

Archived

Arc



Effective Date: 09/01/2019

reimburse only the Preventive Service code at 100%. The Acute Care Visit Service codes will not be reimbursed unless billed with the appropriate modifier to identify separately identifiable services that were rendered by the same physician on the same date of service.

i. Preventive Health Service Codes

- 1. 99385-99387
- 2. 99395-99397

ii. Acute Care Visit Codes

- 1. 99201-99205
- 2. 99212-99215

III. CareSource reserves the right to request documentation to support billing both services for all claims received. If documentation is requested, it must clearly delineate the problem-oriented history, exam, and decision making from those of the preventive service. Documentation must include the following:

- a. Key elements that support the additional preventive health services that were rendered
- b. A separate history paragraph describing the chronic/acute condition that clearly supports additional work needed on the same date of service.
- c. The provider should clearly list in the assessment portion of the documentation the acute/chronic conditions that are being managed at the time of the encounter. If there is a portion of the physical exam that is not routinely performed at the time of a preventive service, the provider should clearly identify those exam pieces (e.g., "A thorough MS and neuro exam of the left hip performed as it relates to the HPI").

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule for appropriate codes.

- x **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

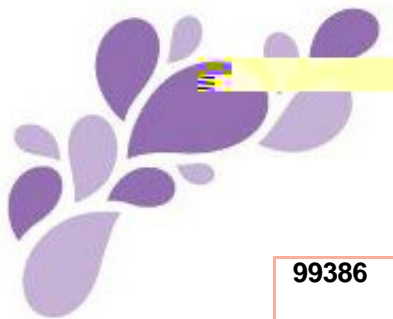
| CPT Code | Description |
|----------|--|
| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, |

Archive



presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-

Archived



| | |
|--------------|---|
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years |
| 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years |
| 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older |

F. Related Policies/Rules

N/A

G. Review/Revision History

| DATE | | ACTION |
|---------------------|------------|--|
| Date Issued | 11/17/2014 | |
| Date Revised | 11/17/2015 | Revision includes payment policy legal language |
| | 8/6/2019 | Updated reimbursement rate from 50% to 100% for services that are rendered on the same date of service |