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ENSURING APPROPRIATE REIMBURSEMENT WITH MINIMIZED AUDIT RISK

Proper Use of Preventive Medicine Codes Can Improve Reimbursements

As difficult as it is to believe now, when the concept of managed care was first developed, its goal was to emphasize preventive medicine and patient wellness. The original idea was that if a patient had an ongoing relationship with a primary care physician, good preventive care would help limit costs naturally, by keeping patients healthier.

Since then of course, management of health care has become a type of code for limiting and denying services—even preventive ones. But the notion that keeping patients healthy is worth the investment in the long run is a sound one. And an increasing number of payers are now providing ample payment for preventive services.

"It's becoming more common," says Paul M. Allen, MD, MHA, an obstetrician-gynecologist in Pascagoula, Miss. "For most of the private payers, preventive care is now usually part of the benefit package design, and often there's no copayment or deductible on these services for the patients. Medicare also tends to have a separate payment schedule for preventive care that's much better than for a normal office visit."

"Private insurers have been more proactive than Medicare and have been encouraging their patients to get preventive care, but Medicare also is starting to pay for some preventative health where they didn't before," according to Rhonda L. Picou, RN, MSN, CPC, vice president of physician compliance at the Physician Management Group in New Orleans, La.

In 1998, Medicare began paying for annual screening mammograms for women aged 40 years and older and now picks up the tabs for regular pelvic exams, Pap smears, fecal occult blood tests, bone densitometry, and prostate cancer exams (see Table 1, page 6). In January 2002, the agency added glaucoma screening, and medical nutrition therapy for patients with diabetes, chronic renal disease, or organ transplants. "Every couple of years, more and more preventive care procedures are being developed that Medicare will pay for," says Picou. "It's quite a change from the past, when they didn't pay for any." As is true for private payers, Medicare will pay for all or part of most of these screening exams even if the patient has not met his or her deductible.

Preventive services aren't just for primary care physicians. For example, a dermatologist may provide preventive counseling on the risks of sun exposure. "It pays to check out what preventive services are relevant to your specialty," says Picou.

Focusing on preventive care builds revenue in two ways for Allen's practice. Recalling patients for annual checkups keeps them loyal and connected to the practice, thereby providing a steady revenue stream. But perhaps even more important, using the appropriate preventive care codes means that those doctors are often reimbursed at a better rate.

"If you use a regular office visit code, say a 99213 (office visit for evaluation and management of an established patient, generally 15 minutes), you don't get as much reimbursement," Allen says. "The benefit is far higher for preventive maintenance than for an office visit, reflecting the higher level of care you're performing. For a well-woman visit in our OB-GYN practice, we're going to order a mammogram, prepare a Pap smear, maybe do colorectal cancer screening. So it's more than just an office visit, and it's

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appropriate that it has a code of its own."

Using Allen's example, the difference between what Medicare pays for a preventive evaluation with a patient aged 65 years or older (99397) and a regular 15-minute office visit (99213) can be as much as 125%. In the Boston area, that difference is about $70; in Los Angeles, $68; in New Orleans, $62; and in suburban Chicago, $65. Even if you code for a 25-minute office visit (99214), the preventive evaluation code reaps over 40% more—roughly $127 versus $89 in Boston; $124 versus $86 in Los Angeles; $118 versus $83 in Chicago; and $111 versus $77 in New Orleans. In each example, it takes a 40-minute visit before the Medicare reimbursement is greater for a problem-focused encounter code than for preventive care. With that much money at stake, it pays to check into the preventive care codes for services your practice provides. Allen estimates that you can increase practice revenues by about 20%.

Doing Your Homework

The key to taking advantage of better reimbursement rates for preventive care is to make appropriate use of the CPT preventive management and evaluation codes—99381 to 99387 for new patients, and 99391 to 99397 for established ones. "If you're not even aware of them and how they can be used, then you're really overlooking a significant source of revenue," Allen says.

The preventive care codes are broken down by age: 99381 and 99391 for infants under 1 year; 99382 and 99392 for children aged 1 to 4 years; 99383 and 99393 for children aged 5 to 11 years; 99384 and 99394 for adolescents aged 12 to 17 years; 99385 and 99395 for patients aged 18 to 39 years; 99386 and 99396 for patients aged 40 to 64 years; and 99387 and 99397 for those aged 65 years and older. The patient's age also determines what preventive services are appropriate.

One important difference between preventive and regular office visits is the focus of the history and exam. Where the regular visit centers on diagnosing and treating a presentin

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Preventive Services Available to Medicare Enrollees

Who	What	When
Patients at risk of bone loss	Bone densitometry	Depends on health status
Patients aged 50 years and older	Fecal occult blood test	Once every 12 months
Patients aged 50 years and older	Flexible sigmoidoscopy	Once every 48 months
All patients	Colonoscopy	Once every 24 months for those at high risk for colon cancer; once every 10 years if not at high risk
Patients with diabetes at risk for complications	Diabetes self-management training	Not applicable
Women aged 40 years and older[2]	Screening mammography	Every 12 months
All women	Pap smear and pelvic examination	Once every 24 months[3]
Men aged 50 years and older	Digital rectal exam; prostate-specific antigen test	Once every 12 months
All patients	Flu shot	Once a year in fall or winter
All patients	Pneumococcal pneumonia shot	Not applicable
Patients at medium to high risk for hepatitis	Hepatitis B shot	Not applicable
Patients at high risk for glaucoma	Glaucoma screening	Once every 12 months

1. Patients not at high risk of colon cancer can have colonoscopy every 10 years but not within 48 months of a screening sigmoidoscopy. Physicians can choose to perform a barium enema instead of sigmoidoscopy or colonoscopy.
2. One baseline screening is covered for women aged 35 to 39 years.
3. Once every 12 months for women at high risk for cervical or vaginal cancer or those of childbearing age with an abnormal Pap smear in the preceding 36 months.

Source: Centers for Medicare and Medicaid Services. *Medicare Preventive Services…To Help Keep You Healthy*. Baltimore, Md.: US Department of Health and Human Services; 2001. Publication HCFA 10110.

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problem—with a problem-related history and tests—the preventive history and exam are not system-specific, and may include a more general family health history. Preventive counseling may be more generalized as well, and tests can include health screenings without specific indications.

Also keep in mind that even if a patient has never received preventive care services from you or your practice before, the new patient codes (99381-99387) are for new patients only. If you or your colleagues have seen a patient within the past three years, you must be sure to use the established patient (99391-99397) series.

Although counseling is included if performed with preventive management and evaluation, preventive care counseling done independently of other services has its own series of codes: 99401-99404 for individual counseling and 99411-99412 for counseling groups. The codes are time-based, representing periods increasing by 15-minute increments for individuals and half- or one-hour sessions for groups. For practices engaged in patient group visits, these codes may be especially useful.

It's also important to find out how the payers you deal with want these codes used. Review the local Medicare Web site for your area and see what is available for preventive health care," urges Picou. "Medicare, in particular, specifies what diagnostic code they want to see with these procedure codes in order to pay. You should also contact the major third-party insurance companies that you deal with and ask them what they cover, what they pay, and how they want it to be coded and billed. Sometimes, the private insurers add to their preventive coverage in response to plan members' demands, but don't always tell their providers, so it pays to periodically check. Once you have that information, train not only the physicians, but the nursing staff and checkout staff to recognize the appropriate use of these codes."

Sometimes, it's not enough to be aware of the codes—you've also got to place those numbers where you can see them. "I find that physicians often don't think about putting these codes on their encounter forms," Picou adds. "If the physician doesn't have the option on the superbill to check the preventive maintenance codes, many times they won't be used. You've also got to get the codes into any claims-filing software you are using. That way, if you've recorded doing those things, the software knows to apply these codes."

A Few of the Fine Points

Of course, one of the reasons for preventive and well-patient care is that sometimes screenings turn up a problem. Are you then forced to accept the lower office-visit rate? Not at all. The preventive codes can be combined with a problem-focused code that utilizes the –25 modifier.

"You would still code the preventive services as preventive," says Picou. "You'd use the appropriate well-patient supplementary ICD-9-M V-code. For instance, record V72.3 for a gynecological exam or V70.0 for a routine general medical exam. But then you'd code the problem as a separate item, using the problem-focused office-visit codes, with the diagnostic code for the problem. Adding the -25 modifier will indicate that these services were performed in addition to the preventive care."

As with all coding, proper documentation is imperative. Ensure that your notes include the history with review of family, social, and risk factors; a comprehensive exam with attention to risk factors; and counseling, guidance, and risk factor reduction. You may want to cover diet and exercise, injury prevention, and family and sexual issues as well as relevant tests and results.

"Many of these codes have quite specific documentation requirements, and it's important to fully research them," suggests Picou. "For instance, Medicare requires at least seven documented elements from a list of 11 to approve a screening pelvic exam. Sometimes, the Medicare Healthcare Common Procedure Coding System (HCPCS) book may be more lenient than the actual reimbursement policies—for example, the HCPCS guide calls for one to three elements to document a screening fecal occult blood test, but the reimbursement policy requires at least three. If you're going to be using a code, track down the reimbursement policies to be sure you're meeting them." Your local Medicare intermediary is the best source of information for the specific preventive procedures and tests that you do.

Using the preventive care codes properly may require an initial investment in self-education, staff training, forms, or documentation. You may even have to re-think what you include in your standard annual checkup, or, as Allen's practice has done, build in a mechanism to call your patients back for an annual exam. But the benefits are substantial. "Everybody wins with this care," notes Allen. "We build ongoing relationships with our patients by reminding them every year to come in for these exams; it helps keep the patients in good health, often at little additional cost to them; and it helps increase our revenues."

Reported and written by Lauren M. Walker, in Cambridge, Mass. More information on proper use of codes is available on our Web site (at www.Coding-Compliance.com).