According to the Affordable Care Act (ACA), the deductible, coinsurance and copayment are waived for annual preventive exams for any member of Blue Cross of Idaho Qualified Health Plans.

CURRENT PROCEDURAL TERMINOLOGY (CPT) PREVENTIVE CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381</td>
<td>New patient annual preventive exam</td>
<td>patient age less than 1 year</td>
</tr>
<tr>
<td>99382</td>
<td>New patient annual preventive exam</td>
<td>patient ages 1-4 years</td>
</tr>
<tr>
<td>99383</td>
<td>New patient annual preventive exam</td>
<td>patient ages 5-11 years</td>
</tr>
<tr>
<td>99385</td>
<td>New patient annual preventive exam</td>
<td>patient ages 12-17 years</td>
</tr>
<tr>
<td>99386</td>
<td>New patient annual preventive exam</td>
<td>patient ages 18-39</td>
</tr>
<tr>
<td>99387</td>
<td>New patient annual preventive exam</td>
<td>patient ages 40-64</td>
</tr>
<tr>
<td>99388</td>
<td>New patient annual preventive exam</td>
<td>patient ages 65 and older</td>
</tr>
<tr>
<td>99391</td>
<td>Established patient annual preventive exam</td>
<td>patient age less than 1 year</td>
</tr>
<tr>
<td>99392</td>
<td>Established patient annual preventive exam</td>
<td>patient ages 1-4 years</td>
</tr>
<tr>
<td>99393</td>
<td>Established patient annual preventive exam</td>
<td>patient ages 5-11 years</td>
</tr>
<tr>
<td>99394</td>
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</tr>
<tr>
<td>99395</td>
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<td>patient ages 40-64</td>
</tr>
<tr>
<td>99397</td>
<td>Established patient annual preventive exam</td>
<td>patient ages 65 and older</td>
</tr>
</tbody>
</table>

Preventive medicine visits should include an age and gender-appropriate history, physical exam, counseling/guidance/risk factor reduction, and the ordering of laboratory/diagnostic procedures. Vaccine/immunization administrations, vision or hearing screenings, etc may be billed separately.

DIAGNOSIS CODES

- **Z00.00**: Encounter for general adult medical examination without abnormal findings
- **Z00.01**: Encounter for general adult medical examination with abnormal findings
  
  Use additional codes to identify abnormal findings
- **Z00.11 – Z00.129**: Newborn, infant, and child health examinations, as appropriate for patient age
- **Z30.11 – Z30.99**: Encounter for contraception management, as appropriate

Sequence the appropriate Z code from above as the primary diagnosis code. Code all existing acute and chronic conditions, disease status and disease history diagnoses that exist at the time of the medical examination. Documenting and coding any new or existing conditions present at the time of the annual preventive exam in addition to the Z codes listed above will not cause your claim to deny or process with a member cost share unless they are linked to an additional evaluation & management (E/M) for a specific evaluation of a new finding or an existing problem. A patient’s diagnoses should be clearly addressed and documented in the assessment portion of the provider’s note. Preventive exams are a great opportunity to report all of a member’s health statuses and current conditions to their health plan on a yearly basis.
If during a preventive exam, a new abnormal finding or a pre-existing problem is significant enough to require additional work that meets the key components of a problem-oriented E/M service, then the appropriate code from 99201-99215 with modifier 25 may also be reported. In this case, provider documentation addressing the new/pre-existing finding must be completely separate and identifiable from the preventive exam documentation. These additional services may subject to copayment or coinsurance for the member. Refilling of ongoing prescriptions or insignificant or trivial problems that do not require additional work should not be billed separately. 

OTHER COMMON SEPARATELY BILLABLE PREVENTIVE SERVICES AND RECOMMENDED INTERVENTIONS THAT MAY BE ORDERED AS A RESULT OF PERFORMING AN ANNUAL PREVENTIVE EXAM:

- Baby and Child Vision, Hearing and Developmental Screenings
- Bone Density
- Chemistry Panels and Complete Blood Count (CBC)
- Cholesterol and Lipid Disorder Screening
- Colorectal Screening
- Diabetes Screening
- Pap Smears, Pelvic Exams and Clinical Breast Exams
- PSA (Prostate Stimulating Antigen) Test
- Screening EKG
- Mammograms
- Thyroid Stimulating Hormone (TSH)
- HIV/ Sexually Transmitted Infections Screening
- Urinalysis (UA)
- Abdominal Aortic Aneurysm (AAA) Screening Ultrasound
- Breast Cancer Risk Assessment (BCRA), Genetic Counseling and Testing for High-Risk Family History of Breast or Ovarian Cancer
- Depression Screening
- Smoking and Tobacco Use Cessation
- Lung Cancer Screening for Participants Age 55 and Older

Always be sure to check a member’s specific plan benefits to view a FULL list of preventive services.

ELECTRONIC MEDICAL RECORDS (EMR) TIPS

- Many EMRs were not built with input from coders and coding guidelines. Always ensure your coding staff verifies an EMR’s recommendations.
- Because EMRs generally allow problem lists to be carried forward from one visit to the next, update a patient’s problem list routinely to make sure condition statuses are accurate.
- Avoid “cloning” and “copy and paste” techniques so documentation reflects each patient’s unique visit.

CODING TIPS

- Don’t forget about “status” codes from Chapter 21 of the ICD-10-CM such as amputation, transplant, or ostomy status. These conditions need to be reported at least once a year for the hierarchical condition category (HCC) to be captured and properly calculated towards a patient’s risk score or risk adjustment factor (RAF).
- Report Category II codes. These are supplemental tracking Current Procedural Technology (CPT) codes that can be used to report performance measures and indicate clinical components that may be included in E/M or clinical services. Examples include CPT 4000F-Tobacco use cessation intervention and counseling or CPT 3014F-Screening mammography results documented and reviewed.

Frequently Asked Questions (FAQs):

WHO CAN PERFORM THESE TYPES OF EXAMS? MDs, DOs, and non-physician practitioners such as nurse practitioners and physician assistants who are allowed, by law, to perform or assist in the performance of professional medical services.

WHAT SHOULD BE INCLUDED IN ANNUAL PREVENTIVE EXAM SERVICES? An age and gender-appropriate history and physical exam as well as counseling, guidance, and interventions to reduce risk factors should be included and documented in preventive exam services.

DO QHP MEMBERS NEED TO WAIT AT LEAST A YEAR BETWEEN PREVENTIVE EXAMS? No, there are no limits or restrictions to the timing of when preventive exams can be performed year after year. For example, if a QHP member receives their preventive exam on October 1, 2017, he/she could have another preventive exam on January 2, 2018 if they desired.