their lives, not just through the course of a disease or medical condition.

It's smart to cover preventive services and tests, when medically appropriate, to keep you healthy. To make knowing what is covered as simple as possible, here is a partial list of the services included in your standard, comprehensive preventive service benefit.

- One preventive service exam per member (no age limitations), per plan year
- One visit to a Women's Principal Health Care Provider per year
- The screenings, procedures and immunizations listed below, within the applicable preventive service benefit:

- Blood sugar screening
- Cervical cancer screening (Pap smear)
- Chlamydia screening
- Cholesterol screening
- Colorectal cancer screening* (flexible sigmoidoscopy, screening colonoscopy, fecal occult blood test, including FIT)
- Hepatitis B vaccine
- Influenza vaccine
- Mammography (screening)
- Meningococcal vaccine
- Pneumococcal vaccine
- Prostate cancer screening

A detailed listing of covered procedures and services follows.

* Colonoscopies are covered for normal-risk members age 50 and over. Colonoscopies for high-risk members are covered based on current national guidelines.

Visit HealthAllianceMedicare.org, and log in as a member to view the most current listing of covered preventive service codes. If your doctor bills Health Alliance Medicare with a code that is not on this list, the service may not be covered under the preventive service benefit. Even though a code may not be covered under the preventive service benefit, it may still be covered by the plan according to your benefits with applicable copays/coinsurance.

Immunizations

90630, 90653–90658, 90660–90662, 90672, 90673, 90674, 90682, 90685–90689, 90756, Q2034–Q2038	Influenza
90670, 90732	Pneumococcal
90739, 90740, 90743, 90744, 90746, 90747	Hepatitis B
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of Hepatitis B vaccine

Alcohol Screenings

G0442	Annual alcohol misuse screening, 15 minutes	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Four visits per year

Bone Mass Measurement

76977, 77078, 77080, 77081, 77085, G0130	DXA, bone density study	Every two years or more frequently when determined to be medically necessary
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Cardiovascular Disease Screening Tests

80061	Lipid profile	Once every 5 years with Z13.6 when no signs or symptoms of cardiovascular disease exist
82465	Cholesterol, serum or whole blood, total	Once every 5 years with Z13.6 when no signs or symptoms of cardiovascular disease exist
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	Once every 5 years with Z13.6 when no signs or symptoms of cardiovascular disease exist
84478	Triglycerides	Once every 5 years with Z13.6 when no signs or symptoms of cardiovascular disease exist

Colorectal

00812	Anesthesia for lower intestine endoscopic screening colonoscopy	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Once every 4 years starting at age 50
G0105	Colorectal cancer screening; colonoscopy	Once every 2 years starting at age 50
G0106	Flexible sigmoidoscopy	Once every 4 years starting at age 50
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Once every 2 years starting at age 50
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Once every 4 years starting at age 50
G0328, 82270	Colorectal cancer screening; fecal occult blood test, including immunoassay, (FIT), 1–3 simultaneous determinations	Annually starting at age 50
81528	Cologuard	Once every 3 years ages 50–85 with diagnosis code Z12.11–Z12.12

Diabetes

82947	Glucose (fasting blood sugar)	Twice per year with diagnosis code Z13.1
82950	Glucose, post prandial	Twice per year with diagnosis code Z13.1
82951	Glucose, tolerance test	Twice per year with diagnosis code Z13.1
G0108	Diabetes self-management training, individual session (two or more), 30 minutes	
G0109	Diabetes self-management training, group session (two or more), 30 minutes	

HIV

80081	Obstetric panel with pregnancy diagnosis (includes HIV testing)	
G0475	HIV antigen/antibody, combination assay, screening	Once per year for men and non-pregnant women; for pregnant women - three times per pregnancy with pregnancy diagnosis
G0432, G0433, G0435	Infection agent antibody detection	Once per year for men and non-pregnant women; for pregnant women - three times per pregnancy with pregnancy diagnosis

Men's Health

G0102–G0103	Prostate cancer screening	Ages 50 and older once every 12 months with diagnosis code Z12.5
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Sexually Transmitted Infections (STIs)

G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face. Includes education, skills training and guidance on how to change sexual behavior.	Two every 12 months
G0499	Hepatitis B screening	Once per year for men and non-pregnant women
86592–86593, 86780	Syphilis test	Once per year men and non-pregnant women with diagnosis Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z20.2; for pregnant women — three times per pregnancy with pregnancy diagnosis
86704, 86706, 87340, 87341	Hepatitis B screening	Three times per pregnancy for pregnant women with pregnancy diagnosis
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87800, 87810	Chlamydia	Once per year for non-pregnant women; pregnant women when the diagnosis of pregnancy is known and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test.
87590, 87591, 87800, 87850	Gonorrhea	Once per year for non-pregnant women; for pregnant women — twice per pregnancy with pregnancy diagnosis
G0476	Papillomavirus (HPV)	Women ages 30–65 without symptoms once every 5 years

Women's Health

77063, 77067	Mammogram	Annually ages 35 and older with Z12.31
P3000–P3001, Q0091	Pap smear	Annually for women at high risk; once every two years if at normal risk
G0101	Cervical or vaginal cancer screening, pelvic and breast exam	Annually for women at high risk; once every two years if at normal risk
G0123–G0124, G0141, G0143–G0145, G0147–G0148	Screening cytopathology, cervical or vaginal	Annually for women at high risk; once every two years if at normal risk

Tobacco Use Cessation

99406–99407	Smoking and tobacco use cessation counseling visit
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Miscellaneous

G0117–G0118	Glaucoma screening	
G0270–G0271, 97802–97804	Medical nutrition therapy	With diagnosis codes E08.00–E13.9, E71.30–E75.6, E77.0–E88.9
76706	Ultrasound AAA screening	One per lifetime
G0444	Annual depression screening, 15 minutes	
G0446	Annual face-to-face intensive behavioral therapy to reduce CVD risk, 15 minutes	
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	22 total every 12 months with diagnosis codes Z68.30–Z68.45
G0473	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes	22 total every 12 months with diagnosis codes Z68.30–Z68.45
G0472	Hepatitis C screening	Annually for those considered high-risk with diagnosis code Z72.89 and F19.20; once per lifetime for adults born between 1945 and 1965 who are not considered high-risk with diagnosis code Z11.59; an initial screening regardless of birth year for adults who had a blood transfusion before 1992 and those with a current or past history of illicit injection drug use
99420	Administration and interpretation of health-risk assessment instrument (e.g., health hazard appraisal)	
G0296, G0297	Low dose CT for lung cancer screening	Annually ages 55–77

Preventive Care Exams

G0402–G0405	“Welcome to Medicare” Preventive Visit	
G0438, G0439	Annual Wellness Visit	
G0468	Federally qualified health center visit (may include certain other covered services)	
99497	Advance Care Planning, first 30 minutes, face-to-face	If furnished on the same day by the same provider as the annual wellness visit, bill with modifier 33
99498	Advance Care Planning, each additional 30 minutes	If furnished on the same day by the same provider as the annual wellness visit, bill with modifier 33

Visit [HealthAllianceMedicare.org](https://www.healthalliancemedicare.org) to view a current listing of covered preventive service codes.

Health Alliance Medicare and Health Alliance Northwest are Medicare Advantage Organizations with a Medicare contract. Enrollment in Health Alliance Medicare and Health Alliance Northwest depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and co-payments/co-insurance may change on January 1 of each year. Other pharmacies and providers are available in our network.

DISCRIMINATION IS AGAINST THE LAW

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington: 1-877-750-3350 TTY: 711, fax: 217-902-9705, MemberServices@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-965-4022, WA: 呼叫 1-877-750-3350 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3350 (TTY: 711).

주의: 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3350 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هايو: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3350 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3350 (TTY: 711).

ध्यान: तमे वात तो गुजराती, भाषा सहाय सेवाओ, महत्, तमारा माटे उपलब्ध छे. IA, IL, IN, OH: कोल 1-800-965-4022, WA: कोल 1-877-750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。

1-800-965-4022 IA, IL, IN, OH: コール 1-877-750-3350 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3350 (TTY: 711).

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ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-965-4022, WA: Chiamare 1-877-750-3350 (TTY: 711).

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