



VIRGINIA PREMIER HEALTH PLAN, INC.

PROVIDER NEWSLETTER

From the Senior Medical Director

According to Henry Ward Beecher, "Gratitude is the fairest blossom which springs from the soul" It is with this in mind that I would like to especially thank all of our providers for the excellent healthcare given to our 133,000 members. Virginia Premier Health Plan, Inc. (VPH) looks forward to your continued presence in 2009!

TOP 25

Virginia Premier Health Plan, Inc. was listed as one of the top 25 Medicaid Health Plans in America by U.S. News and World Report, November 17-24, 2008 Edition. We owe this marvelous achievement to our providers and our hard working members of the Virginia Premier Family. The tremendous support from our committee providers, our community supporters, and most importantly our members round out the broad base to whom we owe our gratitude. Again Thank you!

Pharmacy and Therapeutics (P&T)

In the earlier editions of the newsletter this year VPH asked for feedback on Off Label use of medications. We have not heard from our providers however, we continue to face the challenge of continued high volumes of requests for this use. Please give us your feedback on this topic (see Fall edition 2008) or give us a call at 804 819-5151, especially if your requests have been denied for non-FDA approved uses.

Since the last publication, Virginia Premier and our Pharmacy Benefit Manager (PerformRx) have employed a Pharmacist Account Technician to work with Providers and Pharmacists.

This individual can assist you with some of the prior authorization requirements, customer service questions, and other processes to make prescribing medications for VPH members "hassle free". You can reach him at (804) 819-5151.

He can also assist you in using our new searchable links on the Virginia Premier Website to our PDL (preferred drug listing).

Highlights of our last P&T committee: Sonata, Aricept, and Exelon were added to the PDL and Precose, Coly-MycinS, Corticosporin-TC, and Zofran 24 mg tablets were removed. Once again the P&T committee discussed the dosing of Pulmicort.

Quality

In each issue we mention HEDIS (Healthcare Effectiveness Data and Information Set). VPH is proud of its improvements in HEDIS scores (see previous edition, Fall 2008). Just a reminder, HEDIS season for VPH is a year round activity and we just kicked off our new season. Look for us in the offices in the Spring of 2009.

Also, in this issue please read the article by Dr. Rollins with the findings of a recent survey of our members and the use of the ER. Again, we welcome your feedback on this report.

Influenza Prevention

In the last issue of the Provider Newsletter VPH gave an update on Flu Vaccines. VPH encourages providers to follow the CDC immunization guidelines and depends on its providers to assist in the prevention of influenza and its complication. VPH depends on its providers to assist with this initiative. Please remember to vaccinate your patients (our members) this year.

Visit Virginia Premier Website

Virginia Premier Health Plan, Inc. has worked hard to provide the community and especially the providers with a website that provides information to better manage our membership. Clinical Guidelines, Disease Management, Quality and Utilization information, helpful hints, Preferred Drug Listings (PDL), and more can be found at <http://www.vapremier.com>. Please take the opportunity to visit us on the website.

As always, Virginia Premier Health Plan, Inc. looks forward to the continued partnership and collaboration with our provider network.

The excellence from this relationship is demonstrated in our National, State and local recognition. Thank you,

With warm regards,

Sincerely,

Melvin T. Pinn, Jr. MD, MPH
Senior Medical Director

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AMERICA'S BEST HEALTH PLAN

VIRGINIA PREMIER RECOGNIZED AS TOP MEDICAID HEALTH PLAN IN VIRGINIA

The Virginia Commonwealth University Health System's Virginia Premier Health Plan was recently honored for its innovative programs and comprehensive coverage by the National Committee for Quality Assurance (NCQA) and in the U.S. News & World Report rankings. Virginia Premier's health plan was selected in the U.S. News Media Group and NCQA's fourth edition of America's Best Health Plans as the 24th-ranked Medicaid plan in the country and the top Medicaid program in Virginia. (<http://health.usnews.com/sections/health/health-plans/index.html>)

"America's Best Health Plans places health plans nationwide on a level playing field and provides crucial information when consumers need it most," said Margaret E. O'Kane, NCQA president. "These rankings recognize the best health plans and identify those that are committed to improving their quality of care through measurement and reporting."

The 2008 guide — released in November and featured in an issue of U.S. News, as well as on www.usnews.com — provides comprehensive rankings and important consumer information for nearly 700 commercial, Medicare, and Medicaid health plans. The rankings are based on more than 100 aspects of prevention, treatment and consumer experience.

"Health consumers today are overwhelmed with data and not all of it is clear, let alone trustworthy," said Avery Comarow, U.S. News editor of America's Best Health Plans. "The health plan rankings are part of the U.S. News mission to bring consumers data that is reliable, understandable and timely."

NCQA also honored Virginia Premier's efforts to reach across cultural and language barriers and provide health plan members in Virginia with services that meet their unique needs.

The Recognizing Innovation in Multicultural Health Care Award — sponsored by the California Endowment with support from the Centers for Medicare and Medicaid Services (CMS) and the Office of Minority Health — is part of NCQA's efforts to improve the quality of health care in the U.S. through development of a truly multicultural health care system.

"Virginia Premier's innovative efforts to improve the lives of African-American women and their infants are a model for health plans across the country," O'Kane said. "As a nation of diverse cultures, languages and lifestyles, it's essential for health plans to recognize the health risks and vulnerabilities of special populations and design programs that reach out and improve the quality of those members' lives."



From left: Sheldon M. Retchin, M.D., M.S.P.H., VCU vice president for health sciences and VCU Health System CEO; Linda Hines, Virginia Premier Health Plan vice president for medical management; Jamie McPherson, Virginia Premier vice president of quality, accreditation, and credentialing; Eugene P. Trani, Ph.D., VCU president and president and chair of VCU Health System; and Carl Gattuso, VCU Health System chief operating officer and senior vice president.

To reduce disparities and barriers to breastfeeding, Virginia Premier collaborated with the Virginia Department of Medical Assistance Services and other community agencies and regional health departments to develop a comprehensive program for the African-American community.

The initiative consisted of numerous interventions designed to encourage, support and educate women about breastfeeding that, according to the American Academy of Pediatrics, significantly reduces the risk of a large number of acute and chronic diseases and provides infants with significant advantages in general health, growth and development.

"As a result of this multifaceted initiative, breastfeeding rates among African-American members in the pilot program area increased from 22 percent to 50 percent," said Linda Hines, Virginia Premier vice president for medical management. "The initiative has been so successful that we have incorporated it as a component of our Health Heartbeats maternal-child wellness program."

NCQA honored Virginia Premier's initiative at a September ceremony in San Francisco.

Please visit the following web sites to read the press announcements:

- Virginia Premier's Web Site:
 - o www.vapremier.com. Click "Read More" in the Latest News Section
- Virginia Commonwealth University's Web Site:
 - o <http://www.vcu.edu/insidevcu/0812care/index.html>
- NCQA's Web Site:
 - o <http://www.ncqa.org/tabid/893/Default.aspx>

COMPLIANCE CORNER

FACTS ABOUT THE FALSE CLAIMS ACT

Background: The Deficit Reduction Act of 2005 (DRA) mandates compliance programs for those entities receiving or making \$5 million or more annually in Medicaid payments. These entities include providers (e.g. hospitals, physicians, DMEPOS, home health, lab), health plans, and contractors. The DRA's False Claims Act Amendment is intended to reduce the amount of fraud, waste and abuse in state and federal health care programs through employee education about federal and state False Claims Acts, civil and criminal penalties, and protections from retaliation for those employees who report suspected wrongdoings in good faith. Employees should also be educated on how to identify potential false claims.

Federal False Claims Act: The False Claims Act covers fraud involving any federally funded contract or program such as, Medicare and Medicaid, and establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim for payment.

What is a False Claim: A false claim is any claim for payment to which the submitter is not entitled to reimbursement. Examples of false claims include claims for services not rendered, falsifying records such as, altering signatures, dates of service or treatment plans, participating in kickback schemes, billing for services not medically necessary and unbundling services that should be billed as one.

Whistleblower Provisions: As a means to encourage individuals to come forward and report suspected misconduct, the False Claims Act's "whistleblower" provision allows any person with actual knowledge of allegedly false claims who has first exhausted internal reporting procedures, to file a lawsuit on behalf of the government and potentially share in a percentage of the amount recovered. The False Claims Act prohibits an employer from retaliating against any employee for filing a lawsuit or assisting in a False Claims Act action.

FINANCE CORNER

Happy New Year to everyone! The New Year brings us into tax time and this means... it's 1099 season again! Please carefully review your 1099s that you receive from Virginia Premier Health Plan, Inc. (VPHP). If you notice that any information on your 1099 form is incorrect, please immediately contact Mrs. Janet Shaw, at (800) 727-7536 ext. 5226. You will be required to submit **written documentation** in order for your request to be reviewed and corrected. After receiving the updated documentation, VPHP will correct your information and promptly send you a corrected 1099 form.

Also, if you notice that the name on your check is not the name that matches your tax identification number submitted to the Internal Revenue Service (IRS), please contact the Network Development Department promptly at (800) 727-7536. Below is the contact person(s) for your area.

Contracting Department	Assigned Region	Contact Number
Peter Pavell or Tim Louk	South West Virginia	Extension 5397 Extension 5333
Tressa Whitlock	Western Virginia	Extension 5307
Peter Pavell	Richmond/Central Virginia/Fredericksurg	Extension 5397
Tim Louk	Tidewater	Extension 5333

Thanks for your cooperation!

NON-EMERGENT MEMBER SURVEY

(Article by: James A. Rollins, MD, Medical Director)

Recently, VPHP initiated a program to address inappropriate emergency room use for non-emergencies. Non-emergencies are conditions considered to be non-life threatening, and can be managed by the Primary Care Physicians (PCP). VPHP understands that true emergencies must be handled in an expedient manner, and follows Department of Medical Assistance Services (DMAS) guidelines for these conditions. We have made a 24-Hour Nurse Advice Line available to our members to assist them in determining whether their health condition requires treatment at the ED facility or can be cared for by their PCP.

Nationwide, the number of non-emergent visits has increased steadily which results in an increase in medical costs. Analysis of our claims data showed that almost 40% of all emergency room visits were for non-emergencies. Based on 2007 data, after specifically identifying ED visits due to non-emergent conditions, we ranked non-emergent conditions by frequency. URI, otitis media, pharyngitis and sinusitis were the leading causes of these ED visits. These were followed by pulmonary conditions (e.g. bronchitis), GI conditions (e.g., nausea/vomiting and diarrhea), contusions, fever, and rashes. These conditions comprised almost 80% of all non-emergent claims.

As part of our ED initiative, we recently performed a survey of members who use the emergency room for non-emergencies. The following is some of the information obtained from the survey.

- 98% of all members know who their assigned PCP is, and of this number, 75% said they usually contacted their PCP when they have an urgent problem.
- Approximately one-third of members called their PCP prior to going to the ED, while 10% contacted our 24-Hour Nurse Advice Line. Of those who contacted their PCP for urgent problems, 8% were instructed to go the emergency room.
- 14% of the surveyed members said that they went to the emergency room because they were unable to be accommodated in the physician's office.

- Of the patients who did not contact their provider before going to the emergency room for a non-emergent problem, 38% gave no reason while 13% said that many times in the past they were unable to see their PCP, so they went on to the ED.
- 6% went to the emergency room because they thought that their PCP/staff was rude.
- 13% of members, who went to the ED, said that they were not aware of VPHP's Nurse Advice Line program.
- After being seen in the ED, 31% of the members treated for a non-emergent condition were instructed to follow-up with the ED, while 69% were instructed to follow-up with their PCP.

As a result of this survey, VPHP has established a number of quality improvement initiatives:

- (a) A Member Focused Group to re-educate members about the Nurse Advice Line;
- (b) A Provider Focused Group to provide providers with tools and information on members who are considered to be "frequent flyers" to the ED for non-emergent visits;
- (c) Quarterly Provider Profiling to share with providers of an analysis of their member usage of the ED based on panel size; and
- (d) The periodic publication of ED utilization data in the provider newsletter to share with physicians VPHP analysis of non-emergent visits to the Emergency Department (ED) by membership. The purpose of this analysis is to encourage providers to better educate members on the appropriate use of the ED.

We welcome your feedback to these initiatives. Our goal is to ensure members have access to health care when they truly need ED services.



Attention: All Providers

(Please complete and fax to Sheronica Barcliff, Credentialing Dept at (804) 819-5171)

Practitioner's Full Name: _____
Practitioner's Specialty: _____
Practitioner's Address: _____
Practitioner's Phone #: _____

1. What language(s) do you speak? (Mark all that apply.)

- English
- Spanish
- Asian or Pacific Island
- Indo European
- Other: _____ (please specify)

2. Have you taken the cultural competency course offered by VPHP or one of your own choosing? Check the one that applies.

- Yes – If yes, please attach a copy or proof of completion with this document.
- No – If no, please visit www.VAPremier.com for a listing of on-line courses. If you have questions regarding this please contact 804-819-5151 ext. 5269 for Pam Small, Quality Manager.

3. What is your race/origin and/or decent? (Optional)

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Other: _____ (please specify)

4. What is the e-mail address you would like plan information sent to:

Thank You.

Virginia Premier Health Plan, Inc.

P.O. Box 5307 • Richmond, VA 23220-0307 • (804) 819-5151 • (800) 727-7536 • FAX: (804) 819-5187
P.O. Box 62347 • Virginia Beach, VA 23466 • (757) 461-0064 • (800) 828-7989 • FAX: (757) 459-2230
P.O. Box 1751 • Roanoke, VA 24008-1751 • (540) 344-8838 • (888) 338-4579 • FAX: (540) 344-4484

PROVIDER ADVISORY COMMITTEE MEETING SCHEDULE FOR 2009

REGION	LOCATION	CONTACT INFORMATION
Harrisonburg	Date: February 5, 2009 Location: RMH, Atrium Time: 1:00 p.m.	Melissa Wittig Phone: (800) 595-1630 ext. 5961 mwittig@vapremier.com
Roanoke	Date: February 6, 2009 Location: Carilion Rehab Ctr. Time: 12:00 noon	Oana Lee Phone: (888) 338-4579 ext. 5858 olee@vapremier.com <i>or</i> Mark Rimer Phone: (888) 338-4579 ext.5826 mrimer@vapremier.com
Tidewater	Date: February 26, 2009 Location: VPHP Office Time: 11:30 a.m.	Noel Norris Phone: (800) 828-7989 ext. 5598 nnorris@vapremier.com <i>or</i> Dana Gilliam Phone: (800) 828-7989 ext. 5504 dgilliam@vapremier.com
Central Virginia (South)	Date: March 18, 2009 Location: VPHP Office Time: 11:30 a.m.	Stephanie Quinichett Phone: (800) 727-7536 ext. 5219 squinichett@vapremier.com <i>or</i> A.J. Binga Phone: (800) 727-7536 ext. 5263 abinga@vapremier.com
Page/Rockingham	Date: May 7, 2009 Location: Page Memorial Hospital Time: 1:00 p.m.	Melissa Wittig Phone: (800) 595-1630 ext. 5961 mwittig@vapremier.com
Roanoke	Date: May 8, 2009 Location: Carilion Rehab Ctr. Time: 12:00 noon	Oana Lee Phone: (888) 338-4579 ext. 5858 olee@vapremier.com <i>or</i> Mark Rimer Phone: (888) 338-4579 ext.5826 mrimer@vapremier.com
Tidewater	Date: May 14, 2009 Location: VPHP Office Time: 11:30 a.m.	Noel Norris Phone: (800) 828-7989 ext. 5598 nnorris@vapremier.com <i>or</i> Dana Gilliam Phone: (800) 828-7989 ext. 5504 dgilliam@vapremier.com
Central Virginia (Metropolitan-Area)	Date: June 17, 2009 Location: VPHP Office Time: 11:30 a.m.	Stephanie Quinichett Phone: (800) 727-7536 ext. 5219 squinichett@vapremier.com <i>or</i> A.J. Binga Phone: (800) 727-7536 ext. 5263 abinga@vapremier.com

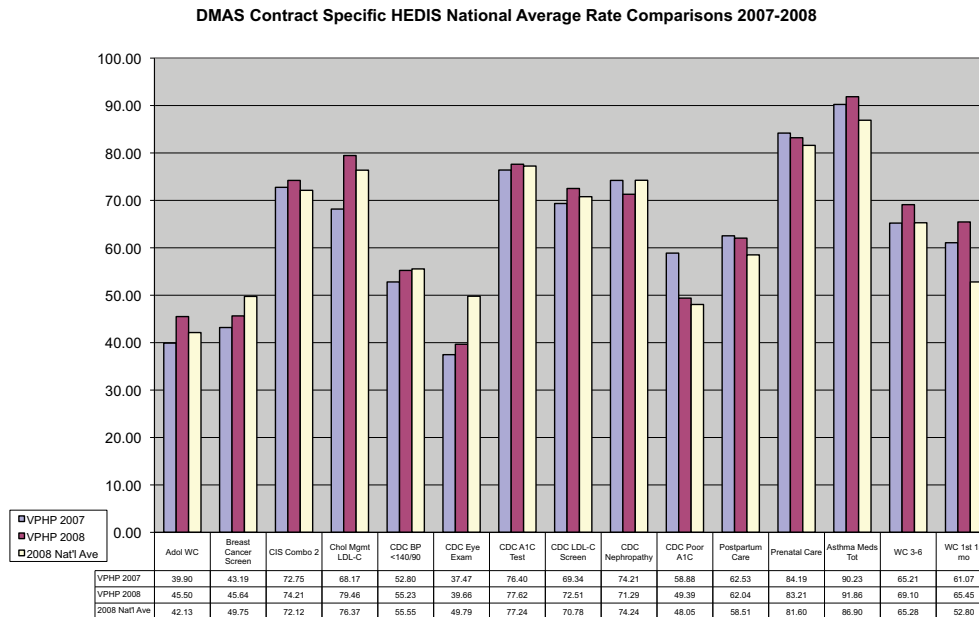
Note: A complete listing of meetings can be accessed at www.virginiapremier.com.

Regulatory Updates:

- Results of the Michigan Peer Review Organization (MPRO) 2008 Annual Quality Audit:
 - o Final Audit Score: 96%
 - o Final Quality Studies (2) Scores: 99% (both studies)
 - Thanks to all of the physician offices for your cooperation.

HEDIS Updates:

Please see VPHP's HEDIS Rates in key clinical areas required by DMAS below:



VPHP's rates improved in 2008, in comparison to 2007, except in the following areas:

1. Nephropathy
2. Poor HbA1c
3. Postpartum Care
4. Timeliness of Prenatal Care

The drop in the rates of these four areas mean that VPHP and its members are doing okay, but could be doing better. In order to improve rates, physician, member and the health plan must work together to provide quality health care.

HEDIS 2009 Is Here!.....

Once again, VPHP will be collecting 2008 data retrieved from claims and medical record abstractions at the end of February.

Medical record abstraction for HEDIS 2009 will be for the following measures:

- Childhood Immunization Status
- Weight Assessment and Counseling for Nutrition and Physical Activity for children
- Adult BMI
- Lead Screening in Children
- Controlling High Blood Pressure
- Cholesterol Management
- Comprehensive Diabetes Care
- Prenatal and Postpartum Care
- Frequency of Ongoing Prenatal Care

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

VPHP appreciates all your help with our Quality initiatives and salutes all our providers for efforts to provide excellent health care to our members.

Should you have any questions regarding any of our Quality Initiatives, please contact:

Pamela Small, MSN, RN
 Quality Improvement Manager
 psmall@vapremier.com
 Tel: 800-727-7536, ext. 5269

QUALITY INITIATIVES

VPHP is committed to assisting members to get the preventive care needed to stay healthy. Because good health is so important to us, we have developed several reward programs for staying healthy.



“Wishing for a Wii?”

In an effort to encourage our members between the ages of (12-21) to see their PCP for well care, VPHP initiated a Wii give away project in 2007 to award efforts to stay healthy. Letters were mailed parents of adolescent members announcing the chance to win a Wii. **Member instructions for a chance to win a Wii:**

1. Be a current VPHP member.
2. Take the child to a doctor for a well care visit.
3. Ask the doctor to complete the bottom section of the letter or leave us a message.

Once we verify the visit, the child’s name will be entered into drawing for a chance to win a Wii. There will be 4 drawings in 2009. Note: ***A sports physical may be used if all elements of well care are documented: A physical exam, developmental level, and anticipatory guidance.**

“Get Your Mammogram and Win\$\$\$\$”

The American Cancer Society and VPHP recommend an annual mammogram for women 40 years of age and older. In an effort to encourage our members who are 40 years of age and older to get an annual mammogram, VPHP will be awarding a gift. **Member instructions for a chance to win a gift card:**

1. Get a mammogram.
2. When you receive the gift card letter in the mail, have your doctor or x-ray provider complete the bottom section and return the form to us at the address provided in the letter.
3. Your name will be entered into the next drawing, which will be held 4 times in 2009.

“Save Your Sight and Win\$\$\$\$”

Diabetes causes most new cases of blindness in adults every year. Most of the time, there are no early warning signs. If you are a diabetic, please get a dilated eye exam every year. **Member instructions for a chance to win a gift card:**

1. You must be a diabetic
2. Get a dilated eye exam (drops are put in your eyes)
3. When you receive the gift card letter in the mail, have your doctor complete the bottom section and return the form to us at the address
4. Your name will be entered into the next drawing, which will be held 4 times in 2009.

Diabetes Care:

VPHP recently sent letters to diabetic members who may not have had:

- A dilated eye exam
- A HgbA1C test
- A lipid profile

Members were urged to contact their doctors to ask if these exams would be appropriate for them. Utilization and/or documentation of these tests continues to be lower than expected, particularly for eye exams. Because of the importance of dilated eye exams, VPHP increased the eye exam benefit, for diabetics only, from annual to bi-annual.

Your support is needed to assist members to maintain the best health possible, and to urge them to take full advantage of their covered health service related to diabetes.

QUALITY CORNER

Practitioner Golden Globe (PGA) Award

The Practitioner Golden-Globe Award (PGA) has been developed and implemented to recognize and salute practitioners dedicated to delivering safe clinical care and quality. At the end of each fiscal year (June 30), the most outstanding practitioner will be awarded the *Practitioner Golden Globe Award (PGA)* in the form of a plaque to post in his/her office by VPHP. In order to be nominated for the PGA recognition program in 2009, you must complete a cultural competency course offered either by VPHP or a similar course of your choosing. If you or a colleague has received an award, please let us know. Please contact Cheryl Braden, RN, Quality Improvement Coordinator, at cbraden@vapremier.com or call 804-819-5151 ext. 5301. You can also inform your provider services representative or quality improvement coordinator.

Practitioner Golden-Globe Award (PGA) Eligible Recipient

VPHP salutes the following practitioner for her outstanding accomplishments in the area of Quality:

Carolyn J. Boone, MD

Belvidere Medical Center
505 W Leigh Street, Ste. 102
Richmond, VA 23220

Dr. Carolyn Boone is a participating Virginia Premier Health Plan, Inc. (VPHP) practitioner. Members of the Health Department Lead-Safe Virginia program presented Dr. Boone with a plaque in appreciation of her dedicated efforts to protect young patients from potentially damaging effects of lead poisoning. Dr. Boone was praised by the Lead-Safe Virginia group for her dedication, noting that she screens the children in her office, rather than sending her patients to an outside lab, making the process more convenient for parents and

increasing testing compliance. The group also noted that Dr. Boone personally calls the Health Department to check on patients referred to the Lead-Safe Program for case management and treatment.

Children who have an elevated blood lead level may develop damage to the brain and nervous system, learning disabilities, behavior problems, impaired physical development and in extreme cases, coma and death. VPHP would like to remind our practitioners that lead screening is now an NCQA HEDIS measure for 2009 and that all Medicaid enrolled children are required to be tested for lead poisoning at 1 and 2 years of age.

VPHP commends Dr. Carolyn Bone for her outstanding efforts in helping to prevent and detect childhood lead poisoning.

CREDENTIALING CORNER

Credentialing Department Updates:

- The 2008 Credentialing Program Description is available and located on the website at www.virginiapremier.com. If you do not have access to the website, please feel free to contact the Credentialing Department at the telephone numbers listed below to request that a hard copy be sent to you via mail or email.
 - Effective May 1, 2004, all health care professionals, not just MDs and DOs, are now able to complete an application through Council for Affordable Quality Healthcare (CAQH). **Every practitioner is highly encouraged to participate by visiting CAQH's website: www.caqh.org. Approximately 65% of our participating practitioners utilize this service.**
 - Please provide your **NPI numbers** to us once you have received them. **We need the individual number as well as the group number (if applicable).**
- Please feel free to fax any credentialing related documents to 804-819-5171 and/or contact the Credentialing Specialist assigned to your respective geographical region:

Credentialing Specialist	Region	Phone Number
LaTonya Jones	Tidewater	800-727-7536 ext. 5325
Toora Clarke	Roanoke, Southwest, Far Southwest, Fredericksburg, Winchester VA	800-727-7536 ext. 5246
Nadia Morgan	Richmond, West, Danville, Lynchburg	800-727-7536 ext. 5296
Sheronica Barcliff, BSEd. Associate Manager, Credentialing		800-727-7536 ext. 5352
Nicole Pernsteiner, MBA Manager, Credentialing		866-748-8661 ext. 6637 or 800-727-7536 ext. 6637

EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT

(EPSDT SCREENING PROCEDURE CODES) (Schedule compliments of DMAS: See Medicaid Memo-August 23, 2007)

INITIAL SCREENINGS

DESCRIPTION	AGE	CPT CODE
Newborn Care (Outpatient)	Normal Newborn Care	99432
New Patient	Less than 1 year of Age	99381*
New Patient	1-4 years of Age	99382*++
New Patient	5-11 years of Age	99383*
New Patient	12-17 years of Age	99384*
New Patient	18-20 year of Age	99385*

PERIODIC SCREENINGS

DESCRIPTION	AGE	CPT CODE
Established Patient	Less than 1 year of Age	99391*
Established Patient	1-4 years of Age	99392*++
Established Patient	5-11 years of Age	99393*
Established Patient	12-17 years of Age	99394*
Established Patient	18-20 years of Age	99395*

DEVELOPMENTAL TESTING

(Testing Instrument, Interpretation/Report)

DESCRIPTION	AGE	CPT CODE
Screening	0-20 years of Age	96110
Extended	0-20 years of Age	96111

LEAD TESTING

(Mandatory at 12 months and 24 months of Age)

DESCRIPTION	AGE	CPT CODE
Testing (by Lab)	0-20 years of Age	83655
Venous Sample	0-20 years of Age	36415
Capillary Sample	0-20 years of Age	36416
Specimen Handling	0-20 year of Age	99000

VISION SCREENINGS

DESCRIPTION	AGE	CPT CODE
Vision	3-20 years of Age	99173

HEARING SCREENINGS

DESCRIPTION	AGE	CPT CODE
Hearing	0-20 years of Age	92551

- Use the appropriate Immunization Codes for scheduled immunizations.
- ++ Lead Testing required at 12 months **and** 24 months

PRESORT
 STANDARD
 U.S. POSTAGE
 PAID
 RICHMOND, VA
 PERMIT 9

VA Premier Richmond
 P.O. Box 5307
 Richmond, Virginia 23220-0307
 VA Premier Roanoke
 4910 Valley View Blvd., NW
 Suite 202
 Roanoke, Virginia 24008
 VA Premier Tidewater
 5029 Corporate Woods Drive
 Virginia Beach, VA 23462
 VA Premier Harrisonburg
 2322 Bluestone Hills Drive
 Suite 220
 Harrisonburg, VA 22801

