

Healthy Michigan Plan Results Report

(FY2017 Appropriation Act - Public Act 268 of 2016)

September 30, 2017

Sec. 1877. The department shall evaluate and report to the house and senate appropriations subcommittees on the department budget on how the Healthy Michigan plan has contributed to assisting individuals in utilizing high-value services, minimized the use of low-value services, and how individuals' lives may be improving as a result of their access to services provided through the Healthy Michigan plan.



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
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Report 1877

The Healthy Michigan Plan has been designed to assist individual members in utilizing high-value services and minimizing the use of low-value services through its copay structure and managed care service model. Over 700,000 Michigan citizens have received access to services provided through the Healthy Michigan Plan, leading to improvements in their physical, financial and psycho-social health.

Healthy Michigan Plan Copay Structure

The Healthy Michigan Plan copay structure is designed to promote the use of high-value services and minimize the use of low-value services by requiring members to contribute more in copays towards the cost of low-value services (See Attachment 1). To further emphasize this, the Healthy Michigan Plan copays were increased for non-emergent use of the emergency department for members with incomes above 100% of the Federal Poverty Level (FPL) on April 1, 2017. The copay structure also eliminates copays for high-value services such as preventive care, and for services and prescriptions related to the management of chronic conditions (see Attachments 2-4).

Managed Care Efforts to Promote High-Value Services and Minimize Low-Value Services

The eleven Managed Care Plans which are contracted for the Healthy Michigan Plan use a number of additional mechanisms to promote the use of high-value services with their members. Managed care plans attempt to connect all of their new members to a primary care provider at enrollment, with an initial visit scheduled within 60 days. This occurs through welcome packets which include the Healthy Michigan Plan Health Risk Assessment, and welcome calls which assist the member with scheduling their first appointment. Health plan staff also educate members about wellness services and a healthy lifestyle through member newsletters, online resources, mobile wellness applications and reminders for recommended preventive screenings and exams.

The managed care plans frequently provide member incentives to individuals who utilize high-value services in a timely and responsible manner. This is in addition to the incentive available to all Healthy Michigan Plan members who commit to maintaining or addressing healthy behaviors through the Healthy Michigan Plan Health Risk Assessment. The Health Risk Assessment information and welcome calls can also help to identify members with chronic conditions who might benefit from health plan disease management programs and care coordination which educate them about how best to self-manage their chronic conditions to reduce progression of the condition.

Care managers, with the assistance of community health workers, can also encourage the use of high value services by connecting high risk members to primary care or other resources when they transition between settings of health care to improve health outcomes and reduce the risk for preventable hospital readmissions. Care management frequently includes medication management to promote adherence to high-value medications and reduce costly preventable medication-related adverse events. All of the managed care plans are also working on improving coordination with Behavioral Health with shared care plans to ensure that all health care needs are being met in the most appropriate setting.

Community health workers can also conduct home visits, promote health literacy, and identify barriers to care and unmet socioeconomic needs which can be resolved by connecting members to community resources.

The Healthy Michigan Plan managed care plans use a number of strategies to promote the use of primary care for services rather than non-emergent use of the emergency room. These can include member education efforts, urgent care directories, promotion and support for Patient Centered Medical Homes (PCMH) which offer evening, weekend and same-day appointments, health plan care managers and community health workers who reach out to members who have recently used the emergency room to connect them with a medical home, and providing access to 24-hour nurse phone lines, telemedicine and other virtual care options.

The Managed Care Plan Division of the Michigan Department of Health and Human Services (the Department) has also required all managed care plans to conduct a 3-year performance improvement project focused on reducing overutilization of the emergency room. These ended in 2017 with many successful strategies implemented to address high/super utilizers and frequent users for non-emergent health concerns. The Department decided to renew the requirement for these improvement projects for another three years (2018-2020), with a focus on overutilization due to unmet behavioral health, substance use disorder or dental needs.

This support for innovation in care models that promote high-value services and minimize low-value services requires close collaboration with providers and support for alternative payment models. The managed care plans support PCMH initiatives which include care management fees and incentives for physicians who provide needed high-value and preventive services. The Michigan Department of Health and Human Services is working closely with the managed care plans to expand successful approaches to value-based purchasing and developing alternative payment models with a strong emphasis on promoting quality care.

Attachments

Attachment 1: About Healthy Michigan Plan Co-pays

Attachment 2: Healthy Michigan Plan Preventive Services Guide

Attachment 3: Healthy Michigan Plan - Chronic Conditions

Attachment 4: Healthy Michigan Plan - Chronic Conditions Copay Exemption Drug Classes



CO-PAY REQUIREMENTS *(effective 4/1/2017)*

Covered Services	Co-Pay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2	\$ 4
Outpatient Hospital Clinic Visit	\$ 1	\$ 4
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> • Co-payment ONLY applies to non-emergency services • There is no co-payment for true emergency services 	\$ 3	\$ 8
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50	\$ 100
Pharmacy	\$ 1 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 2

Healthy Michigan Plan Co-Payment Exemptions

Groups Exempt from Co-Pay Requirements	Services Exempt from Co-Pay Requirements
<ul style="list-style-type: none"> • Beneficiaries under age 21 • Individuals residing in a nursing facility • Individuals receiving hospice care • Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x) • Beneficiaries dually eligible for Healthy Michigan Plan and Children’s Special Health Care Services 	<ul style="list-style-type: none"> • Emergency services • Family planning services • Pregnancy-related services • Preventive services • Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services • Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program • Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry • Services related to program-specific chronic conditions *

* A list of program-specific chronic conditions can be found online at www.michigan.gov/healthymichiganplan >> Healthy Michigan Plan Provider Information

Michigan Department of Health and Human Services
Preventive Services Coverage Guidelines
Healthy Michigan Plan

The Patient Protection and Affordable Care Act have designated specific resources that identify the preventive services required for coverage by the act. The following lists of preventive services, CPT, and HCPCS codes are for reference purposes only to assist Medicaid managed care plans in determining coverage for specific services as required for Healthy Michigan Plan beneficiaries. Other coverage determination guidelines may apply. This information is not intended to replace clinical judgment of primary care providers in administering these services.

Additional information about preventive care guidelines is available at the following:

- United States Preventive Services Task Force grade A and B services
<http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
- Advisory Committee on Immunization Practices recommended vaccines
<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine recommended preventive services for women
<http://www.nationalacademies.org/hmd/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>
- Early and Periodic Screening, Diagnosis and Treatment services as defined in the current periodicity schedule by the American Academy of Pediatrics (for 19 and 20 year olds only)
http://brightfutures.aap.org/clinical_practice.html

USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	N/A	Healthy Michigan Plan does not cover this age group.
Alcohol misuse: screening and counseling	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Aspirin preventive medication: adults aged 50 to 59 years with a ≥10% 10-year cardiovascular risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	N/A	Pharmacy Benefit
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	87086, 87088	

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Blood pressure screening in adults	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	See Notes	Covered during preventive medicine services or a focused E/M visit.
BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Breast cancer preventive medications	The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	77067, 77063, G0202	
Breastfeeding interventions	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	99402-MIHP S9443 Also See Notes	Lactation support and counseling is provided as part of childbirth education. It is covered during preventive medicine services or a focused E/M visit. IBCLC services may be provided as a benefit within the MIHP program or separately reimbursed in the outpatient setting when rendered by a qualified provider

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Cervical cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	87623-87625, 88141-88148, 88155, 88164-88167, 88174-88175, G0101, G0476, Q0091	
Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	87110, 87270, 87320, 87490-87492, 87810	
Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders.	80061, 82465, 83718-83721, 84478	
Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718-83721, 84478	
Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718-83721, 84478	
Cholesterol abnormalities screening: women younger than 45	The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718-83721, 84478	
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	45330-45331, 45333, 45338, 45346, 45378, 45380, 45384-45385, 45388, 81528, 82270, 82274, G0104-G0105, G0121, G0328	
Dental caries prevention: infants and children up to age 5 years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	N/A	Healthy Michigan Plan does not cover this age group.

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Depression screening: adolescents	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	N/A	Healthy Michigan Plan does not cover this age group.
Depression screening: adults	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	82947-82952, 83036	
Falls prevention in older adults: exercise or physical therapy	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	N/A	Healthy Michigan Plan does not cover this age group.
Falls prevention in older adults: vitamin D	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	N/A	Healthy Michigan Plan does not cover this age group.
Folic acid supplementation	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	N/A	Pharmacy Benefit
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	82950-82952	
Gonorrhea prophylactic medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	N/A	Healthy Michigan Plan does not cover this age group.
Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	87590-87592, 87850	

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Hearing loss screening: newborns	The USPSTF recommends screening for hearing loss in all newborn infants.	N/A	Healthy Michigan Plan does not cover this age group.
Hemoglobinopathies screening: newborns	The USPSTF recommends screening for sickle cell disease in newborns.	N/A	Healthy Michigan Plan does not cover this age group.
Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	86704-86706, 87340, G0499	
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	86704-86706, 87340, G0499	
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	86803, G0472	
High blood pressure in adults: screening	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	See Notes	Covered during preventive medicine services or a focused E/M visit.
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	86689, 86701-86703, 87389-87391, 87534-87539, 87806, G0432-G0433, G0435	

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicare Covered	NOTES
HIV screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	80081, 86689, 86701-86703, 87389-87391, 87534-87539, 87806, G0432-G0433, G0435	
Hypothyroidism screening: newborns	The USPSTF recommends screening for congenital hypothyroidism in newborns.	N/A	Healthy Michigan Plan does not cover this age group.
Intimate partner violence screening: women of childbearing age	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults' ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	71250, G0297	
Obesity screening and counseling: adults	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Obesity screening and counseling: children	The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	N/A	Healthy Michigan Plan does not cover this age group.
Osteoporosis screening: women	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	76977, 77078-77081	
Phenylketonuria screening: newborns	The USPSTF recommends screening for phenylketonuria in newborns.	N/A	Healthy Michigan Plan does not cover this age group.

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TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Preeclampsia prevention: aspirin	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	N/A	Pharmacy Benefit
Rh incompatibility screening: 24–28 weeks' gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	80055, 80081, 86901	
Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	80055, 80081, 86901	
Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Skin cancer behavioral counseling	The USPSTF recommends counseling children, adolescents, and young adults' ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	N/A	Pharmacy Benefit
Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	86592-86593	
Syphilis screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	80055, 80081, 86592-86593	

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USPSTF A and B RECOMMENDATIONS

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	99406, 99407	
Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	99406, 99407	
Tobacco use interventions: children and adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	N/A	Healthy Michigan Plan does not cover this age group.
Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	86480, 86481, 86580, 87116	
Visual acuity screening in children	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	N/A	Healthy Michigan Plan does not cover this age group.

Advisory Committee on Immunization Practices (ACIP) recommended vaccines

Follow current Medicaid policy for coverage of ACIP recommended vaccines.

**Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine
Recommended Preventive Health Care Services for Women**

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Screening for gestational diabetes (Recommendation 5.1)	Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	82950-82952	

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Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine

Recommended Preventive Health Care Services for Women

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Human papillomavirus testing (Recommendation 5.2)	The addition of high-risk human papillomavirus DNA testing in addition to cytology testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.	87623-87625, G0476	
Counseling for sexually transmitted infections (Recommendation 5.3)	Annual counseling on sexually transmitted infections for sexually active women.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Counseling and screening for human immunodeficiency virus (Recommendation 5.4)	Counseling and screening for human immunodeficiency virus infection on an annual basis for sexually active women.	86689, 86701-86703, 87389-87391, 87534-87539, 87806, G0432-G0433, G0435 Also See Notes	Counseling covered during preventive medicine services or a focused E/M visit. Labs as indicated.
Contraceptive methods and counseling (Recommendation 5.5)	The full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity.	11976, 11981, 11982, 11983, 57170, 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264, A4266, A4268, A4269, J1050, J7297, J7298, J7300, J7301, J7304, J7307, S4989	Counseling covered during preventive medicine services or a focused E/M visit. Oral contraceptives are included as a pharmacy benefit.

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Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine

Recommended Preventive Health Care Services for Women

TYPE OF PREVENTIVE SERVICE	DESCRIPTION	RECOMMENDED ASSOCIATED CPT CODES-Medicaid Covered	NOTES
Breastfeeding support, supplies and counseling (Recommendation 5.6)	Comprehensive lactation support and counseling and costs of renting breastfeeding equipment. A trained provider should provide counseling services to all pregnant women and to those in the postpartum period to ensure the successful initiation and duration of breastfeeding. (The ACA ensures that breastfeeding counseling is covered; however, the committee recognizes that interpretation of this varies.)	99402-MIHP, A4281-A4286, E0602-E0604 S9443 Also See Notes	Lactation support and counseling is provided as part of childbirth education. It is covered during preventive medicine services or a focused E/M visit. IBCLC services may be provided as a benefit within the MIHP program or separately reimbursed in the outpatient setting when rendered by a qualified provider.
Screening and counseling for interpersonal and domestic violence (Recommendation 5.7)	Screening and counseling for interpersonal and domestic violence. Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.	See Notes	Covered during preventive medicine services or a focused E/M visit.
Well-woman visit (Recommendation 5.8)	At least one well-women preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care. The committee also recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.	See Notes	Covered during preventive medicine services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services (19 and 20 year olds only)

Follow current Medicaid policy for coverage of EPSDT services.
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Revision History

04/2014	<ul style="list-style-type: none"> - Added HCPCS codes: A4281-A4286 and E0602-E0604, to IOM's Breastfeeding support, supplies and counseling preventive service. - Gestational diabetes mellitus screening added to USPSTF January 2014
07/2014	<ul style="list-style-type: none"> - Lung cancer screening added to USPSTF December 2013 - Hepatitis B screening: nonpregnant adolescents and adults added to USPSTF May 2014 - BRCA screening, counseling about had an update to the USPSTF preventive service title. - Dental caries prevention: preschool children had an update to the USPSTF preventive service title. - Align HIV screening with current 2014 USPSTF version.
10/2014	<ul style="list-style-type: none"> - Healthy diet counseling had an update to the USPSTF preventive service title and description. - Preeclampsia prevention: aspirin added to USPSTF September 2014 - Chlamydia screening: women had an update to the USPSTF preventive service title and description. - Gonorrhea screening: women had an update to the USPSTF description. - Sexually transmitted infections counseling had an update to the USPSTF description.
02/2015	<ul style="list-style-type: none"> - Added 2015 HCPCS codes: 45346, 45388, 77063, 77085-77086, 87623-87625, 87806, G0464, G0472, G6019, G6022, G6024 - Deleted discontinued HCPCS codes: 45339, 45383, 87620-87622
10/2015	<ul style="list-style-type: none"> - High blood pressure in adults: screening added to USPSTF October 2015 - Diabetes Screening had an update to the USPSTF description.
01/2016	<ul style="list-style-type: none"> - Added HCPCS code: A4264 - Added 2016 HCPCS codes: 80081, 81528, G0297, J7297, J7298 - Deleted HCPCS code: G0464 as it is a Grade I. - Deleted discontinued HCPCS codes: G6019, G6022, G6024, J7302
04/2016	<ul style="list-style-type: none"> - Depression screening: adults had an update to the USPSTF preventive service description. - Depression screening: adolescents had an update to the USPSTF preventive service description. - Added HCPCS code: S9443 - Revised notes concerning Lactation support.
07/2016	<ul style="list-style-type: none"> - Diabetes screening: Added HCPCS codes: 82952 - Hepatitis B screening: nonpregnant adolescents and adults: Deleted HCPCS codes: 86707, 87341 - Hepatitis B screening: pregnant women: Deleted HCPCS codes: 80055, 80081, 86707, 87341 - Osteoporosis screening: women: Deleted HCPCS codes: 77085 and 77086. Added HCPCS codes: 76977, 77078, 77081 - Syphilis screening: nonpregnant/pregnant persons had an update to the USPSTF preventive service description. - Aspirin to prevent cardiovascular disease: men/women had an update to the USPSTF preventive service title and description. - Blood pressure screening in adults had an update to the USPSTF preventive service description. - Tobacco use counseling: nonpregnant/pregnant had an update to the USPSTF preventive service description. - Anemia screening: pregnant women removed from USPSTF A and B recommendation. - Iron supplementation in children: removed from USPSTF A and B recommendation. - Colorectal cancer screening had an update to the USPSTF preventive service description.
11/2016	<ul style="list-style-type: none"> - Tuberculosis screening: adults added to USPSTF September 2016 - Breastfeeding counseling had an update to the USPSTF preventive service title and description. - Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater added to USPSTF November 2016
01/2017	<ul style="list-style-type: none"> - Deleted discontinued HCPCS codes: G0436, G0437, 77052, 77057 - Added 2017 HCPCS codes: G0499, 77067 - Added HCPCS code: G0476

Condition	ICD-10 Code	Comments
Alcohol Use Disorder	F10.1-F10.2	
	K29.2	
	K70	
Alzheimer's Disease and Related Disorders or Senile Dementia	F01-F05, F06.1, F06.8, G13.2, G13.8, G30, G31.0, G31.1, G31.2, G91.4, G94, R41.81, R54	Effective 4-1-17
Anemia (Includes Sickle Cell Disease)	D50-D53, D55-D59, D60-D64	Effective 4-1-17
Asthma	J45	
Atrial Fibrillation	I48.0, I48.1, I48.2, I48.91	Effective 4-1-17
Bipolar Disorder	F30-F31, F32.8, F33.8, F34.8, F34.9, F39	Effective 4-1-17
Cancer - All Inclusive	C00-D09, Z08	Effective 4-1-17
Cataract	H25, H26, H27, H43.0, Q12.0	Effective 4-1-17
Chronic Kidney Disease	A18.11	
	A52.75	
	B52.0	
	D59.3	
	E08.2, E09.2, E10.2, E11.2, E13.2	
	E74.8	Effective 4-1-17
	I12.0, I13.11, I13.2	
	I70.1	
	I72.2	
	K76.7	
	M10.3	
	M32.14-M32.15	
	M35.04	Effective 4-1-17
	N00-N08	
	N13.1-N13.3	
	N14	
	N15	
	N16	
	N17-N19	
	N25	
	N26.1, N26.9	
	Q61.02	
	Q61.11	
	Q61.19	
	Q61.2	
	Q61.3	
	Q61.4	
	Q61.5	
	Q61.8	
	Q62.0	
	Q62.1	
	Q62.2	
	Q62.3	
Chronic Obstructive Pulmonary Disease and Bronchiectasis	J40-J42	
	J43	
	J44	
	J47	
Cystic Fibrosis	E84	Effective 4-1-17

Condition	ICD-10 Code	Comments
Deep Venous Thrombosis (DVT) (while on anticoagulation)/Pulmonary Embolism (PE) (chronic anticoagulation)	I26	
	I27.82	
	I80.1-I80.2	To meet the chronic anticoagulation requirement, the diagnosis codes provided
	I82.4	
	I82.5	
Depression	F31.3-F31.6	
	F31.75-F31.78	
	F31.81	
	F32	
	F33	
	F34.1	
	F43.21	
Diabetes Mellitus	E08-E13	
Glaucoma	H35.89, H40, H47.23	Effective 4-1-17
Heart Failure	I09.81	
	I11.0, I13.0, I13.2	
	I50	
Hemophilia	D66-D68	Effective 4-1-17
HIV	B20	
	B97.35	Effective 4-1-17
	Z21	
Hyperlipidemia	E78.0-E78.5	
Hypertension	H35.03	
	N26.2	Effective 4-1-17
	I10-I15	
	I67.4	
Ischemic Heart Disease	I20-I22	
	I24	
	I25.1	
	I25.2	
	I25.42	
	I25.5	
	I25.6	
	I25.7	
	I25.81-I25.84, I25.89, I25.9	I25.84 Effective 4-1-17
Lead Exposure	T56.0	Effective 4-1-17
Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)	K70, K71.11, K72-K75, K76.0-K76.3, K76.5-K76.8, K77, K83.0, Z48.23	Effective 4-1-17
Obesity	E66	
Osteoporosis	M81	Effective 4-1-17
RA/OA (Rheumatoid Arthritis/Osteoarthritis)	M05-M06, M08, M15-M19, M45, M47, M48.8	Effective 4-1-17
Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders	F20-F29; F44.89	Effective 4-1-17
Stroke/Transient Ischemic Attack	G45	
	G46.0-G46.2	
	I60-I61	
	I63	
	I66	
	I67.84, I67.89	
	I97.81-I97.82	

Condition	ICD-10 Code	Comments
Substance Use Disorder	F11-F16	
	F18-F19	
Tobacco Use Disorder	F17	
	Z72.0	
Viral Hepatitis	B18	Effective 4-1-17

Healthy Michigan Plan

CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
Behavioral Health/Substance Abuse	C0D	Anti Alcoholic Preparations	Alcohol Dependence
	H2D	BARBITURATES	Anxiety
	H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	Alcohol Dependence and Depression
	H2F	ANTI-ANXIETY DRUGS	Alcohol Dependence and Depression
	H2G	ANTI-PSYCHOTICS, PHENOTHIAZINES	Schizophrenia
	H2H	MONOAMINE OXIDASE(MAO) INHIBITORS	Depression
	H2M	BIPOLAR DISORDER DRUGS	Depression
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	Depression
	H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	Depression
	H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	Depression
	H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	Depression
	H3T	NARCOTIC ANTAGONISTS	Alcohol Dependence
	H4B	ANTICONVULSANTS	Depression
	H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	Depression
	H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	Depression
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	Depression
	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	Depression
	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	Depression
	H7O	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Schizophrenia
	H7P	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	Schizophrenia
	H7S	ANTIPSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES	Schizophrenia
	H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	Schizophrenia and Depression
	H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	Schizophrenia
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	Schizophrenia and Depression
	H7Z	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG CMB	Depression
	H8P	SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT	Depression
	H8T	SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	Depression
	Chronic Cardiovascular Disease	A1A	DIGITALIS GLYCOSIDES
A1C		INOTROPIC DRUGS	Heart Failure
A2C		ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	Ischemic Heart Disease
A4A		ANTIHYPERTENSIVES, VASODILATORS	Hypertension
A4B		ANTIHYPERTENSIVES, SYMPATHOLYTIC	Hypertension
A4C		ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS	Hypertension
A4D		ANTIHYPERTENSIVES, ACE INHIBITORS	Hypertension, Ischemic Heart Disease and Heart Failure
A4F		ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	Hypertension, Ischemic Heart Disease and Heart Failure
A4H		ANGIOTENSIN RECEPTOR ANTAGNST & CALC. CHANNEL BLOCKR	Hypertension, Ischemic Heart Disease and Heart Failure
A4I		ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	Hypertension, Ischemic Heart Disease and Heart Failure
A4J		ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	Hypertension, Ischemic Heart Disease and Heart Failure
A4K		ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	Hypertension
A4T		RENIN INHIBITOR, DIRECT	Hypertension
A4U		RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB	Hypertension
A4V		ANGIOTEN. RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB	Hypertension
A4W		RENIN INHIBITOR, DIRECT & ANGIOTENSIN RECEPT ANTAG.	Hypertension
A4X		RENIN INHIBITOR, DIRECT & CALCIUM CHANNEL BLOCKER	Hypertension
A4Y		ANTIHYPERTENSIVES, MISCELLANEOUS	Hypertension
A4Z		RENIN INHIB, DIRECT & CALC.CHANNEL BLKR & THIAZIDE	Hypertension
A7B		VASODILATORS, CORONARY	Ischemic Heart Disease and Heart Failure
A7C		VASODILATORS, PERIPHERAL	Ischemic Heart Disease and Stroke/Transient Ischemic Attack
A7H		VASOACTIVE NATRIURETIC PEPTIDES	Hypertension and Heart Failure
A7J		VASODILATORS, COMBINATION	Heart Failure
A9A		CALCIUM CHANNEL BLOCKING AGENTS	Hypertension, Ischemic Heart Disease and Heart Failure
C4A		ANTIHYPERTGLY. DPP-4 INHIBITORS & HMG COA RI (STATINS)	Ischemic Heart Disease
C6N		NIACIN PREPARATIONS	Hyperlipidemia

Healthy Michigan Plan

CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
Chronic Cardiovascular Disease (cont.)	D7L	BILE SALT SEQUESTRANTS	Hyperlipidemia
	J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	Hypertension and Heart Failure
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension
	J7C	BETA-ADRENERGIC BLOCKING AGENTS	Heart Failure and Ischemic Heart Disease
	J7E	ALPHA-ADRENERGIC BLOCKING AGENT/THIAZIDE COMB	Hypertension
	J7H	BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED	Hypertension
	M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	Hyperlipidemia and Ischemic Heart Disease
	M4E	LIPOTROPICS	Hyperlipidemia and Ischemic Heart Disease
	M4E	LIPOTROPICS	Ischemic Heart Disease
	M4I	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	Hyperlipidemia, Hypertension, Ischemic Heart Disease
	M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN	Hyperlipidemia and Ischemic Heart Disease
	M4M	ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	Hyperlipidemia and Ischemic Heart Disease
	M9D	ANTIFIBRINOLYTIC AGENTS	Ischemic Heart Disease
	M9E	THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE	DVT and Ischemic Heart Disease
	M9F	THROMBOLYTIC ENZYMES	DVT and Stroke/Transient Ischemic Attack
	M9K	HEPARIN AND RELATED PREPARATIONS	DVT and Ischemic Heart Disease
	M9L	ANTICOAGULANTS,COUMARIN TYPE	DVT and Ischemic Heart Disease
	M9P	PLATELET AGGREGATION INHIBITORS	Ischemic Heart Disease and Stroke/Transient Ischemic Attack
	M9T	THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE	DVT and Ischemic Heart Disease
	M9V	DIRECT FACTOR XA INHIBITORS	DVT
	R1E	CARBONIC ANHYDRASE INHIBITORS	Hypertension and Heart Failure
	R1F	THIAZIDE AND RELATED DIURETICS	Hypertension and Heart Failure
R1H	POTASSIUM SPARING DIURETICS	Hypertension and Heart Failure	
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	Hypertension and Heart Failure	
R1M	LOOP DIURETICS	Hypertension and Heart Failure	
Chronic Pulmonary Disease	A1B	XANTHINES	Asthma and COPD
	A1D	GENERAL BRONCHODILATOR AGENTS	Asthma and COPD
	B6M	GLUCOCORTICIODS, ORALLY INHALED	Asthma and COPD
	J5A	ADRENERGIC AGENTS,CATECHOLAMINES	Asthma and COPD
	J5D	BETA-ADRENERGIC AGENTS	Asthma and COPD
	J5G	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	Asthma and COPD
	J5J	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	COPD
	Z2F	MAST CELL STABILIZERS	Asthma
	Z2X	PHOSPHODIESTERASE-4 (PDE4) INHIBITORS	COPD
	Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	Asthma
Diabetes	C4B	ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER	Diabetes Mellitus
	C4C	ANTIHYPERGLY,DPP-4 ENZYME INHIB &THIAZOLIDINEDIONE	Diabetes Mellitus
	C4D	ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	Diabetes Mellitus
	C4F	ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR & BIGUANIDE COMB	Diabetes Mellitus
	C4G	INSULINS	Diabetes Mellitus
	C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	Diabetes Mellitus
	C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTOR AGONIST)	Diabetes Mellitus
	C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	Diabetes Mellitus
	C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	Diabetes Mellitus
	C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	Diabetes Mellitus
	C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS	Diabetes Mellitus
	C4N	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AGONIST)	Diabetes Mellitus
	C4R	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & SULFONYLUREA	Diabetes Mellitus
	C4S	ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB	Diabetes Mellitus
	C4T	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & BIGUANIDE	Diabetes Mellitus
	C4V	ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS	Diabetes Mellitus

Healthy Michigan Plan

CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>HIV</i>	W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	HIV
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	HIV
	W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	HIV
	W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	HIV
	W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	HIV
	W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	HIV
	W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	HIV
	W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	HIV
	W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	HIV
	W5Q	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	HIV
	W5T	ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.	HIV
	W5U	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	HIV
	W5X	ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR	HIV
	<i>Obesity</i>	D5A	FAT ABSORPTION DECREASING AGENTS
J5B		ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	Obesity
J8A		ANTI-OBESITY - ANOREXIC AGENTS	Obesity
J8C		ANTI-OBESITY SEROTONIN 2C RECEPTOR AGONISTS	Obesity
<i>Smoking Cessation</i>	J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	Tobacco Use Disorder
	J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	Tobacco Use Disorder
<i>Medical Supplies</i>	R3W	URINE ACETONE TEST AIDS	
	Y9A	DIABETIC SUPPLIES	
	M4A	BLOOD SUGAR DIAGNOSTICS	
	Y3A	DURABLE MEDICAL EQUIPMENT	
	Y7A	RESPIRATORY AIDS, DEVICES, EQUIPMENT	
	X2A	NEEDLES/NEEDLELESS DEVICES	
	X2B	SYRINGES AND ACCESSORIES	