



HealthCheck Billing and Coding

Part I: Preventive Care

HealthCheck exams must be billed using any of the following CPT codes:

New patient

- 99381 Initial comprehensive preventive medicine visit, age under 1 year
- 99382 Initial comprehensive preventive medicine visit, age 1 through 4 years
- 99383 Initial comprehensive preventive medicine visit, age 5 through 11 years
- 99384 Initial comprehensive preventive medicine visit, age 12 through 17 years
- 99385 Initial comprehensive preventive medicine visit, age 18 to 21 years

Established patient

- 99391 Periodic comprehensive preventive medicine, age under 1 year
- 99392 Periodic comprehensive preventive medicine, age 1 through 4 years
- 99393 Periodic comprehensive preventive medicine, age 5 through 11 years
- 99394 Periodic comprehensive preventive medicine, age 12 through 17 years
- 99395 Periodic comprehensive preventive medicine, age 18 to 21 years

“In the event the member needs a referral or follow-up visit for diagnostic or corrective treatment, modifier “UA” must be attached to the above preventive care codes in the first modifier field. Modifier “UA” is a national modifier that is state defined by Wisconsin Medicaid as an indicator that the comprehensive HealthCheck exam resulted in a referral for further evaluation or treatment. If the HealthCheck exam does not result in a referral for further evaluation or treatment, providers should only indicate the procedure code.”

Part II: Newborn Exams

Please note the newborn exam in the hospital counts as the first HealthCheck if billed with either of the following CPT codes:

- 99460 Initial hospital or birthing center care for evaluation and management of normal newborn infant.
- 99463 Initial hospital or birthing center care for evaluation and management of normal newborn infant admitted and discharged on same day.

Part III: Billing for a HealthCheck Exam When Primary Insurance Exists

Oftentimes a Security Health Plan BadgerCare Plus member has a primary insurance. The primary insurance must be billed for the preventive exam (HealthCheck exam) first. If they deny payment or pay partially, follow your normal billing process to Security Health Plan by attaching an Explanation of benefits (EOB) to the claim submission.

If the member’s primary insurance pays in full for the preventive exam (HealthCheck exam), you must also notify Security Health Plan of the exam in order to receive compliance credit for the exam. You may submit a claim and EOB as above.

If you are having trouble getting a response from the primary insurance, or there is something that is

causing a delay in you submitting the HealthCheck exam because of the primary insurance, please send the claim along with a detailed explanation of what you have attempted to do to resolve the situation. We will assess these circumstances on a case-by-case basis and if appropriate we may process without the primary EOB. Please send these specific cases to the attention of the COB Department Manager.

Part IV: Other HealthCheck Coding

There may be instances in which evaluation and management (E & M) codes are used in addition to the HealthCheck code. Per the American Medical Association guidelines of the CPT Code Manual:

“If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier ‘-25’ should be added to the Office/Outpatient code to indicate that a significant separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.”

“An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported.”

In reviewing this process with the State Managed Care Consultants and Billing and Policy staff (Fee for Service), Security Health Plan was advised that the incidence of billing for a HealthCheck exam and E & M service should not be the routine billing protocol. The comprehensive nature of the HealthCheck exam, which includes multiple components, is already recognized by the enhanced reimbursement. One of the purposes of the HealthCheck exam is to identify problems and pursue prompt treatment. However, not all problems identified will be significant enough to require additional time to evaluate and treat. An example given to the State was the discovery of otitis media during the HealthCheck exam. In many cases, the otitis media is identified during the routine otoscopic examination. There is no further management except to prescribe an antibiotic, and/or in many cases, simply to advise the parent in comfort measures, etc. (anticipatory guidance). The State’s response was that very likely this would not be a significant problem that would allow for the additional E & M billing. In the event the otitis media was complicated and required extensive assessment and management during the office visit, it would be appropriate to bill the E & M visit.