

Well Visits for Preventive Health Care

Details and Best Practices from Ohio Medicaid Managed Care Plans

Sick to Well Visits and Once a Calendar Year Scheduling

Key Details for Improving Well Visits

All Ohio Medicaid Managed Care Plans allow a sick visit and a well visit on the same day for patients 2 years of age and older.

(NEW) Well Visits can now be scheduled every Calendar Year for patients of all Ohio Medicaid Managed Care Plans.

- Allows Members and Providers to schedule Well Visits when it is more convenient.
- Removes Barrier of previous policy if a Sick Well Visit opportunity was prior than 365 days since last Well Visit.

Here are some points to keep in mind with them:

- If it's the first time a patient will be seen in your office, only one of the two billed visits can be billed as a new patient visit.
 - For example, if a new patient is seen and both a well visit and a sick visit are appropriately received, only one service is a new patient visit. The other is an established visit
- As long as the provider's documentation supports services for a well visit and a sick visit (with no overlapping documentation components), then separate reimbursement is both warranted and supported.
- When billing a sick visit on the same day as a well visit, bill the appropriate evaluation and management code (i.e., 99201-99215) with modifier-25 and preventive code (i.e., 99381-99397).

Best Practices

- Consider every visit an opportunity for a well visit *and* an immunization.
- Review patient charts prior to appointments and allow extra time to complete a well visit with a sick visit or sports physical.
- Schedule the next well visit during check out.
- Provide appointment reminders by text or mobile app.
 - Medicaid patients generally need 48 hours to arrange for transportation, so send reminders 48 to 72 hours prior to the appointment.
- Send reminder letters or call your attributed patients who are due for a well visit – even when patients haven't been seen in your office. These patients either chose your office or were assigned to it.
- Collaborate with your EHR vendor to incorporate pop-up alerts for preventive services.

Completing a Well Visit during a Sick Visit

Did you know the seven Ohio Medicaid Managed Care Plans pay for a well visit to be completed on the same day as a sick visit? The well visit and sick visit will both be paid at 100% with the addition of a modifier 25.

Children will often only visit their provider when sick. Caregivers may experience barriers to scheduling a well visit such as being unable to miss work. Completing the well visit during the sick visit may be the only opportunity the provider has to complete a well visit during the year and give any immunizations the child needs. Therefore, all Medicaid Managed Care Plans provide payment for a combination of certain services on the same day including: sick visits, well visits, immunizations, labs (including lead).

How to Bill

When a patient is seen in the office for a well visit as a new or established patient, providers can bill that diagnostic exam as an E&M-25. Providers should reference the most up-to-date sources of professional coding guidance for valid CPT/HCPCS codes.

In order to receive payment, follow the billing guidelines below:

Visit Type	ICD-10 codes	CPT codes	Modifiers
Well Visit	Z00.129	(99381-5 or 99391-5)	None
Well + immunizations	Z00.129, Z23	(99381-5 or 99391-5)	25
Well + Sick	Z00.121 AND appropriate sick ICD-10 code	(99381-5 or 99391-5) and 9921x	25
Well + Sick + Immunizations	Z00.121, Z23, AND appropriate sick ICD-10 code	(99381-5 or 99391-5) and 9921x	25 for sick and 25 for immunizations

BEST PRACTICES FOR IMPROVING WELL VISITS IN YOUR PRACTICE

- ✓ Consider every visit an opportunity for a preventative care, well visit and an immunization visit.
- ✓ Schedule the next well visit during check out.
- ✓ Collaborate with your EHR vendor to incorporate pop up alerts for preventive services.
- ✓ Check payer specific provider portal when a member presents to your office without their insurance card.
- ✓ Clarify payer procedures for covering well visits every calendar year, not every 365 days.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Medicaid's Healthchek Program This program ensures that members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r) as amended. This includes medically necessary services covered by Ohio Medicaid, as well as any medically necessary screening, diagnostic and treatment services available to Medicaid consumers that go beyond the applicable coverage and limitations set forth in Division 5160 of the Ohio Administrative Code (OAC). Screening components, frequencies, and indications of need for further evaluation are in accordance with the most current American Academy of Pediatrics recommendations for pediatric preventive health care. Prior authorization and coverage determinations are based on medical necessity.

Thank you for your support!