Blue Care Network of Michigan

# Routine Women's Health Benefit specialty and procedure/diagnosis code requirements

## For BCN commercial members

Effective Jan. 1, 2012 / Revised February 2024

Under BCN's Routine Women's Health Benefit (formerly known as Woman's Choice) program, procedures can be billed as professional services by specialists without a referral from the member's primary care physician, subject to the requirements outlined in this document and in the **Routine Women's Health Benefit Referral and Authorization Guidelines**. (Facility services are not included in the Routine Women's Health Benefit program.) These requirements are effective Jan. 1, 2012, and apply to all BCN commercial products. All procedures are for females, except for circumcisions and the initial hospital care for newborns. For additional Routine Women's Health Benefit program information, refer to the Utilization Management chapter of the *BCN Provider Manual*. Note: The specialty of the billing provider is what qualifies the claim for consideration under Routine Women's Health Benefit.

### A For women's health specialists, all professional services can be billed without either a referral or a specific diagnosis code.

For the specialists identified below, all professional services are seen as part of the Routine Women's Health Benefit program and can be billed without a referral from the member's primary care physician. No specific diagnosis code is required.

- Certified nurse midwife
- Gynecologic oncologist
- Maternal and fetal medicine specialist
- Neonatal perinatal medicine specialist (MD only)
- Nurse practitioner, OB/GYN
- Nurse practitioner, women's health
- Obstetrician/gynecologist
- Reproductive endocrinologist

**Exception:** One exception to this is surgeries performed outside of the office, which are not included in the Routine Women's Health Benefit program. Circumcisions (procedure codes *54150 and *54160), can be performed in any setting and still be included in the Routine Women's Health Benefit program. In addition, the following services are not included in the Routine Women's Health Benefit program: any service performed in an emergency room or urgent care setting and laboratory services rendered in any setting.

### B For primary care-related specialists and provider types, certain professional services can be billed without either a referral or a specific diagnosis code.

For the specialists and provider types identified below, the procedures listed in the table can be billed as professional services without a referral from the member's primary care physician when done in any setting (unless otherwise noted). No specific diagnosis code is required.

Note: The specialists listed in Part A can also perform any procedure listed in this table without a referral from the primary care physician and without a specific diagnosis code.

| Procedure code | Location[1] | Specialists / provider types who can bill without a referral | | | |
|---|---|---|---|---|---|
| | | Diagnostic / general / nuclear / pediatric radiologists and other designated specialists and provider types[2] | General surgeons | Pharmacists[3] | Other designated specialists [4] |
| *11976 | Office | | | | X |
| *11981 (eff. Jan. 1, 2017) | Office | | | | X |
| *19081-*19086 | Office | X | X | | X |
| *54150, *54160 | Any | | | | X |
| *57170 | Office | | | | X |

*List is continued on page 2.*

[1] Services rendered in an emergency room or urgent care setting are not included in the Routine Women's Health Benefit program.

[2] "Other designated specialists and provider types" here include practitioners in the following specialties: body imaging, critical care / medical obstetrics-gynecology, clinical genetics, nuclear imaging and therapy, public health / general preventive medicine and public health / welfare agency. The provider type included is freestanding radiology clinics (effective Jan. 1, 2017).

[3] Specialty pharmacy that bills under the medical benefit

[4] "Other designated specialists" here include acute care nurse practitioners, acute care/adult nurse practitioners, adolescent medicine practitioners, certified nurse practitioners, family nurse practitioners, family practitioners, general practitioners, geriatric nurse practitioners, hospitalists, internists, internist/pediatricians, neonatal nurse practitioners, neonatologists (DO only), pediatric nurse practitioners, pediatricians, physician assistants and preventive medicine practitioners.

B

**For primary care-related specialists and provider types, certain professional services can be billed without either a referral or a specific diagnosis code.**

*List is continued from page 1.*

| Procedure code | Location[1] | Specialists / provider types who can bill without a referral | | | |
|---|---|---|---|---|---|
| | | Diagnostic / general / nuclear / pediatric radiologists and other designated specialists and provider types[2] | General surgeons | Pharmacists[3] | Other designated specialists[4] |
| *57420–*57421 | Office | | | | X |
| *57452, *57454–*57456, *57461, *57465 (eff. Jan. 1, 2021, for code *57465) | Office | | | | X |
| *57511 | Office | | | | X |
| *58300–*58301 | Office | | | | X |
| *59025 | Any | | | | X |
| *59400, *59409–*59410 | Any | | | | X |
| *59425–*59426, *59430 | Any | | | | X |
| *59510, *59514–*59515 | Any | | | | X |
| *59612, *59614 | Any | | | | X |
| *59820, *59840–*59841 | Any | | | | X |
| *76641-*76642 | Any | X | | | X |
| *76801–*76802, *76805 | Any | X | | | X |
| *76810–*76821, *76825–*76828 | Any | X | | | X |
| *76830–*76831, *76856–*76857 | Any | X | | | X |
| *76945–*76946 | Any | X | | | X |
| *77063 (eff. March 1, 2018) | Any | X | | | X |
| 77065-*77067 (eff. Jan. 1, 2017) | Any | X | | | X |

*List is continued on page 3.*

[1] Services rendered in an emergency room or urgent care setting are not included in the Routine Women's Health Benefit program.

[2] "Other designated specialists and provider types" here include practitioners in the following specialties: body imaging, critical care / medical obstetrics-gynecology, clinical genetics, nuclear imaging and therapy, public health / general preventive medicine and public health / welfare agency. The provider type included is freestanding radiology clinics (effective Jan. 1, 2017).

[3] Specialty pharmacy that bills under the medical benefit

[4] "Other designated specialists" here include acute care nurse practitioners, acute care/adult nurse practitioners, adolescent medicine practitioners, certified nurse practitioners, family nurse practitioners, family practitioners, general practitioners, geriatric nurse practitioners, hospitalists, internists, internist/pediatricians, neonatal nurse practitioners, neonatologists (DO only), pediatric nurse practitioners, pediatricians, physician assistants and preventive medicine practitioners.

**B**

**For primary care-related specialists and provider types, certain professional services can be billed without either a referral or a specific diagnosis code.**

*List is continued from page 2.*

| Procedure code | Location[1] | Specialists / provider types who can bill without a referral | | | |
|---|---|---|---|---|---|
| | | Diagnostic / general / nuclear / pediatric radiologists and other designated specialists and provider types[2] | General surgeons | Pharmacists[3] | Other designated specialists[4] |
| *99460–*99465 | Any | | | | X |
| A4266 | Any | | | | X |
| G0101 | Any | | | | X |
| J1050, J1950 | Any | | | X | X |
| J2790 | Any | | | X | X |
| J7296-J7298 (eff. Jan. 1, 2018, for code J7296) | Any | | | X | X |
| J7300–J7304, J7307 | Any | | | X | X |
| Q0091 | Any | | | | X |
| S0190–S0191 | Any | | | X | X |
| S0199 | Any | | | | X |
| S0610, S0612–S0613 | Any | | | | X |

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[3] Specialty pharmacy that bills under the medical benefit

[4] "Other designated specialists" here include acute care nurse practitioners, acute care/adult nurse practitioners, adolescent medicine practitioners, certified nurse practitioners, family nurse practitioners, family practitioners, general practitioners, geriatric nurse practitioners, hospitalists, internists, internist/pediatricians, neonatal nurse practitioners, neonatologists (DO only), pediatric nurse practitioners, pediatricians, physician assistants and preventive medicine practitioners.

C

### For primary care-related specialists, certain professional services can be billed without a referral but must have a specific diagnosis code.

For the specialists identified below, the procedures shown in the table can be billed as professional services without a referral from the member's primary care physician when done in any setting except for an emergency room or urgent care setting. Specific diagnoses codes are required, as indicated in the table below.

- Acute care nurse practitioner
- Acute care/adult nurse practitioner
- Adolescent medicine practitioner
- Certified nurse practitioner
- Family nurse practitioner
- Family practitioner
- General practitioner
- Geriatric nurse practitioner
- Hospitalist
- Internist
- Internist/pediatrician
- Neonatal nurse practitioner
- Neonatologist (DO only)
- Pediatrician
- Pediatric nurse practitioner
- Physician assistant
- Preventive medicine practitioner

Note: The specialists listed in Part A can also perform any procedure listed in this table without a referral from the primary care physician and without a specific diagnosis code.

You must use the appropriate ICD diagnosis code for each procedure code, as shown in the table that follows:

| When billing these procedure codes… | One of these diagnosis codes is required… | |
|---|---|---|
| • *96372 | • Z01411<br>• Z01419<br>• Z0142<br>• Z113<br>• Z1231<br>• Z1239<br>• Z124<br>• Z1272<br>• Z2913 (eff. Oct. 1, 2016)<br>• Z30013 (eff. Oct. 1, 2016)<br>• Z3002<br>• Z3009<br>• Z3040<br>• Z3042 (eff. Oct. 1, 2016) | • Z308<br>• Z309<br>• Z3161<br>• Z317 (eff. Oct. 1, 2016)<br>• Z3200<br>• Z3201<br>• Z3202<br>• Z331<br>• Z333 (eff. Oct. 1, 2016)<br>• Z3400-Z3403<br>• Z3480-Z3483<br>• Z3490-Z3493<br>• Z392 |

*List is continued on page 5.*

**C** **For care-related specialists, certain professional services can be billed without a referral but must have a specific diagnosis code.**

*List is continued from page 4.*

| When billing these procedure codes… | One of these diagnosis codes is required… | |
|---|---|---|
| • *99201 through *99205<br>• *99211 through *99215<br>• *99383 through *99387<br>• *99393 through *99397 | • R87612<br>• R87613<br>• R87620<br>• R87622<br>• Z01411<br>• Z01419<br>• Z0142<br>• Z113<br>• Z1231<br>• Z1239<br>• Z124<br>• Z1272<br>• Z2913 (eff. Oct. 1, 2016)<br>• Z30011<br>• Z30015-Z30017 (eff. Oct. 1, 2016)<br>• Z3002<br>• Z3009 | • Z3040<br>• Z3041 (eff. Oct. 1, 2016)<br>• Z30431 (eff. Oct. 1, 2016)<br>• Z3044-Z3046 (eff. Oct. 1, 2016)<br>• Z308<br>• Z309<br>• Z3161<br>• Z317 (eff. Oct. 1, 2016)<br>• Z3200<br>• Z3201<br>• Z3202<br>• Z331<br>• Z333 (eff. Oct. 1, 2016)<br>• Z3400-Z3403<br>• Z3480-Z3483<br>• Z3490-Z3493<br>• Z392 |
| • *99221 through *99223<br>• *99231 through *99239 | • Z3800<br>• Z3801<br>• Z382<br>• Z3830<br>• Z3831 | • Z385<br>• Z3862<br>• Z3864<br>• Z3866<br>• Z3869 |
| • *99401 through *99404[5] | • Z391 | |

[5] These procedures can be performed by <u>any</u> specialist as long as they are billed with the appropriate diagnosis code.

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