





- Prior to the 2021 changes combining these sick and E&M visits were EXTREMELY difficult
 - Now, not so much
- However, there are 25 modifier warnings which are JUST as treacherous
- Know when you can- know when you cannot- and know how-to for best compliance!

What is preventive care?

- Preventive care is the care you receive to prevent illnesses or diseases.
- It also includes counseling to prevent health problems.
- Providing these services at no cost is based on the idea that getting preventive care, such as screenings and immunizations, can help you and your family stay healthy.





So, consider this....

- Your practice providespreventive care visit with a 16-year-old female that BCBS covers at \$0 cost to the patient. During the encounter, she is provided a birth control refill and counseling regarding safe sex, birth control concerns, etc...
 - The provider submits billing for a preventive encounter and a 99213 for the counseling.
 - Thoughts?



And what about this?

- 7-year-old Andrew presents to the office today for his annual exam as covered by his UHC policy. During the encounter, Andrew's mom notes that he is in need of medication refills for his ADHD meds. Dr. Jacks reviews his chronic conditions with Andrew and provides him refills.
 - The provider submits billing for a preventive encounter and a 99213 for the counseling.
 - Thoughts?



Last one....

- Lauren is 9 months old and has come in for her 9 month check up with her mother present. Lauren is a healthy and happy baby, but she does have a bit of diaper rash going on. Dr. Ned reviews with the mother hygiene suggestions and OTC aides for diaper rash and covers risks of using baby powder.
- Is an E&M service separately reportable?



Preventive Reminder

- An encounter that should include counseling on disease or health risk of the patient.
- It does NOT include managing their current problems
- It does NOT include preventing their current problems from worsening







Preventive Care is routine health care that includes screenings, checkups and patient counseling to help prevent illnesses, disease or other health problems.

Documentation Requirements

These services include applicable patient history and examination, guidance/recommendation regarding personal risk factors, and any laboratory and/or diagnostic procedures ordered.

Clinicians are not required to report minor or self-limiting problems or complaints noted during the course of the preventive examination when those problems do not require any additional work or necessitate performing the key components of a problem-oriented E/M service.

AVOID EXTRA COSTS:

Questions to ask your doctor

When you schedule your appointment:

Ask: Is my doctor in my plan's network?*

Say: I want preventive care screenings and tests that are 100% covered by my plan.

When you get to your appointment:

Ask your doctor:

- + Will any additional tests or treatments I get during my appointment not be considered preventive care?
- + Will talking about other topics that are not considered preventive care during my appointment lead to out-of-pocket costs?
- + Can any routine lab work be sent to a Blue Cross NC in-network lab to lower any out-of-pocket costs?

Preventive with a sick visit: The Problems

- Check your PAR provider contract. Many commercial payors are beginning to include contractual language to NOT allow both during the same encounter
- Patient is probably not expecting to pay a copay
- Documentation requirements double in some respects

History: Comprehensive

• Exam: Comprehensive

• MDM: As appropriate

Modifier 25

- Used with an office visit and a minor procedure
- Not typically needed with new patients
- The decision-making process is NOT reimbursed separately, it is now considered to be part of the reimbursement for the procedure
- In order to bill visit and procedure you must:
 - Have treated more than the need for the procedure and adequately addressed it through the documentat
 - Provided a "more extensive workup" during the encounter



Additional Information...

- When counseling/risk factor reduction services are provided at the time of the prevention examination or separately from the prevention examination, the descriptive codes are (99401-99404) for individual, or (99411, 99412) for group administered counseling.
- These apply to both new and established patients.
- The appropriate level is determined by the amount of face-to-face time spent by the physician in counseling the patient and/or responsible other(s).
- To re-emphasize, the appropriate code for the counseling service is submitted in addition to the prevention service.

Additional Preventive Time...

- 99401- Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes-\$39
 - 99402-30 minutes-\$65
 - 99403-45 minutes-\$90
 - 99404- 60 minutes- \$116
- This is a service often provided but not billed
- MUST be beyond the typical preventive encounter
- REMEMBER- preventive codes are not timed!!!
- To determine whether it is necessary to code for counseling services, three questions should be answered:
 - 1. Were counseling services also provided during the encounter by the physician?
 - 2. If yes, how much face-to-face *counseling time* was spent by the physician with the patient and/or family member (responsible other)?
 - 3. Was the counseling provided to the individual patient/family member or in a group session?

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Contact me anytime for

Questions,

feedback, or if we can help with audits.

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