

Internal Medicine Coding Alert

READER QUESTIONS: Contract Smarts Vital for Non-Medicare Payers

Question: A 47-year-old patient with commercial insurance reports to the internist for a new-patient preventive medicine visit. The payer does not follow Medicare coding rules. How should I report the service?

Tennessee Subscriber

Answer: Provided that the patient has not exceeded the payer's frequency guidelines, you'll likely rely on age-based CPT preventive codes 99381-99397 for this encounter. On your claim, you might report the following:

- 99386 (Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years) for the exam
- V70.0 (Routine general medical examination at a health care facility) appended to 99386 to represent the reason for the encounter.

Red alert: Without knowing the specific commercial payer, it's difficult to pinpoint proper coding for this encounter. Before filing, check your contract to see how the insurer wants you to code the preventive medicine visit; you'll need to determine the specific rules on codes and frequency limits in order to code correctly.

Example: Let's say the commercial insurer in your scenario allows one preventive visit per year for the patient you describe. The patient, however, has already seen her obgyn for an annual exam, and the payer accepted 99386 for the visit. If this is the case, then your 99386 won't fly based on frequency limits.

Answers to You Be the Coder and Reader Questions were reviewed by **Bruce Rappoport, MD, CPC, CHCC**, a board-certified internist and medical director of Broward Health's Best Choice Plus and Total Claims Administration in Fort Lauderdale, Fla.