

Wellness Visits for Adults, Women, and Children

Policy ID:	HHO-DE-RP-1124
Approved By:	Highmark Health Options–Market Leadership
Provider Notice Date:	03/29/2022
Original Effective Date:	5/29/2022
Annual Approval Date:	5/29/2022
Last Revision Date:	3/18/2022
Products:	Medicaid
Application:	N/A
Page Number(s):	4

Disclaimer

Highmark Health Options payment policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

This policy applies to claims submitted to Highmark Health Options (HHO) under the Delaware Medicaid and Medical Assistance (DMMA) product. This policy outlines benefit and reimbursement guidelines as it applies to adult wellness visits, well woman visits, and child wellness visits.

Definitions

Wellness Visit—A recurring benefit providing a comprehensive preventive evaluation and care management services that applies to healthy people without disease or physical symptoms.

Well Woman Visit—An annual screening of a woman’s reproductive health, including examination of breast, pelvic, and PAP smear, performed by a primary care provider, nurse practitioner, or OB/GYN.

Reimbursement Guidelines

Adult Wellness Visit

Requirements for an adult wellness visit for ages 21 and older include comprehensive history, comprehensive examination, counseling, anticipatory guidance, risk factor reduction interventions, and the ordering of appropriate laboratory and diagnostic procedures.

The following schedule and applicable codes* include:

Age	Visit Frequency	Code	Description
21–39	1 visit every calendar year	99385	21-39 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; new patient
		99395	21-39 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; established patient
40–49	1 visit every calendar year	99386	40-49 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; new patient
		99396	40-49 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; established patient
50–59	1 visit every calendar year	99386	50-59 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; new patient
		99396	50-59 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; established patient
60–64	1 visit every calendar year	99386	60-64 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; new patient
		99396	60-64 years old; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; established patient
65+	1 visit every calendar year	99387	65 years of age and older; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; new patient
		99397	65 years of age and older; periodic comprehensive preventive medicine reevaluation and management of a healthy individual; established patient

* G0438 and G0439 are for Medicare and Medicare Advantage use only. Effective January 1, 2011, Medicare provided coverage for annual wellness visits. This benefit was included in the Affordable Care Act of 2010. These codes cannot be billed in the same year as the preventive visits' codes listed above. This does not apply to FQHC. Refer to HHO FQHC policy HHO-RP-1002.

All claims and encounters using the previously noted codes **must** contain one of the following codes associated with diastolic and systolic blood pressure monitoring:

Diastolic Blood Pressure	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
Diastolic Blood Pressure	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Diastolic Blood Pressure	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
Systolic Blood Pressure	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)
Systolic Blood Pressure	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)

Well Woman Visit

One gynecological examination per calendar year is eligible for reimbursement. Both procedure codes below include the allowance for the PAP Test. The –FP modifier is needed for a family planning visit.

The following schedule and applicable codes include:

Age	Visit Frequency	Code	Description
Women; no age minimum	1 visit every calendar year	S0610	Annual gynecological examination; new patient
		S0612	Annual gynecological examination; established patient

Child Wellness Visit

The HHO Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21. EPSDT requirements include lead screening, vaccinations, oral health risk assessment, and other required screens and tests for the EPSDT population.

The following schedule and applicable codes include:

Age	Visit Frequency	Code	Description
Infant (<1)	7 visits before first birthday	99381	Infant wellness visit for child less than 1 year old; new patient
		99391	Infant wellness visit for child less than 1 year old; established patient

Chart continued on the following page.

Age	Visit Frequency	Code	Description
Early Childhood (1–4)	4 visits between ages 1 and 2 OR 3 visits between ages 2 and 3 OR 1 visit every calendar year for ages 3 and 4	99382	Early childhood wellness visit for child ages 1 through 4; new patient
		99392	Early childhood wellness visit for child ages 1 through 4; established patient
Late Childhood (5–11)	1 visit every calendar year	99383	Late childhood wellness visit for child ages 5 through 11; new patient
		99393	Late childhood wellness visit for child ages 5 through 11; established patient
Adolescent (12–17)	1 visit every calendar year	99384	Adolescent wellness visit for child ages 12 through 17; new patient
		99394	Adolescent wellness visit for child ages 12 through 17; established patient
Young Adult (18–20)	1 visit every calendar year	99385	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
		99395	Periodic comprehensive preventive medicine reevaluation 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; established patient

For children in the process of enrolling in a Head Start Program, a periodic evaluation is required within six months preceding date of Head Start enrollment. In the comment section of the claim form, note that “periodic evaluation was necessary for Head Start enrollment” and provide the expected enrollment date. Optionally, use the –EP modifier and it should not count against the above visits.

Fluoride Varnish:

Fluoride Varnish is covered once every six months if done on the same day as a well-child visit for a member between 6 months and 5 years by a provider who has completed the Smiles for Life Fluoride Varnish course.

The following schedule and applicable codes include:

Age	Visit Frequency	Code	Description
Six months to 5 years	Once every six months	99188	Application of fluoride varnish by a physician or other qualified health care professional

References

1. HHO Provider Manual: <https://www.highmarkhealthoptions.com/providers/provider-resources.html>
2. Recommendations for Preventive Pediatric Health Care periodicity schedule: <https://downloads.aap.org/AAP/PDF/periodicityschedule.pdf>

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Policy Update History

3/29/2022	Provider Notification
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