

**Healthcare Group of Arizona**  
Codes Exempt from Deductible  
Healthstyles HMO Benefit Plans  
Effective January 1, 2009

CODE	PROC_DESC	TYPE
36400	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT TO BE USED	02-Blood Draw
36405	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT TO BE	02-Blood Draw
36406	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT TO BE	02-Blood Draw
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING PHYSICIAN'S SKILL (SEPARATE	02-Blood Draw
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	02-Blood Draw
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	02-Blood Draw
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	02-Blood Draw
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	06-Preventive Codes
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	06-Preventive Codes
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	06-Preventive Codes
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	06-Preventive Codes
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)

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73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	04-Basic Diagnostic X-Ray Exams (Excluding Mammography)
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	06-Preventive Codes
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	06-Preventive Codes
77052	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	06-Preventive Codes
77055	MAMMOGRAPHY; UNILATERAL	06-Preventive Codes
77056	MAMMOGRAPHY; BILATERAL	06-Preventive Codes
77057	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	06-Preventive Codes
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	06-Preventive Codes
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	06-Preventive Codes
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VER	06-Preventive Codes
80048	BASIC METABOLIC PANEL	03-Basic Blood Tests and Laboratory Services
80050	GENERAL HEALTH PANEL	03-Basic Blood Tests and Laboratory Services
80051	ELECTROLYTE PANEL	03-Basic Blood Tests and Laboratory Services
80053	COMPREHENSIVE METABOLIC PANEL	03-Basic Blood Tests and Laboratory Services
80055	OBSTETRIC PANEL	03-Basic Blood Tests and Laboratory Services
80061	LIPID PANEL	03-Basic Blood Tests and Laboratory Services
80061	LIPID PANEL	06-Preventive Codes
80069	RENAL FUNCTION PANEL	03-Basic Blood Tests and Laboratory Services
80074	ACUTE HEPATITIS PANEL	03-Basic Blood Tests and Laboratory Services
80076	HEPATIC FUNCTION PANEL	03-Basic Blood Tests and Laboratory Services
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	03-Basic Blood Tests and Laboratory Services
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	03-Basic Blood Tests and Laboratory Services
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	03-Basic Blood Tests and Laboratory Services
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	03-Basic Blood Tests and Laboratory Services
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	03-Basic Blood Tests and Laboratory Services

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81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	03-Basic Blood Tests and Laboratory Services
81015	URINALYSIS; MICROSCOPIC ONLY	03-Basic Blood Tests and Laboratory Services
81020	URINALYSIS; TWO OR THREE GLASS TEST	03-Basic Blood Tests and Laboratory Services
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	03-Basic Blood Tests and Laboratory Services
82040	ALBUMIN; SERUM	03-Basic Blood Tests and Laboratory Services
82247	BILIRUBIN; TOTAL	03-Basic Blood Tests and Laboratory Services
82248	BILIRUBIN; DIRECT	03-Basic Blood Tests and Laboratory Services
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; FECES, CONSECUT	06-Preventive Codes
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, SINGLE S	06-Preventive Codes
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE,	06-Preventive Codes
82310	CALCIUM; TOTAL	03-Basic Blood Tests and Laboratory Services
82374	CARBON DIOXIDE (BICARBONATE)	03-Basic Blood Tests and Laboratory Services
82435	CHLORIDE; BLOOD	03-Basic Blood Tests and Laboratory Services
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	03-Basic Blood Tests and Laboratory Services
82565	CREATININE; BLOOD	03-Basic Blood Tests and Laboratory Services
82800	GASES, BLOOD, PH ONLY	03-Basic Blood Tests and Laboratory Services
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	03-Basic Blood Tests and Laboratory Services
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	03-Basic Blood Tests and Laboratory Services
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	06-Preventive Codes
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	03-Basic Blood Tests and Laboratory Services
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL	03-Basic Blood Tests and Laboratory Services
84075	PHOSPHATASE, ALKALINE;	03-Basic Blood Tests and Laboratory Services
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	03-Basic Blood Tests and Laboratory Services
84132	POTASSIUM; SERUM	03-Basic Blood Tests and Laboratory Services
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	06-Preventive Codes
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	06-Preventive Codes
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	06-Preventive Codes
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	03-Basic Blood Tests and Laboratory Services
84295	SODIUM; SERUM	03-Basic Blood Tests and Laboratory Services
84443	THYROID STIMULATING HORMONE (TSH)	03-Basic Blood Tests and Laboratory Services
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	03-Basic Blood Tests and Laboratory Services
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	03-Basic Blood Tests and Laboratory Services
84478	TRIGLYCERIDES	03-Basic Blood Tests and Laboratory Services
84520	UREA NITROGEN; QUANTITATIVE	03-Basic Blood Tests and Laboratory Services
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	03-Basic Blood Tests and Laboratory Services
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC	03-Basic Blood Tests and Laboratory Services
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	03-Basic Blood Tests and Laboratory Services
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	03-Basic Blood Tests and Laboratory Services
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	03-Basic Blood Tests and Laboratory Services
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	03-Basic Blood Tests and Laboratory Services
86701	HIV1	03-Basic Blood Tests and Laboratory Services

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86702	HIV2	03-Basic Blood Tests and Laboratory Services
86703	HIV1 AND HIV2, SINGLE ASSAY	03-Basic Blood Tests and Laboratory Services
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	03-Basic Blood Tests and Laboratory Services
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	03-Basic Blood Tests and Laboratory Services
86762	ANTIBODY; RUBELLA	03-Basic Blood Tests and Laboratory Services
86803	HEPATITIS C ANTIBODY;	03-Basic Blood Tests and Laboratory Services
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	03-Basic Blood Tests and Laboratory Services
86900	BLOOD TYPING; ABO	03-Basic Blood Tests and Laboratory Services
86901	BLOOD TYPING; RH (D)	03-Basic Blood Tests and Laboratory Services
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	03-Basic Blood Tests and Laboratory Services
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	03-Basic Blood Tests and Laboratory Services
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING	06-Preventive Codes
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	06-Preventive Codes
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	06-Preventive Codes
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER	06-Preventive Codes
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN	06-Preventive Codes
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	06-Preventive Codes
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	06-Preventive Codes
88154	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	06-Preventive Codes
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG,	06-Preventive Codes
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL	06-Preventive Codes
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	06-Preventive Codes
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	06-Preventive Codes
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	06-Preventive Codes
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC	06-Preventive Codes
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	06-Preventive Codes
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	06-Preventive Codes
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	06-Preventive Codes
90465	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS, INTRADE	06-Preventive Codes
90466	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	06-Preventive Codes
90467	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	06-Preventive Codes
90468	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	06-Preventive Codes
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	06-Preventive Codes
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	06-Preventive Codes
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	06-Preventive Codes
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	06-Preventive Codes
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	06-Preventive Codes
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	06-Preventive Codes
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR	06-Preventive Codes
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR	06-Preventive Codes
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR	06-Preventive Codes

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90646	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER USE ONLY,	06-Preventive Codes
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR	06-Preventive Codes
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR	06-Preventive Codes
90649	HPV VACCINATION - PREVENTIVE ONLY FOR FEMALES, 11-12 YEARS	06-Preventive Codes
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CH	06-Preventive Codes
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO 3	06-Preventive Codes
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS	06-Preventive Codes
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE AND OL	06-Preventive Codes
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	06-Preventive Codes
90669	YOUNGE	06-Preventive Codes
90696	DTAP-IPV, IM use	06-Preventive Codes
90680	Pentavalent Rotavirus	06-Preventive Codes
90681	Pentavalent Rotavirus	06-Preventive Codes
90698	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	06-Preventive Codes
90700	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINI	06-Preventive Codes
90701	DTP, Pediatric	06-Preventive Codes
90702	DIPHThERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER THAN 7	06-Preventive Codes
90703	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	06-Preventive Codes
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	06-Preventive Codes
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	06-Preventive Codes
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	06-Preventive Codes
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	06-Preventive Codes
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS	06-Preventive Codes
90712	POLIOVIRUS VACCINE, (ANY TYPE(S)) (OPV), LIVE, FOR ORAL USE	06-Preventive Codes
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	06-Preventive Codes
90714	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTER	06-Preventive Codes
90715	TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINIS	06-Preventive Codes
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	06-Preventive Codes
90718	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS OR OLD	06-Preventive Codes
90719	DIPHThERIA TOXOID, FOR INTRAMUSCULAR USE	06-Preventive Codes
90720	DIPHThERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE AND HEMOPHILUS	06-Preventive Codes
90721	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	06-Preventive Codes
90723	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	06-Preventive Codes
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIEN	06-Preventive Codes
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	06-Preventive Codes
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT),	06-Preventive Codes
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE	06-Preventive Codes
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	06-Preventive Codes
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR	06-Preventive Codes
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	06-Preventive Codes
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE	06-Preventive Codes

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CODE	PROC_DESC	TYPE
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	06-Preventive Codes
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	06-Preventive Codes
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	05-Basic EKG
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	05-Basic EKG
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	05-Basic EKG
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	03-Basic Blood Tests and Laboratory Services
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL & TIMED VITAL CAPACITY	03-Basic Blood Tests and Laboratory Services
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION, SINGLE DETERMINATION	03-Basic Blood Tests and Laboratory Services
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	01-Evaluation & Management - Physician Office
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	01-Evaluation & Management - Physician Office
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	01-Evaluation & Management - Physician Office
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	01-Evaluation & Management - Physician Office
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	01-Evaluation & Management - Physician Office
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	01-Evaluation & Management - Physician Office
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	01-Evaluation & Management - Physician Office
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	01-Evaluation & Management - Physician Office
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	01-Evaluation & Management - Physician Office
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	01-Evaluation & Management - Physician Office
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	01-Evaluation & Management - Physician Office
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	01-Evaluation & Management - Physician Office
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	01-Evaluation & Management - Physician Office
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	01-Evaluation & Management - Physician Office
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	01-Evaluation & Management - Physician Office
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	06-Preventive Codes
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	06-Preventive Codes
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	06-Preventive Codes
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	06-Preventive Codes
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	06-Preventive Codes
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	06-Preventive Codes
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	06-Preventive Codes

**Healthcare Group of Arizona**  
Codes Exempt from Deductible  
Healthstyles HMO Benefit Plans  
Effective January 1, 2009

CODE	PROC_DESC	TYPE
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	06-Preventive Codes
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	06-Preventive Codes
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	06-Preventive Codes
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	06-Preventive Codes
G0107	COLORECTAL CANCER SCREENING; FECAL-OCULT BLOOD TEST, 1-3 SIMULTANEOUS	06-Preventive Codes
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	06-Preventive Codes
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
<b>G0130</b>	<b>SEXA</b>	<b>06-Preventive Codes</b>
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	06-Preventive Codes
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	06-Preventive Codes
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	06-Preventive Codes
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	06-Preventive Codes
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	06-Preventive Codes
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	06-Preventive Codes
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	06-Preventive Codes
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3	06-Preventive Codes
G0366	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS COMPONENT OF INITIAL	05-Basic EKG
G0367	TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A COMPONENT OF	05-Basic EKG
G0368	INTERPRETATION AND REPORT ONLY, PERFORMED AS A COMPONENT OF THE INITIAL	05-Basic EKG
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	06-Preventive Codes
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	06-Preventive Codes
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	06-Preventive Codes