Coding for Preventive Services

David H. Filipi MD, MBA, FAAFP
VP and Chief Medical Officer
Blue Cross Blue Shield of Nebraska

The Time Rule

- **Over 50%** of face-to-face time spent with your patient must be for **counseling or coordination of care**. Discussions which lead to billing these codes may occur during office or inpatient visits, inpatient consultations, and skilled nursing or home services.
- **Document** the actual time spent in your patient's medical record

Clinical Tips

- Your patients want to talk with you
- Not a 30 second response to: “By the way, doc…”
- Rather, “Quality time”
- Better to schedule and plan, than to piece it into another unrelated office visit
- Suggest bringing a “significant other“ for reinforcement

Office codes (Established Patient)

- 99211: </= 5 minutes
- 99212: </= 10 minutes
- 99213 </= 15 minutes
- 99214 </= 25 minutes
- 99215 </= 40 minutes

Office codes (New Patient)

- 99201: </= 10 minutes
- 99201: </= 20 minutes
- 99203 </= 30 minutes
- 99204 </= 45 minutes
- 99205 </= 50 minutes

Inpatient codes

Initial Care

- 99221: </= 30 minutes
- 99222: </= 50 minutes
- 99223 </= 70 minutes

Subsequent Care

- 99231 </= 15 minutes
- 99232 </= 25 minutes
- 99233 </= 35 minutes

Appropriate ICD-9 Codes

- Often, patient is responsible for co-pay only
- If your patient has chronic diseases, use ALL
- If your patient has an acute problem, use that
- If your patient is healthy, use V65.49 ("Encounter for Other Specified Counseling")
- Don't be afraid to appeal to the payer patients

QUESTIONS? COMMENTS?