



Billing and Reimbursement Policy: Preventative Medicine

Key coding and reimbursement points include:

- Coding includes new versus established patient ranges (Codes 99281 through 99387 and 99391 through 99397).
- Coding is patient age sensitive.
- Routine infant and childhood checks include routine assessment of growth and development, present health status, motor abilities, coordination skills, diet, sleep, and exercise habits, history and examination appropriate to the patient's age and development status.
- Laboratory, radiology services, and immunizations are not typically included in the preventative codes and may be separately itemized on the claim.
- Only one preventative visit per day is payable.
- In some circumstances, a provider may discover or evaluate an illness or condition normally handled by a sick visit.
- If a preventative exam and E & M code are billed on the same day, notes are required to review for potential separate payment.
- Supportive multiple diagnoses are required.
- Modifiers 25 or 59 may be used to indicate a separately identifiable service.
- This policy applies to place of service 03, 11, 22 and 50.

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