

Adult Preventative Care Benefits to Change

Information posted January 8, 2010

Effective for dates of service on or after January 1, 2010, adult preventative care is a benefit of Texas Medicaid.

Adult preventative services (procedure codes 99385, 99386, 99387, 99395, 99396, and 99397) are a benefit of Texas Medicaid for clients who are 21 years of age or older. Procedure codes 99385 and 99395 are restricted to clients who are 21 through 39 years of age.

Note: For clients who are birth through 20 years of age, providers can refer to the 2009 Texas Medicaid Provider Procedures Manual, Section 43, Texas Health Steps (THSteps). For women's health services, providers can refer to the 2009 Texas Medicaid Provider Procedures Manual, Appendix O, Women's Health Program.

The following table shows the new reimbursement rates for adult preventative services:

Procedure Code	Rates
99385	\$80.46 (Relative Value Unit [RVU]=2.95; conversion factor [CF]= \$27.276)
99386	\$94.10 (RVU=3.45; CF= \$27.276)
99387	\$103.10 (RVU=3.78; CF= \$27.276)
99395	\$69.83 (RVU=2.56; CF= \$27.276)
99396	\$76.37 (RVU=2.80; CF= \$27.276)
99397	\$85.65 (RVU=3.14; CF= \$27.276)

Preventative care services are comprehensive visits that may include counseling, anticipatory guidance, and risk-factor-reduction interventions. Documentation must indicate the anticipatory guidance rendered.

Providers must provide adult preventive services in accordance with the U.S. Preventive Services Task Force (USPSTF) recommendations with grades A or B. Labs, immunizations, or diagnostic procedures recommended by USPSTF are covered benefits and may be billed separately as clinically indicated.

Services that exceed USPSTF recommendations are not considered part of a screening and require medical documentation to justify medical necessity of the services performed.

USPSTF recommendations, with specific age and frequency guidelines, are located on the Agency for Healthcare Research and Quality website at www.ahrq.gov/clinic/uspstfix.htm.

The following screenings are covered benefits in addition to USPSTF recommendations:

- Tuberculosis screening
- Prostate cancer screening; prostate specific antigen (PSA) for men who are 50 through 64 years of age

The following USPSTF recommendations are not reimbursed separately but must be provided when applicable as part of the routine preventive exam:

- Counseling to prevent tobacco use and tobacco-caused disease
- Behavioral counseling in primary care to promote a healthy diet
- Behavioral interventions to promote breast feeding
- Screening for obesity in adults (with intensive counseling and interventions)
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression

The following USPSTF recommendations are not a benefit of Texas Medicaid:

- Chemoprevention of breast cancer
- Varicella immunization

Adult preventative services are limited to one service per rolling year, any provider, and must be billed with diagnosis code V700. Adult preventative services may be billed by physicians, family planning clinics, Federally Qualified Health Centers, advanced practice registered nurses (APRN), and physician assistants in the office and outpatient hospital setting.

Laboratory, immunizations, and diagnostic procedures must be billed using the most appropriate diagnosis code that represents the client's condition.

Diagnosis code V700 may be used once each rolling year for each screen if no other diagnosis is appropriate for the service rendered, but diagnosis code V700 may not be used more frequently than recommended by the USPSTF.

A new patient visit is limited to once every three years, same provider, when no other professional services have been billed by the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Modifier 25 must be submitted when the services rendered are performed for a significant separately identifiable service by the same physician or physician group on the same date of service. Modifier 25 is required when the provider submits a claim with the following:

- A second office or outpatient visit on the same day as another office or outpatient visit
- An office or outpatient visit beyond the usual preoperative care associated with the procedure that was performed

Medical documentation must be maintained in the client's medical record to support all services billed. The documentation must clearly indicate the significant problem/abnormality that required additional work and must support that the requirements for the level of service that was billed were met or exceeded. A different diagnosis is not required for the second service, but the documentation in the client's medical record must outline the important, distinct correlation with signs and symptoms to demonstrate a distinctly different problem. The date and time of both services performed must be outlined in the medical record and the time of the second service must be different from the time of the first service.

Human papilloma virus (procedure code 90649) is a benefit for female clients who are 21 through 26 years of age.

Procedure code G0389 is a benefit for male clients who are 65 through 75 years of age with diagnosis codes V700 or V1582 to the following:

Component	Procedure Code	Place of Service	Provider Types	Rates
Total	G0389	Office Outpatient	Physician Hospitals	\$84.01 (RVU=3.08; CF= \$27.276)
Technical	G0389 with TC modifier	Office	Portable X-ray suppliers, radiological lab, physiological lab	\$61.10 (RVU=2.24; CF= \$27.276)
Interpretation	G0389 with 26 modifier	Office, Inpatient Outpatient	Physicians Hospitals	\$22.91 (RVU=0.84; CF= \$27.276)

Procedure code G0389 is limited to once per lifetime any provider.

Procedure codes G0104 and G0106 may be reimbursed using diagnosis codes V7650, V7652, or V700.

Claims submitted with adult preventative care procedure codes with dates of service from January 1, 2010, to January 29, 2010, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.

For more information, call the TMHP Contact Center at 1-800-925-9126.