



Payment Policy

Subject: Preventive Services and Sick Visit on Same Date of Service

Policy

CareSource will reimburse participating providers as outlined in this policy when a preventive services visit or exam and a sick visit are performed on the same date of service for a CareSource member.

Definitions

“Current Procedural Terminology” (“CPT”) codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. *(From ama-assn.org)*

“Preventive Services” are exams and screenings to check for health problems, with the intention to prevent any problem discovered from becoming worse. Preventive services may include, but are not limited to, physical checkups, hearing, vision, and dental checks, nutritional screenings, mental health screenings, developmental screenings, and vaccinations/immunizations. Regularly scheduled visits to a primary care provider for preventive services are encouraged at every age, but are especially important for children under the age of 21. *(CareSource internal definition)*

Provider Reimbursement Guidelines

Preventive medicine exam codes 99381-99385 and 99391-99395 should be billed with the appropriate ICD-9 diagnosis codes (if before 10/1/2014) or ICD-10 diagnosis codes (after 10/1/2014). When a provider conducts a preventive medicine service or exam at the time of an acute care visit, Evaluation & Management CPT codes 99201-99204 or 99212-99214 may be submitted along with the appropriate ICD-9 or ICD-10 code, indicating the reason for the acute care visit, as a secondary diagnosis.

CareSource will reimburse the provider for the preventive medicine CPT code at 100% of the allowed amount, and will reimburse the provider for the acute care CPT code at 50% of the allowed amount. Please see the examples provided on the next page of this policy.

Correct Billing Example (this example is pre-10/1/2014, using ICD-9)

Date of Service	Procedure Code	Diagnosis Code	Billed Amount	Allowed Amount
01/15/2014	99392	V20.0	\$150.00	\$52.97 (100%)
01/15/2014	99213	462	\$100.00	\$20.19 (50%)

Incorrect Billing Example (this example is pre-10/1/2014, using ICD-9)

Date of Service	Procedure Code	Diagnosis Code	Billed Amount	Allowed Amount
01/15/2014	99392	V20.0	\$150.00	\$52.97 (100%)
01/15/2014	99213	V20.0	\$100.00	\$0.00

Related Policies & References

State Exceptions

NONE

Document Revision History
