



State of Michigan



State Health Plan PPO Preventive services for employees

Revised March 2023

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

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 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 active employees

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
(AAA) Abdominal aortic aneurysm, one-time ultrasonography screening for smokers	76706	In-network – \$0 Out-of-network – Not covered	
Alcohol and Drug Use Assessment	99383-85, 99393-95, G0442, G0443	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Alcohol misuse screening and behavioral counseling interventions	G0396, G0397, G0442, G0443, 99408, 99409	In-network – \$0 Out-of-network – Not covered	
Anticipatory guidance	99381-85, 99391-95	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Anxiety in children and adolescents, screening	96127	In-network – \$0 Out-of-network – Not covered	2 per calendar year. Subsequent follow group benefits.
Prenatal (Antepartum) Visits	99202-05, 99211-15, 59425-26, 99500	In-network – \$0 Out-of-network – Not covered	
Post Natal Visit	59430, 99501	In-network – \$0 Out-of-network – Not covered	Post Natal codes payable 1 time without cost share when reported with an OB related diagnosis.
Asymptomatic bacteriuria in pregnant women, screening	87081, 87084, 81007	In-network – \$0 Out-of-network – Not covered	
Autism Screening (18 & 24 month olds)	99381, 99382, 99391, 99392	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Barium enema	G0106, G0120, 74270, 74280	In-network – \$0 Out-of-network – 20% after deductible	This service is available beginning age 50
BRCA genetic counseling	S0265	In-network – \$0 Out-of-network – Not covered	
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	Only 1 of the initial exam codes can be billed per 36 months by same physician.

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Breastfeeding support, supplies and counseling	A4281, A4282, A4283, A4284, A4285, A4286, E0603, 99401, 99402, 99403, 99404, 99441, 99442, 99443, 98966, 98967, 98968, K1005	In-network – \$0 Out-of-network – Not covered	Payable up to 12 times per year for pregnant women. K1005 is payable three times per day without cost share.
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	
Colonoscopy	G0105, G0121, G0500, S0285, 00811, 00812, 00813, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 88305, 99152, 99153	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. 1 per calendar year with appropriate preventive diagnosis. Specialist exam prior to screening procedure: S0285. Pathology exam, procedure 88305. Procedure codes G0500, 99152, 99153 payable once every 12 months without out-of-pocket costs. Groups subject to Safe Harbor rules should follow them when applicable. Subsequent services should process according to current group specific benefits. Note: Ages 45-75 or younger, if high risk. Effective 7/1/21, age changed to 45.

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
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, 99411-12	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Counseling adults with High Risk of CVD	99385, 99386, 99387, 99395, 99396, 99397, 97802, 97803, 97804, S9470, G0270, G0271, G0447, 80061, 82465, 82947, 82950, 82951, 83036, 83718, 83721, 84478, 98966, 98967, 99406, 99407, 99441, 99442, G0436, G0437, G0473	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Depression screening	99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, G0444	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Developmental screening	96110, 96127	In-network – \$0 Out-of-network – Not covered	
Developmental surveillance	99381-85, 99391-95	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial codes can be billed per 36 months by same physician
Diabetes - pregnancy Diabetes Oral screening test Screening for pregnant women for gestational diabetes mellitus	82951	In-network – \$0 Out-of-network – Not covered	
Diabetes self-management	G0108, G0109	In-network – \$0 Out-of-network – 20%	Covered 80% out-of-network under the Outpatient Diabetes Management Program
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	
Digital rectal exam	G0102	In-network – \$0 Out-of-network – Not covered	

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Drug Use Screening (Refers to asking questions about unhealthy drug use, not testing biological specimens.)	99385-99387, 99395, 99396, 99397	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
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	1 per calendar year with appropriate preventive diagnosis. Cologuard payable once every 3 years. Groups subject to Safe Harbor rules should follow them when applicable. Subsequent services should process according to current group specific benefits. Note: Ages 45-75 or younger, if high risk. Effective 7/1/21, age changed to 45.
Flu shot	90630, 90653-90658, 90661, 90662, 90672, 90673, 90674, 90682, 90694, 90685-90688, 90756, G0008, Q2034-Q2038	In-network – \$0 Out-of-network – \$0	
Folic acid - discussion of the USPSTF recommends that all women planning or capable of pregnancy take a daily supplement.	99384-99387, 99394-97	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Glaucoma screening	G0117, G0118	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	Only 1 of the initial exam codes can be billed per 36 months by same physician.

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Gynecological/Urinary Incontinence Annual screening for Women	99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397	In-network – \$0 Out-of-network – Not covered	New patient once every 36 months with same physician. Existing patient-once per calendar year.
Health maintenance exam	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
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, 99402, 99403, 99404	In-network – \$0 Out-of-network – Not covered	Payable up to 12 times per year for pregnant women.
Hearing loss screening Hearing screening	V5008, 92551	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	Follow ACIP guidelines.
Hepatitis B virus infection, screening(at first prenatal visit)	80055, 80081	In-network – \$0 Out-of-network – Not covered	
Hepatitis C virus infection screening	86803, 86804, 87520, 87521, 87522, 87902, G0472, 81596	In-network – \$0 Out-of-network – Not covered	
Herpes simplex virus screening	86694, 86695, 86696	In-network – \$0 Out-of-network – Not covered	
High blood pressure screening	99385-87, 99395-97, A4670, 93784, 93786, 93788, 93790	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician. 99395-97 – 1 per year. A4670 1 rental or purchase once per 5 years. 93790 – 1 per year subsequent services should process according to current group benefits.

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Counseling Midlife Women For Obesity with normal or overweight body mass index	99383-99387 (Only 1 of the initial exam codes can be billed per 36 months by same physician), 99393-99397	In-network – \$0 Out-of-network – Not covered	Payable once per cal yr w/o cost share. Included in HME.
HIV counseling and screening	99383-99387, 99393-99397, G0445, Labs: 86701-03, 86689, 87389, 87390-91, 87806, G0432-33, G0435, and G0475	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
HIV Pre-Exposure Prophylaxis (PrEP) for HIV prevention office visits	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	In-network – \$0 Out-of-network – Not covered	Up to 4 times per cal year without cost share. Subsequent services should process according to current group specific benefits.
HIV Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	82565, 82670, 82675, 82610	Up to 4 times per calendar year without cost share.	Subsequent services should process according to current group specific benefits.
HIV Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	Truvada and Generic when available	Truvada 200mg/300mg will process at \$0 out-of-pocket cost.	
HIV/STI Screening	AIDS/HIV G0432-33, G0435, G0475, 86701-03, 87389, 87390-91, 86689, 87806 Chlamydia 86631-32, 87110, 87270, 87320, 87810, 87490-91 Gonorrhea 87590-92, 87850 Syphilis 86592, 86593, 86780, 80055, 80081 Hepatitis B 87340 Hepatitis C 86803, 86804, 87520-22, 87902, G0472 Herpes Simplex Virus (HSV) 86694-96 Human Papillomavirus (HPV) 87623-87625, G0476	In-network – \$0 Out-of-network – Not covered	
Human papillomavirus screening	G0476, 87623, 87624, 87625	In-network – \$0 Out-of-network – Not covered	

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Immunizations (vaccines) and administration – Adult	G0008, G0009, 0010, 90281, 90371, 90389, 90396, 90460, 90461, 90471-90474, 90585, 90587, 90619, 90620, 90621, 90625, 90632-90634, 90636, 90647, 90648, 90649, 90650, 90651, 90670, 90671, 90675, 90677, 90680, 90681, 90690, 90691, 90698, 90700, 90702, 90697, 90707, 90710, 90713-90717, 90723, 90732-90734, 90738-90740, 90743, 90744, 90746-90748, 90750, 90758, 90283, J3490	In-network – \$0 Out-of-network – Not covered (Payable if vaccination provided in another country.)	Yellow fever, shingles, flu vaccine, pneumococcal, meningococcal and their administration are covered out-of-network with no out-of-pocket costs. 90649, 90650 and 90736 payable if vaccination provided in another country. Dengue vaccine follows ACIP guidelines; no cost sharing should be applied. Lab test required 86794 to confirm until separate lab test for Dengue available.
Immunizations (vaccines) and administration – Childhood	G0008-G0010, 90460, 90619, 90620, 90621, 90633-90634, 90644, 90647-90651, 90655-90658, 90670, 90672, 90680, 90681, 90685-90688, 90696, 90698, 90700, 90702, 90707, 90710, 90713-90716, 90723, 90732-90734, 90743, 90744, 90747-90749, 90461, 90471-90474	In-network – \$0 Out-of-network – 20%	
Hepatitis B Infection Assessment	87340	In-network – \$0 Out-of-network – Not covered	1 per cal yr with no cost share. Subsequent services should process according to current group specific benefits.
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	
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	2 per cal yr without cost share. Subsequent services process according to group benefits.

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

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Mammography for breast cancer screening	77063, 77067	In-network – \$0 Out-of-network – 20% after deductible	
Obesity screening and counseling - adults	HME or Physical 99385-87, 99395-97 Nutritional Counseling 97802-04, S9470 G0270-G0271 Intensive Behavioral Counseling G0447 Face to Face Behavioral Counseling G0473	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Obesity screening and counseling - children	Screening HME 99383-99384, 99393-99394 Medical Nutrition Therapy 97802-04, S9470 and G0270-71 Intensive Behavioral Obesity Counseling G0447 Face to Face Behavioral Counseling-Group G0473	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
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	
Prostate specific antigen	G0103, 84152, 84153, 84154	In-network – \$0 Out-of-network – Not covered	
Psychosocial/Behavioral Assessment	99381-85, 99391-95	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial codes can be billed per 36 months by same physician.
Rh (D) incompatibility screening	80055, 80081, 86901	In-network – \$0 Out-of-network – Not covered	

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
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, 99384, 99385, 99393, 99394, 99395	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Sterilization & Devices	11976, 11981, 11982, 11983, 57170, 58300, 58301, 58340, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74740, 76830, A4261, A4264, A4266, J7296, J7297, J7298, J7300, J7301, J7304, J7307, S4981, S4989, J1050, 96372	In-network – \$0 Out-of-network – Not covered	11976, 11981, 11982, 11983, 57170, 58300, 58301, 58661, A4261, A4266, J7300 are payable with no frequency limits. 76830 (billed in conjunction with 58300). 76830 can be billed up to twice per year. 58340, 74740 (HSG) (no anesthesia) payable one time without out-of-pocket costs when billed within 366 days of 58565. 58565, 58600, 58605, 58611, 58615, 58670-71, A4264, J7294 (Effective 10/1/21), J7296, J7297, J7298, J7307, S4981, S4989 are payable once per calendar year without out-of-pocket costs. J7295 (Effective 10/1/21) payable up to 12 times. 58611 code payable on professional only. Facility claim issue handled on an inquiry basis.

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Sterilization & Devices (cont'd)			J7304 payable without out-of-pocket costs 36 times per year (3 per month). J1050 payable without out-of-pocket costs. 96372 admin code payable once without out-of-pocket costs when billed with J1050.
Anesthesia for sterilization surgeries	00840, 00851 when billed with: 58600, 58605, 58611, 58615, 58670, 58671	In-network – \$0 Out-of-network – Not covered	The anesthesia code is eligible to be reimbursed without cost share according to the frequencies listed above with the applicable procedure codes as listed. 00840-for 58661.
Syphilis infection screening for person at increased risk	80055, 80081, 86592, 86593, 86780	In-network – \$0 Out-of-network – Not covered	Payable for pregnant women three times per pregnancy. Allow any combination of 80055, 80081 (panels) not to exceed a total of 2 tests per year for OB related dx. Allow any combination of the following 3 codes: 86592, 86593, 86780. Not to exceed a total of 3 tests per year total. Not to exceed 1 per year for routine/screening dx. Subsequent services should process according to current group specific benefits.

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
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	99383, 99384, 99393, 99394, 98966, 98967, 99406, 99407, 99441, 99442, G0436-G0437	In-network – \$0 Out-of-network – Not covered	HMEs Only 1 of the initial exam codes can be billed per 36 months by same physician.
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	
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	Payable once per calendar year without out-of-pocket costs. Subsequent services should process according to current group specific benefits.
Pregnancy Test (PrEp testing)	84702, 84703, 84744, 81025	In-network – \$0 Out-of-network – Not covered	Payable up to 4 times per calendar year without cost share.
Urinalysis	81000-81003	In-network – \$0 Out-of-network – Not covered	
Venipuncture	36415	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	99173, 99172	In-network – \$0 Out-of-network – Not covered	
Assessment for risks for cardiac arrest or death in ages 11-21 years	99383, 99384, 99385 (Only 1 of the initial exam codes can be billed per 36 months by same physician), 99393, 99394, 99395	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician. 1 per calendar yr. Subsequent services should process according to current group specific benefits.
Well baby/Well child care	99381-99387, 99391-99397	In-network – \$0 Out-of-network – Not covered	

SACHDNC – Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children			
Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
3-hydroxy-3-methylglutaric aciduria	S3620	In-network – \$0 Out-of-network – Not covered	
Argininemia	S3620	In-network – \$0 Out-of-network – Not covered	
<ul style="list-style-type: none"> Carnitine acylcarnitine deficiency Carnitine palmitoyltransferase type II deficiency Medium/short-chain L-3-hydroxyacyl-CoA 	S3620	In-network – \$0 Out-of-network – Not covered	
<ul style="list-style-type: none"> Benign hyperphenylalaninemia Biopterin defect in cofactor biosynthesis Biopterin defect in cofactor regeneration 	S3620	In-network – \$0 Out-of-network – Not covered	
Biotinidase deficiency	S3620	In-network – \$0 Out-of-network – Not covered	
Classic phenylketonuria	S3620	In-network – \$0 Out-of-network – Not covered	
Congenital adrenal hyperplasia	S3620	In-network – \$0 Out-of-network – Not covered	
Congenital hypothyroidism screening	S3620, 84436-37, 84439, 84443	In-network – \$0 Out-of-network – Not covered	
Counseling for sexually transmitted infections	G0445, 99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not covered	Only 1 of the initial exam codes can be billed per 36 months by same physician.
Cystic fibrosis	S3620	In-network – \$0 Out-of-network – Not covered	
Galactosemia	S3620	In-network – \$0 Out-of-network – Not covered	
Glutaric academia type 1	S3620	In-network – \$0 Out-of-network – Not covered	
Isovaleric academia	S3620	In-network – \$0 Out-of-network – Not covered	
<ul style="list-style-type: none"> 3-methylglutaconic aciduria 3-methylcrotonyl-CoA carboxylase deficiency Holocarboxylase synthetase deficiency Medium chain acyl-CoA dehydrogenase deficiency 	S3620	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	

SACHDNC – Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children			
Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
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	
<ul style="list-style-type: none"> 2,4 dienoyl-CoA reductase deficiency 2-methylbutyryl glycinuria Carnitine palmitoyltransferase type I Citrullinemia type II Hypermethioninemia Malonic academia Medium/short chain acyl-CoA dehydrogenase deficiency Tyrosinemia type II Tyrosinemia type III 	S3620	In-network – \$0 Out-of-network – Not covered	
Methylmalonic academia with homocystinuria	S3620	In-network – \$0 Out-of-network – Not covered	
<ul style="list-style-type: none"> 2-methyl-3-hydroxybutyric Isobutyrylglycinuria 	S3620	In-network – \$0 Out-of-network – Not covered	
Methylmalonic acidemia	S3620	In-network – \$0 Out-of-network – Not covered	
<ul style="list-style-type: none"> Argininosuccinic aciduria B-ketothiolase deficiency Carnitine uptake defect/carnitine transport defect Citrullinemia type I Cobalamin disorders Galactokinase deficiency Galactose epimerase deficiency Hemoglobin stiff cell disease Homocystinuria S beta-thalassemia 	S3620	In-network – \$0 Out-of-network – Not covered	
Newborn metabolic/hemoglobin screening	S3620	In-network – \$0 Out-of-network – Not covered	
Phenylketonuria screening	S3620, 84030	In-network – \$0 Out-of-network – Not covered	
Pre-eclampsia screening	99202-05, 99211-15, 59425-26	In-network – \$0 Out-of-network – Not covered	
Propionic acidemia	S3620	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	

SACHDNC – Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children

Preventive service	Procedure code	Your out-of-pocket portion	Special instructions
Spinal Muscular Atrophy screening	81401	Pay once per calendar year without out-of-pocket costs for ages zero to 60 days. If older than age restrictions or subsequent tests, services should process according to current benefits.	
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	
Tyrosinemia type 1	S3620	In-network – \$0 Out-of-network – Not covered	
Various other hemoglobinopathies	S3620	In-network – \$0 Out-of-network – Not covered	
Very long chain acyl-CoA dehydrogenase deficiency	S3620	In-network – \$0 Out-of-network – Not covered	



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

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 BCBSM-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.