



State of Michigan



State Health Plan PPO and State High Deductible Health Plan with HSA

Preventive services for employees

Revised March 2025

This document provides information on preventive services covered under the State Health Plan PPO and State High Deductible Health Plan with HSA.

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 you get them from a PPO network provider. However, certain services are allowed out-of-network (with out-of-pocket costs) 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 provider may order tests to identify a condition.

Please note: This brochure should not be used to dictate required services to your provider. 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 or State HDHP.

Questions about preventive services? Contact Blue Cross Customer Service at **1-800-843-4876**.



State Health Plan PPO and State HDHP — Preventive services for active employees

Preventive service	Procedure code	Your out-of-pocket portion
(AAA) Abdominal aortic aneurysm, one-time ultrasonography screening for smokers	76706	In-network – \$0 Out-of-network – Not covered
Alcohol and Drug Use Assessment	G0442, G0443, 99383-99385, 99393-99395	In-network – \$0 Out-of-network – Not covered
Alcohol misuse screening and behavioral counseling interventions	G0396, G0397, G0442, G0443, 99408, 99409	In-network – \$0 Out-of-network – Not covered
Anticipatory guidance	99381-99385, 99391-99395	In-network – \$0 Out-of-network – Not covered
Anxiety in adults, including pregnancy and postpartum	96127	In-network – \$0 Out-of-network – Not covered
Anxiety in children and adolescents, screening	96127	In-network – \$0 Out-of-network – Not covered
Argininemia	S3620	In-network – \$0 Out-of-network – Not covered
Assessment for risks for cardiac arrest or death in ages 11-21 years	99383-99385, 99393-99395	In-network – \$0 Out-of-network – Not covered
Asymptomatic bacteriuria in pregnant women, screening	87081, 87084, 81007	In-network – \$0 Out-of-network – Not covered
Autism Screening	99381, 99382, 99391, 99392	In-network – \$0 Out-of-network – Not covered
Barium enema	G0106, G0120, 74270, 74280	In-network – \$0 SHP PPO: Out-of-network – 20% after deductible State HDHP: Out-of-network – 40% after deductible
Behavioral/Social/Emotional Screening	99381-99385, 99391-99395	In-network – \$0 Out-of-network – Not covered
Biotinidase deficiency	S3620	In-network – \$0 Out-of-network – Not covered
BRCA genetic counseling	S0265	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
BRCA (breast cancer) mutation testing	81212, 81215-81217, 81162-81167	In-network – \$0 Out-of-network – Not covered
Breast Cancer – discuss chemoprevention when at High Risk for Breast Cancer	99385, 99386, 99387, 99395, 99396, 99397	In-network – \$0 Out-of-network – Not covered
Breastfeeding support, supplies and counseling	A4281-A4286, E0603, 98966, 98967, 99401-99404, 99441-99443	In-network – \$0 Out-of-network – Not covered
Cardiovascular screening	80061, 82465, 82947, 83718, 83721, 84478	In-network – \$0 Out-of-network – Not covered
Chemical profile	80047, 80048, 80050, 80051, 80053, 80061	In-network – \$0 Out-of-network – Not covered
Chest X-ray	71020	In-network – \$0 Out-of-network – Not covered
Chlamydial infection screening	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810	In-network – \$0 Out-of-network – Not covered
Cholesterol	83718	In-network – \$0 Out-of-network – Not covered
Classic phenylketonuria	S3620	In-network – \$0 Out-of-network – Not covered
Colonoscopy	G0105, G0121, G0500, S0285, 00811-00813, 45378, 45380-45382, 45384, 45385, 45388, 88305, 99152, 99153	In-network – \$0 SHP PPO: Out-of-network – 20% after deductible State HDHP: Out-of-network – 40% after deductible
Complete blood count	G0306, G0307, 83026, 85004, 85013, 85014, 85018, 85025, 85027	In-network – \$0 Out-of-network – Not covered
Contraceptive Counseling	99383-99386, 99393-99396, 99401, 99402, 99411, 99412	In-network – \$0 Out-of-network – Not covered
Congenital adrenal hyperplasia	S3620	In-network – \$0 Out-of-network – Not covered
Congenital hypothyroidism screening	S3620, 84436, 84437, 84439, 84443	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Counseling adults with High Risk of CVD	G0270, G0271, G0436, G0437, G0447, G0473, S9470, 80061, 82465, 82947, 82950, 82951, 83036, 83718, 83721, 84478, 97802-97804, 98966, 98967, 99385-99387, 99395-99397, 99406, 99407, 99441, 99442 PDCM is waiving cost share for 98966 and 98967 for any diagnosis.	In-network – \$0 Out-of-network – Not covered
Counseling for sexually transmitted infections , if sexually active	G0445, 99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
Counseling midlife women for obesity with normal or overweight body mass index	99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
Covid	91304, 91318, 91319, 91320, 91321, 91322	In-network – \$0 Out-of-network – Not covered
Cystic fibrosis	S3620	In-network – \$0 Out-of-network – Not covered
Depression screening	G0444, 99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
Developmental screening	96110, 96127	In-network – \$0 Out-of-network – Not covered
Developmental surveillance	99381-99385, 99391-99395	In-network – \$0 Out-of-network – Not covered
Diabetes – pregnancy Diabetes Oral screening test Screening for pregnant women for gestational diabetes mellitus	82947, 82950, 82951, 83036, 83037	In-network – \$0 Out-of-network – Not covered
Diabetes screening after pregnancy	82947, 82950-51, 83036, 83037, 36415	In-network – \$0 Out-of-network – Not covered
Diabetes self-management	G0108, G0109	In-network – \$0 SHP PPO: Out-of-network – 20% after deductible State HDHP: Out-of-network – 40% after deductible
Diet behavioral counseling in primary care for adults and children with hyperlipidemia and other known risk factors for cardiovascular and diet related chronic diseases. Medical nutritional services	G0270, G0271, G0447, G0473, 97802, 97803, 97804, S9470	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Digital rectal exam	G0102	In-network – \$0 Out-of-network – Not covered
Drug Use Screening (Refers to asking questions about unhealthy drug use, not testing biological specimens.)	99385-99387, 99395-99397	In-network – \$0 Out-of-network – Not covered
EKG/ECG	93000, 93005, 93010	In-network – \$0 Out-of-network – Not covered
Family training and counseling for child development	T1027	In-network – \$0 Out-of-network – Not covered
Fecal occult blood screening	G0328, 81528, 82270, 82272, 82274	In-network – \$0 Out-of-network – Not covered
Flu shot	G0008, Q2034-Q2038, 90630, 90653-90658, 90661, 90662, 90672-90674, 90682, 90685-90688, 90694, 90756	In-network – \$0 Out-of-network – \$0
Folic acid	99384-99387, 99394-99397	In-network – \$0 Out-of-network – Not covered
Galactosemia	S3620	In-network – \$0 Out-of-network – Not covered
Glaucoma screening	G0117, G0118	In-network – \$0 Out-of-network – Not covered
Glutaric acidemia type 1	S3620	In-network – \$0 Out-of-network – Not covered
Gonorrhea screening	87590, 87591, 87592, 87850	In-network – \$0 Out-of-network – Not covered
Gynecological exam/ Well woman visits	99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
Gynecological/Urinary Incontinence Annual screening for Women Note: Should assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. If indicated, facilitating further evaluation and treatment is recommended.	99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
Health maintenance exam	99381-99387, 99391-99397	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Health risk assessment	96160, 96161	In-network – \$0 Out-of-network – Not covered
Healthy weight gain, behavioral health counseling and preventing excess gestational weight gain in pregnancy	99401-99404	In-network – \$0 Out-of-network – Not covered
Hearing loss screening Hearing screening	V5008, 92551	In-network – \$0 Out-of-network – Not covered
Hepatitis B infection assessment	87340	In-network – \$0 Out-of-network – Not covered
Hepatitis B virus infection screening	90636, 90739, 90740 90743, 90744, 90746-90748, 90759	In-network – \$0 Out-of-network – Not covered
Hepatitis B virus infection screening (at first prenatal visit)	80055, 80081	In-network – \$0 Out-of-network – Not covered
Hepatitis C virus infection screening	G0472, 81596, 86803, 86804, 87520-87522, 87902	In-network – \$0 Out-of-network – Not covered
Herpes simplex virus screening	86694-86696	In-network – \$0 Out-of-network – Not covered
High blood pressure screening	A4670, 93784, 93786, 93788, 93790, 99385-99387, 99395-99397	In-network – \$0 Out-of-network – Not covered
HIV counseling and screening	G0432, G0433, G0435, G0445, G0475, 86689, 86701-86703, 86689, 87389-87391, 87806, 99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered
HIV Pre-Exposure Prophylaxis (PrEP) for HIV prevention office visits	99202-99205, 99211-99215	In-network – \$0 Out-of-network – Not covered
HIV Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	J0739, 82565, 82570, 82575, 82610, 82670, 82675,	Up to 4 times per calendar year without cost share.
HIV/STI Screening	G0432, G0433 G0435, G0472, G0475, G0476, 80055, 80081, 86592, 86593, 86631, 86632, 86689, 86694-86696, 86701-86703, 86780, 86803, 86804, 87110, 87270, 87320, 87340, 87389-87391, 87490, 87491, 87520-87522, 87590-87592, 87623-87625, 87806, 87810, 87850, 87902	In-network – \$0 Out-of-network – Not covered
Human papillomavirus screening	G0476, 87623, 87624, 87625	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Immunizations (vaccines) and administration – Adult Yellow fever, shingles, flu vaccine, pneumococcal, meningococcal and their administration are covered out of network with no out-of-pocket costs.	G0008, G0009, G0010, J3490, 90281, 90283, 90371, 90380, 90381, 90389, 90396, 90460, 90461, 90471-90474, 90585, 90587, 90619, 90620, 90621, 90625, 90632-90634, 90636, 90647, 90648, 90649, 90650, 90651, 90670, 90671, 90675, 90677-90679 90680, 90681, 90690, 90691, 90697, 90698, 90700, 90702, 90707, 90710, 90713-90717, 90723, 90732-90734, 90738-90740, 90743, 90744, 90746-90748, 90750, 90758	In-network – \$0 Out-of-network – Not covered
Immunizations (vaccines) and administration – Childhood	G0008-G0010, 90380, 90381, 90460, 90461, 90471-90474, 90619, 90620, 90621, 90633, 90634, 90644, 90647-90651, 90655-90658, 90670, 90672, 90678, 90679, 90680, 90681, 90685-90688, 90696, 90698, 90700, 90702, 90707, 90710, 90713-90716, 90723, 90732-90734, 90743, 90744, 90747-90749	In-network – \$0 SHP PPO: Out-of-network – 20% State HDHP: Out-of-network – 40%
Isovaleric acidemia	S3620	In-network – \$0 Out-of-network – Not covered
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
Long chain L-3 hydroxyacyl-CoA dehydrogenase deficiency	S3620	In-network – \$0 Out-of-network – Not covered
Lung Cancer, low dose lung tomography scan	S8032, 71271	In-network – \$0 Out-of-network – Not covered
Major Depressive Disorders in Adolescents, Screening for Suicide Risks	96127	In-network – \$0 Out-of-network – Not covered
Mammography for breast cancer screening	77063, 77067	In-network – \$0 SHP PPO: Out-of-network – 20% after deductible State HDHP: Out-of-network – 40% after deductible
Maple syrup urine disease	S3620	In-network – \$0 Out-of-network – Not covered
Medium chain ketoacyl-CoA thiolase deficiency	S3620	In-network – \$0 Out-of-network – Not covered
Methylmalonic acidemia with homocystinuria	S3620	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Methylmalonic acidemia	S3620	In-network – \$0 Out-of-network – Not covered
Mucopolysaccharidosis type 11	82657	In-network – \$0 Out-of-network – Not covered
Newborn metabolic/hemoglobin screening (HME or Physical)	S3620	In-network – \$0 Out-of-network – Not covered
Obesity screening and counseling - adults	G0270, G0271, G0447, G0473, S9470, 97802-97804, 99385-99387, 99395-99397	In-network – \$0 Out-of-network – Not covered
Obesity screening and counseling - children	G0270, G0271, G0447, G0473, S9470, 97802-97804, 99383, 99384, 99393, 99394	In-network – \$0 Out-of-network – Not covered
Obstetric Panel	80055, 80081	In-network – \$0 Out-of-network – Not covered
Osteoporosis screening for postmenopausal women	G0130, 77080	In-network – \$0 Out-of-network – Not covered
Pap smear	G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476, P3000, P3001, 88141-88143, 88147, 88148, 88150, 88152-88155, 88161, 88162, 88164-88167, 88174, 88175	In-network – \$0 Out-of-network – Not covered
Pelvic Exam	99459	In-network – \$0 Out-of-network – Not covered
Phenylketonuria screening	S3620, 84030	In-network – \$0 Out-of-network – Not covered
Prediabetes and type 2 diabetes in adults 35-70 years old who are overweight or obese	82947, 82950, 82951, 83036	In-network – \$0 Out-of-network – Not covered
Pre-eclampsia screening	59425, 59426, 99202-99205, 99211-99215	In-network – \$0 Out-of-network – Not covered
Pregnancy test (PrEp testing)	81025, 84702, 84703, 84744	In-network – \$0 Out-of-network – Not covered
Prenatal (Antepartum) Visits	59425, 59426 99202-99205, 99211-99215, 99500	In-network – \$0 Out-of-network – Not covered
Post Natal Visit	59430, 99501	In-network – \$0 Out-of-network – Not covered
Propionic acidemia	S3620	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Prostate specific antigen	G0103, 84152, 84153, 84154	In-network – \$0 Out-of-network – Not covered
Psychosocial/Behavioral Assessment	99381-99385, 99391-99395	In-network – \$0 Out-of-network – Not covered
Rh (D) incompatibility screening	80055, 80081, 86901	In-network – \$0 Out-of-network – Not covered
Severe combined immunodeficiency	S3620	In-network – \$0 Out-of-network – Not covered
Sickle cell disease screening	S3620, 83020, 83021, 85660	In-network – \$0 Out-of-network – Not covered
Sigmoidoscopy	G0104, G0500, S0285, 45330, 45331, 45333, 45334, 45338, 45346, 00811-00813, 88305, 99152, 99153	In-network – \$0 Out-of-network – Not covered
Skin Cancer – Behavior Counseling to Prevent	99383-99385, 99393-99395	In-network – \$0 Out-of-network – Not covered
Spinal muscular atrophy screening	81401	In-network – \$0 Out-of-network – Not covered
Sterilization and Devices	A4261, A4264, A4266, J1050, J7294, J7295, J7296, J7297, J7298, J7300, J7301, J7304, J7307, S4981, S4989, 11976, 11981, 11982, 11983, 57170, 58300, 58301, 58340, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74740, 76830, 96372	In-network – \$0 Out-of-network – Not covered
Sterilization – Anesthesia services	00840, 00851	In-network – \$0 Out-of-network – Not covered
Syphilis infection screening for person at increased risk	80055, 80081, 86592, 86593, 86780	In-network – \$0 Out-of-network – Not covered
T-cell related lymphocyte deficiencies	S3620	In-network – \$0 Out-of-network – Not covered
Trifunctional protein deficiency	S3620	In-network – \$0 Out-of-network – Not covered
Tuberculin sensitivity test	86580	In-network – \$0 Out-of-network – Not covered
Tobacco Use - Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions	G0436, G0437, 98966, 98967, 99383, 99384, 99393, 99394, 99406, 99407, 99441, 99442	In-network – \$0 Out-of-network – Not covered

Preventive service	Procedure code	Your out-of-pocket portion
Tobacco use and tobacco caused disease counseling: Adults Pregnant women	G0436, G0437, 98966, 98967, 99406, 99407, 99441, 99442	In-network – \$0 Out-of-network – Not covered
Tyrosinemia type 1	S3620	In-network – \$0 Out-of-network – Not covered
Urinalysis	81000-81003	In-network – \$0 Out-of-network – Not covered
Various other hemoglobinopathies	S3620	In-network – \$0 Out-of-network – Not covered
Venipuncture	36415	In-network – \$0 Out-of-network – Not covered
Very long chain acyl-CoA dehydrogenase deficiency	S3620	In-network – \$0 Out-of-network – Not covered
Visual impairment screening (to detect amblyopia, strabismus and defects in visual acuity)	99172	In-network – \$0 Out-of-network – Not covered
Vision screening	99172, 99173	In-network – \$0 Out-of-network – Not covered
Well baby/Well child care	99381-99387, 99391-99397	In-network – \$0 Out-of-network – Not covered



This preventive service chart is intended to be an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services.

Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the Blue Cross-approved amount, less any applicable deductible and/or copay amount required by the State Health Plan. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.