



IAFF/IAFC Wellness Fitness Initiative (4th Edition) Wellness Exam
With Common Procedure Codes

- For Physician Use Only	CPT Code		CPT Code
STANDARD FIRE FIGHTER EXAM ITEMS			
Complex Preventive Medical Exam < 40 yrs old	99395	Initial Comprehensive exam new pt 40+ yrs	99386
Complex Preventive Medical Exam 40 + yrs old	99396	Initial Comprehensive exam new pt 19-39 yrs	99385
Established Review	99213		
STANDARD FIRE FIGHTER EXAM LABS			
Chest X-Ray 2 View (Baseline then as indicated)			71046
Pulmonary Spirometry/NO BRONCHDILATOR/NO DIFF			94010
Resting EKG (May not be needed if Treadmill Stress Test)			93000
Maximal Treadmill Stress Test/CLINICAL EVAL/FUNCTIONAL CAPACITY			93015
HIV Screen (optional)			86703
HEP C AB (Baseline then as indicated)			86803
Comprehensive inspection of the skin.			
Mammogram every other year beginning at age 40 (annual after 50)			
Cervical exam with pap smear every 3 yrs beginning at age 21			
STANDARD FIRE FIGHTER EXAM LABS			CPT CODE
Comprehensive Metabolic Panel (Consists of)			80053
BUN			
GLUCOSE			
CREATININE			
BUN/CREATININE RATIO			
eGFR (From Creatinine value)			
CALCIUM			
TOTAL PROTEIN			
ALBUMIN			
GLOBULIN (NO SEPARATE CPT CODE)			
AG RATIO (NO SEPARATE CPT CODE)			
BILIRUBIN, TOTAL			
ALKALINE PHOSPHATASE			
ALT			
AST			
SODIUM			
POTASSIUM			
CHLORIDE			
CO2			
ANION GAP (NO SEPARATE CPT CODE)			
HEMOGLOBIN A1C			83036



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Standard Labs (continued)

LIPID PROFILE		80061
TOTAL CHOLESTEROL		
HDL-C		
T CHOL / HDL RATIO		
LDL-C		
TRIGLYCERIDES		
CBC W/ DIFF		85025
BILIRUBIN Direct		82248
LACTATE DEHYDROGENASE		
CRP, Cardio / High Sensitivity		86141
PSA Total (Baseline, males 40 and over)		84153/84152
UA With Micro		81001
TSH W/REFLEX TO FREE T4, FEMALES		84443
URIC ACID		84550
OCCULT BLOOD GUIAC (FOBT)		82270
HAZ MAT LAB TESTS- ADD ONS:		
CHOLINESTERASE		82480
CARBOXYHEMOGLOBIN		82375
LEAD, BLOOD		83655
MERCURY, BLOOD		83825
ARSENIC, RANDOM (Urinalysis)		82175
STANDARD FIRE FIGHTER EXAM COMPONENTS NO CPT CODES, NOT INSURANCE REIMBURSABLE		
HEALTH RISK APPRAISAL WITH INTEGRATED PRESCRIPTION EXAM DATA		
HEALTH RISK MODIFICATION PLAN (NUTRITION / EXERCISE Rx / WT LOSS)		
PATIENT CONSULT OR WRITTEN REVIEW/ASSESSMENT/ACTION PLAN		
INJURY EVAL/DIAGNOSIS/CLINICAL PATHWAY/REHAB/Pt PLAN/PREVENTION		

Physician's Signature

____/____/____
Date