



Health Partners Plans

June 30, 2022

Re: Proper Billing for Combined Sick Visits and Well-Child Visits (Modifier 25)

Dear Provider:

One of Health Partners Plans' primary goals is to ensure our youngest members receive the preventive care they need. That's why we want to remind you that **you can complete a well-child visit when a child has come in for a sick visit**. You should do this after determining that the condition, illness or injury that led to the sick visit does not impede the ability to complete a well-child visit *and* that the child is eligible for the well-child visit, per their Care Gap Report.

Based on our claims data, many provider offices miss this opportunity. Well-child visits often do not occur or the submitted claims do not accurately capture the rendered services. When services are documented and billed properly, offices can close care gaps and significantly increase revenue. We want to ensure that our providers are reimbursed properly for the care provided.

SUBMITTING PROPER CLAIMS

Your office can submit claims for *both* a sick visit and a preventive well-child visit for services provided on the same day, provided that the **Modifier 25** is added to the claim.

The components of a well-child visit, as indicated by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) criteria, are:

- Health and developmental history
- Physical exam
- Laboratory tests (as appropriate for the age of the child)
- Immunizations (use all visits, preventive and sick, if medically appropriate)
- Health education and age-appropriate anticipatory guidance (including schedule of care and dental home referral)

Please note: In order to bill for the well-child visit, **all components must be addressed**. Please refer to the EPSDT periodicity schedule at [HPPlans.com/EPSDT](https://www.hppplans.com/EPSDT) for the complete list of components.

Please note the following coding reminders/clarifications:

- Modifier 25 must be billed in the **first modifier position with the applicable E&M code** for the allowed sick visit. When modifier 25 is not billed in the first position, the Sick Visit will be denied.
- Providers can bill the age-appropriate preventive CPT codes (**99381-99385, 99391, 99392-99395**), and **99461**) and a separate identifiable **E&M code** with the modifier 25.
- Well-child visits should be reported with the following diagnosis codes: **Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, and Z76.2**.
- Appropriate diagnosis codes must be billed for the respective well-child visit and sick visit.

Examples of Proper Coding				
Example	E&M Description	Well-child Visit Diagnosis Code (in the Primary Position)	Well-child Visit E/M Code	Allowable Sick Visits with Modifier 25 (when billing with a Well-child Visit)
#1	New Patient E&M visit	Z00.121	99382	99202-25
#2	Established Patient E&M visit	Z00.121	99392	99212-25
#3	Established Patient E&M visit	Z00.129	99394	99213-25

Note: Providers **must** have proper medical record documentation to support the CPT codes and the E/M codes billed. This documentation should be able to be separated into two distinct notes that will support both E/M services billed for the visit.

If you have questions or concerns, call the Provider Services Helpline at **1-888-991-9023**.

As always, we thank you for your continued efforts to improve the health of our members.

Sincerely,

Merleen Harris-Williams

Merleen Harris-Williams
Senior Medical Director, Quality Medical Directors

Michael K. Krusen

Michael K. Krusen
VP, Provider Network Operations