



**BILLING  
GUIDE FOR  
PRIMARY  
CARE  
DOCTORS**



**PCS**  
REVENUE CYCLE MANAGEMENT

Every year, \$125 billion is left on the table by healthcare organizations. Providers in private practice are leaving 30% of potential income in the insurance company's pocket. The main cause is poor billing practices and missed income opportunities. It is our goal at PCS Revenue Cycle Management to help all private practitioners stay private and profitable. In an effort to help physicians, we have created this informational guide to help physicians understand the billing process. It is our hope that you find the following information educational and helpful.



### **Office Visits for New Patients**

- 99202 Straightforward medical decision making or 15-29 minutes
- 99203 Low level of medical decision making or 30-44 minutes
- 99204 Moderate level of medical decision making or 45-59 minutes
- 99205 High level of medical decision making or 60-74 minutes

### **Office Visits for Established Patients**

- 99211 Minimal presenting problems
- 99212 Straightforward medical decision making or 10-19 minutes
- 99213 Low level of medical decision making or 20-29 minutes
- 99214 Moderate level of medical decision making or 30-39 minutes
- 99215 High level of medical decision making or 40-54 minutes

### **Preventive Visits for New Patients**

- 99381 Infant (younger than 1 year)
- 99382 Early childhood (age 1–4 years)
- 99383 Late childhood (age 5–11 years)
- 99384 Adolescent (age 12–17 years)
- 99385 18-39 years
- 99386 40-64 years
- 99387 65 years or older

### **Preventive Visits for Established Patients**

- 99391 Infant (younger than 1 year)
- 99392 Early childhood (age 1–4 years)
- 99393 Late childhood (age 5–11 years)
- 99394 Adolescent (age 12–17 years)
- 99395 18-39 years
- 99396 40-64 years
- 99397 65 years or older



## **ICD-10 Codes for Preventive Visits**

Z00.00 General adult medical exam without abnormal findings  
Z00.01 General adult medical exam with abnormal findings  
Z00.110 Health supervision for newborn under 8 days old  
Z00.111 Health supervision for newborn 8 to 28 days old  
Z00.121 Routine child health exam with abnormal findings  
Z00.129 Routine child health exam without abnormal findings  
Z01.411 Gynecological exam with abnormal findings  
Z01.419 Gynecological exam without abnormal findings  
Z11.51 Screening for human papillomavirus (HPV)  
Z12.72 Screening for malignant neoplasm of vagina  
Z30.011 Initial prescription of contraceptive pills  
Z30.012 Prescription of emergency contraception  
Z30.013 Initial prescription of injectable contraceptive  
Z30.014 Initial prescription of intrauterine contraceptive device (IUD)  
Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive  
Z30.016 Encounter for initial prescription of transdermal patch hormonal contraceptive device  
Z30.017 Encounter for initial prescription of implantable subdermal contraceptive  
Z30.018 Encounter for initial prescription of other contraceptives  
Z30.02 Counseling and instruction in natural family planning to avoid pregnancy.  
Z30.09 General counseling and advice on contraception  
Z30.40 Surveillance of contraceptives, unspecified  
Z30.41 Surveillance of contraceptive pills  
Z30.42 Surveillance of injectable contraceptive  
Z30.430 Insertion of IUD

## **Preventive Medicine Counseling**

99401 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes

99402 approximately 30 minutes

99403 approximately 45 minutes

99404 approximately 60 minutes

99411 Preventive medicine counseling or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 minutes

99412 approximately 60 minutes

## **ICD-10 Codes for Preventive Medicine Counseling**

Z28.3 Underimmunized status (Also include an additional code, eg, Z28.82 [caregiver refusal].)

Z71.3 Dietary surveillance and counseling

Z71.82 Exercise counseling

Z71.84 Encounter for health counseling related to travel

Z71.89 Other specified counseling

Z71.9 Counseling, unspecified

## **Behavioral Change Intervention**

99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 intensive, greater than 10 minutes

99408 Alcohol or substance (other than tobacco) abuse structured screening (eg, Alcohol Use Disorder Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services; 15 to 30 minutes

99409 greater than 30 minutes





## **ICD-10 Codes for Preventive Medicine Counseling**

F10.10 Alcohol abuse, uncomplicated

F11.10 Opioid abuse, uncomplicated

F12.10 Cannabis abuse, uncomplicated

F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated

F13.90 Sedative, hypnotic, or anxiolytic use, unspecified,  
uncomplicated F15.90 Other stimulant use, unspecified,  
uncomplicated

F16.90 Hallucinogen use, unspecified, uncomplicated

F17.290 Nicotine dependence, other tobacco products (Includes  
Electronic nicotine delivery systems [ENDS]/vaping products)

Z71.41 Alcohol abuse counseling and surveillance of alcoholic

Z71.51 Drug abuse counseling and surveillance of drug abuser

Z71.6 Tobacco abuse counseling

Z87.891 Personal history of nicotine dependence

Z91.89 Other specified personal risk factors, presenting as hazards to  
health not elsewhere classified

## **Medicare Preventative Services**

G0296 Counseling visit to discuss need for lung cancer screening  
using low dose CT scan

G0442 & G0443 Screening for alcohol misuse and brief behavioral  
counseling

G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15  
minutes

G0444 Annual depression screening code

G0446 Intensive behavioral counseling for cardiovascular disease,  
HCPCS code

G0447 Behavioral counseling for obesity, HCPCS code



G0402 Welcome to Medicare visit.

G0438 Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

G0439 Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

### **Health Risk Assessments**

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument (eg, CRAFFT)

96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

### **Developmental Screening and Emotional/Behavioral Assessment**

96110 Developmental screening, per instrument, scoring and documentation

96127 Brief emotional/behavioral assessment (eg, depression inventory) with scoring and documentation, per standardized instrument

### **Transitional Care Management**

99495 moderate medical complexity requiring a face-to-face visit within 14 days of discharge.

99496 high medical complexity requiring a face-to-face visit within seven days of discharge.



## **Chronic Care Management**

99490 non-complex CCM is a 20-minute timed service provided by clinical staff to coordinate care across providers and support patient accountability.

99439 each additional 20 minutes of clinical staff time spent providing non-complex CCM directed by a physician or other qualified health care professional (billed in conjunction with CPT code 99490)

99487 complex CCM is a 60-minute timed service provided by clinical staff to substantially revise or establish comprehensive care plan that involves moderate- to high-complexity medical decision making.

99489 is each additional 30 minutes of clinical staff time spent providing complex CCM directed by a physician or other qualified health care professional (report in conjunction with CPT code 99487; cannot be billed with CPT code 99490)

99491 CCM services provided personally by a physician or other qualified health care professional for at least 30 minutes.

## **Hospital Inpatient Services**

99221 Initial hospital care; low complexity

99222 Initial hospital care; moderate complexity

99223 Initial hospital care; high complexity

99231 Subsequent hospital care; low complexity

99232 Subsequent hospital care; moderate complexity

99233 Subsequent hospital care; high complexity

99234 Observation or inpatient hospital care; low complexity

99235 Observation or inpatient hospital care; moderate complexity

99236 Observation or inpatient hospital care; high complexity

99238 Hospital discharge day management; 30 minutes or less

99239 Hospital discharge day management; more than 30 minutes





## **Common Modifiers used in Primary Care**

25 Significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service

59 Distinct procedural service

95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system

\*\*\*\*\*If you see a patient in the hospital and you follow up with them after they are discharged, they are considered an established patient. You will need to bill an established patient code.

\*\*\*\*\*Documentation is VERY IMPORTANT. Make sure you are including the time you spend with patients when you are documenting on your visits. (For example, 15 minutes or 9:00a-9:15a). Make sure that you document in detail what you discuss during the visit including any medical advice and/or recommendation to treat any chronic diseases or illnesses.

PCS Revenue Cycle Management is a HIPAA compliant medical billing agency located in Houston, TX. Our goal is to help all our client stay private and profitable. We offer a robust medical billing service including credentialing and consulting.



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