

## PROVIDER MEMO

**To:** Santa Clara Family Health Plan Providers  
**From:** Provider Network Operations  
**Date:** October 26, 2020  
**Subject:** Preventive medical care via telehealth and in-person visits

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Dear provider,

When you are not able to offer in-person visits to all patients due to COVID-19, please prioritize in-person newborn care, and well-visits and immunizations of infants and young children through 24 months of age.

Some elements of preventive medical services (PMS) can be conducted via telehealth. Read the attached guidance to learn more about PMS via telehealth and in-person visits, and how to properly code for the services.

Note: If you are not contracted directly with SCFHP for the services described in this document, please contact your provider group for billing guidelines.

Questions, comments, or concerns may be directed to [ProviderServices@scfhp.com](mailto:ProviderServices@scfhp.com).

We thank you for your time and effort in the care of our members during this challenging time.

Preventive medicine service (PMS) visits are an essential component of pediatric primary care. It is important for children to continue to receive PMS during the current Public Health Emergency. The American Academy of Pediatrics (AAP) strongly recommends a telehealth and a second (in-person) visit to complete all components of the PMS visit.

Below is some guidance on how to conduct and bill for these PMS visits combining telehealth and in-person activities to ensure that services are provided timely.

## Guidance for SCFHP providers

### 1. Initial encounter via telehealth

Complete elements you are able to and document what requires follow-up at the second in-person visit.

What to cover during the initial telehealth visit:

- Health history
- Development surveillance
- Anticipatory guidance
- Preventative counseling
- Identify care gaps (document and close at second visit)
- Place order for labs, vaccines, and other screenings needed

### Coding for first encounter

#### Example 1: Child 30 months of age

1. Complete a new patient well-child visit via telehealth.
  - Bill CPT code 99382.
2. Complete a child development screening assessment via telehealth.
  - Bill CPT code 96110 and appropriate ICD-10-CM code.
3. Document what requires follow-up at second visit.

#### Example 2: Other scenarios

Use CPT code(s) 99381-99385 or 99391-99395 AND the code for each screening or assessment that was performed on the same day. The following CPT codes may be reported on the same telehealth claim:

CPT code(s)	ICD-10-CM code(s)
96110 – Developmental screening	Z00.110
96127 – Brief emotion/behavioral assessment (e.g., depression inventory, attention –deficit/hyperactivity disorder [ADHD] scale)	Z00.111
99406 – Smoking and tobacco	Z00.121
G9919 – Trauma screening - positive with patient score of 4 or greater	Z00.129
G9920 – Trauma screening - negative with patient score of 0-3	Z00.00
	Z00.01
97802-97804, G0270, G0271, G0447 – Nutritional counseling	Z71.3
G0447, S9451 – Physical activity counseling	Z02.5 or Z71.82

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In both examples, code the place of service (POS) code 11 and the telehealth modifier 95 to indicate the use of real-time two-way audio and video. To bill telephone/audio-only visits, bill POS 02 (home), no modifier.

## 2. Second encounter (in-person)

The second in-person visit completes remaining components of the PMS that were not covered in the telehealth PMS visit.

What to cover during the second encounter:

- Vaccines
- Closing gaps in care (e.g not able to perform via telehealth)
- Physical exam components
- Testing (e.g., urine)
- Other age-appropriate screenings (e.g., hearing, vision, hemoglobin, lead capillary, or lab order)

### Coding for second encounter

- Use CPT code 99024 and modifier CR
  - CPT code 99024 is included in payment for the initial code for tracking of services that are inherently expected to be completed at a date after the original procedure.
  - We recommend that you charge \$0 for code 99024 to ensure the claims are not scrubbed by claims adjudication systems (American Academy of Pediatrics, 2020).

#### Example 1: Child 30 months of age

Use CPT code 99024 to track the visit AND appropriate ICD-10-CM code for each performed vaccine service (e.g., CPT code 90697 for 4th dose of DTaP) or screening (e.g., 99177 for hearing and vision screening).

#### Example 2: Other scenarios

Use CPT code 99024 to track the visit AND CPT service codes and ICD-19 diagnostic codes for screening/vaccine service(s) performed on the same date of service:

CPT code(s)	ICD-10-CM code(s)
99177 – Hearing and vision screening	Z00.110
90697 – DTaP, IPV, Hib, HepB	Z00.111
83655 – Blood lead test	Z00.121
36416 – Lead capillary collections	Z00.129
D1206 – Topican application of fluoride varnish	Z00.00
87110 – Chlamydia screening (woman 12-24 years of age)	Z00.01
30084 – BMI screening in pediatrics	Or an alternate: Z00.08
	Z68.51-Z68.54

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## Resources

CPT code	Description
99381	E/M PREVENT MED SERV NEW PT <1 YR
99382	E/M PREVENT MED SERV NEW PT 1-4 YRS
99383	E/M PREVENT MED SERV NEW PT 5-11 YRS
99384	E/M PREVENT MED SVC/NEW PT 12-17 YRS
99385	E/M PREVENT MED SVC/NEW PT 18-39 YRS
99391	E/M PREVENT MED SERV EST PT <1 YR
99392	E/M PREVENT MED SERV EST PT 1- 4 YRS
99393	E/M PREVENT MED SERV EST PT 5-11 YRS
99394	E/M PREVENT MED SVC EST PT 12-17 YR
99395	E/M PREVENT MED SERV EST PT 18-39 YR
99024	POSTOP F/U VISIT E/M RELATED TO ORIGINAL PROC

ICD10-CM code	Description
Z00.110	Health examination for newborn <8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings

- Bright Futures: <http://brightfutures.aap.org>
- AAP coding during the COVID-19 public health emergency (PHE): <http://bit.ly/coding-PHE>

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