

Billing and Claims Guidelines for Preventive and Medical Office Visits

January 2025

Differentiating Visits

Preventive vs. Medical Visits

Preventive Visit:

- Preplanned annually, focusing on prevention.
- Detects health concerns early (before symptoms).
- No Cost Share Applies.

Medical Visit:

- Scheduled for specific symptoms or concerns.
- Diagnostic in nature, addressing new health issues.
- Cost Share Applies.

Components of a Preventive Visit

The following components are needed for a preventive visit:

- A comprehensive history and physical exam findings; AND
- A description of the status of chronic, stable problems that are not “significant enough to require additional work,” according to CPT; AND
- Notes concerning the management of minor problems that do not require additional work; AND
- Notes concerning age-appropriate counseling, screening labs, and tests; AND
- Orders for vaccines appropriate for age and risk factors.

Billing a Preventive Visit

BCBSWY allows two types of billing for preventive visits.

- Standard E/M code + preventive diagnosis
99202-99205
99211-99215
- OR Preventive E/M code + preventive diagnosis.
99383-99387
99393-99397
G0438-G0439

Must be billed with an appropriate diagnosis code in any position.

In addition, a preventive diagnosis must be billed in ANY position on the claim. Common examples include, but are not limited to:

- Z00.00: Encounter for general adult medical examination without abnormal findings
- Z00.01: Encounter for general adult medical examination with abnormal findings

BCBSWY will provide reimbursement as preventive if ANY diagnosis is preventive*.

Billing of medical conditions in conjunction with a preventive diagnosis is not only allowed but ENCOURAGED.



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*BCBSWY administers contracts for self-funded clients. These clients could use ALL logic, instead of ANY.

Limitations

Males: One (1) preventive visit per **CALENDAR YEAR**.

Females: **At least** one (1) preventive visit per **CALENDAR YEAR**.

BCBSWY does not have ANY products that are not calendar year accumulation for PREVENTIVE office visits.

Example. Member has a preventive exam 6.12.2024. The member is eligible for another preventive exam as of 1.1.2025. They DO NOT have to wait until 6.13.2025.

Billing Two Preventive Visits (Same Date of Service)

The guidance is intended for guidance of the following situation. 38-year-old situations may vary.

Member is 38-year-old women who sees her PCP for an annual wellness. The PCP is a male and does not offer GYN services. The member makes a separate appointment to see a female provider at the practice for her annual GYN appointment.

Two distinct providers can bill for preventive visits on the same date of service ***if they meet the requirements of the billed code.***

- Both visits should be appended to the same claim submission.
 - Each visit can be billed on separate claims, HOWEVER duplicate logic may be problematic on a claim-by-claim basis.
- Each claim line should be billed with the distinct provider rendering the service.
- Each claim line should be billed with an appropriate diagnosis code reflective of the reason for the visit.
- 25 modifier should be appended to the second visit listed on the claim. [HCFA / 837p submitters only]

If a provider does not meet the requirements of the billed code, no reimbursement is available under a reduced code or use of a reduction modifier.

There is no reimbursement reduction applied to claims with two preventive benefits.

Billing a Sick and Well Visit (Same Date of Service)

Providers can bill a sick and well visit on the same date of service and receive reimbursement. **BCBSWY does NOT require different dates of service for reimbursement of both visits.**

- Both visits should be appended to the same claim submission.
- 25 modifier should be appended to the problem-focused visit. (99202-99215, 99218-99220, 99224-99226) [HCFA / 837p submitters only]

Problem-oriented codes should not be billed with for either of the following encounters during a preventive visit:

- Insignificant or trivial problems
- Routine services like the refilling of a prescription

There is no limitation from a reimbursement perspective for the level of the problem-focused visit that can be billed. There is no reimbursement reduction applied to claims with a sick and well visit.



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Member Incentive Program

Members meeting the following criteria will receive a \$100.00 Amazon gift card.

- Member is a subscriber or spouse age 18 and older
- Member has a ZSK alpha prefix
- Member has a preventive office visit with a date of service in 2025
- Provider submits a claim to BCBSWY that benefits as preventive

For additional conversations surrounding this topic, please reach out to our Population Health team at populationhealth@bcbswy.com or 1-866-204-7132.