

Completing a Well Visit during a Sick Visit

Did you know the five Ohio Medicaid Managed Care Plans pay for a well visit to be completed on the same day as a sick visit? The well visit and sick visit will both be paid at 100% with the addition of a modifier 25.

Children will often only visit their provider when sick. Caregivers may experience barriers to scheduling a well visit such as being unable to miss work. Completing the well visit during the sick visit may be the only opportunity the provider has to complete a well visit during the year and give any immunizations the child needs. Therefore, all Medicaid Managed Care Plans provide payment for a combination of certain services on the same day including: sick visits, well visits, immunizations, labs (including lead).

How to Bill

When a patient is seen in the office for a well visit as a new or established patient, providers can bill that diagnostic exam as an E&M-25. Providers should reference the most up-to-date sources of professional coding guidance for valid CPT/HCPCS codes.

In order to receive payment, follow the billing guidelines below:

Visit Type	ICD-10 codes	CPT codes	Modifiers
Well Visit	Z00.129	(99381-5 or 99391-5)	None
Well + immunizations	Z00.129, Z23	(99381-5 or 99391-5)	25
Well + Sick	Z00.121 AND appropriate sick ICD-10 code	(99381-5 or 99391-5) and 9921x	25
Well + Sick + Immunizations	Z00.121, Z23, AND appropriate sick ICD-10 code	(99381-5 or 99391-5) and 9921x	25 for sick and 25 for immunizations

BEST PRACTICES FOR IMPROVING WELL VISITS IN YOUR PRACTICE

- Consider every visit an opportunity for a well visit and an immunization visit.
- Schedule the next well visit during check out.
- Collaborate with your EHR vendor to incorporate pop up alerts for preventive services.
- Check payer specific provider portal when a member presents to your office without their insurance card.
- Clarify payer procedures for covering well visits every calendar year, not every 365 days.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Medicaid's Healthchek Program

This program ensures that members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r) as amended. This includes medically necessary services covered by Ohio Medicaid, as well as any medically necessary screening, diagnostic and treatment services available to Medicaid consumers that go beyond the applicable coverage and limitations set forth in Division 5160 of the Ohio Administrative Code (OAC). Screening components, frequencies, and indications of need for further evaluation are in accordance with the most current American Academy of Pediatrics recommendations for pediatric preventive health care. Prior authorization and coverage determinations are based on medical necessity.

Thank you for your support!

