

NON-PREVENTIVE SERVICES PROVIDED DURING A PREVENTIVE VISIT

Scope

This policy applies to:

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| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | |

Policy

Original Effective Date: 10/01/2013

When benefits require, a deductible, coinsurance, or copayment will apply for non-preventive services provided during a preventive visit.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

When claims are billed with both a preventive service and a non-preventive service; the preventive service must be billed with the appropriate CPT code pointing to a preventive diagnosis on the service line. The non-preventive service should point to the appropriate diagnosis on the service line and will be subject to member's deductible, coinsurance, or copayment when applicable.

Policy Definitions

Non-Preventive Services – Medical services that are provided in order to diagnose, treat or monitor disease, provide palliative relief, and/or improve the state of health.

Preventive Services – Preventive services are generally for health maintenance and screening, for the detection of disease in the absence of symptoms, and are uniformly applied across a defined population. Services must be in accordance with the well care schedule established by Kaiser Permanente and those identified in the Patient Protection and Affordable Care Act.

Prerequisite(s)

Not applicable

References

Not applicable

Frequently Asked Questions

- Q1:** A member is scheduled for a preventive care visit. During the visit, an examination of the knee is also performed based on the member complaining of painful swelling in the knee. The provider codes for both examinations. Will a separate non-preventive cost share apply to the knee examination?
- A1:** Yes. A cost share will apply to the non-preventive examination of the knee.
- Q2:** A member is seen for a preventive care visit, during the visit a routine medical exam is performed and the member and provider discuss the member's diagnosis of diabetes. A separate office visit was not coded for the diabetes. Will a separate non-preventive cost share apply to the medical exam?
- A2:** No. Since a separate office visit was not coded the member will not have a cost share applied to the non-preventive service.
- Q3:** A mom takes her baby to the doctor's office for a routine new baby visit and circumcision. The provider codes for both the examination and the circumcision. Will a separate non-preventive cost share apply to the circumcision?
- A4:** Yes. The circumcision is a non-preventive service and a cost share will apply.
- Q5:** A member is seen for a routine obstetrics/gynecology visit and an office visit to follow-up on chronic conditions. The provider codes for both services. Will a separate non-preventive cost share apply for the office visit following up on chronic conditions?
- A5:** Yes. The office visit to follow-up on chronic conditions is a non-preventive service and a cost share will apply.

Revision History

08/29/2022 – Updated formatting

10/01/2013 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.