

INFORMATION ON PREVENTIVE MEDICINE COUNSELING

WHAT IS PREVENTIVE MEDICINE COUNSELING?

Preventive medicine counseling to an individual patient is a time-based service that can be beneficial when reporting an office visit based on the level of medical decision-making. This allows separate reporting of time of more than 8 minutes spent in vaccine counseling.

Preventive medicine counseling is focused on risk-reduction by a physician or other qualified health professional. This service is not reported for counseling provided by clinical staff such as a nurse or medical assistant.

HOW IS PREVENTIVE MEDICINE COUNSELING APPLICABLE TO VACCINE COUNSELING?

When the billing or practice manager can identify that payers in the area will pay for vaccine counseling reported with code **99401**, this presents an additional opportunity to provide and be paid for vaccine counseling.

The CPT midpoint rule applies to codes **99401-99404** so that the time in the code descriptor is met when the midpoint is passed. For instance, **99401** is described as approximately 15 min and the midpoint between 0 and 15 minutes is passed at 8 minutes.

Mid-point rule applies - time must pass the midpoint.

- 99401, approx. 15 minutes, midpoint between 0 and 15 = 8 minutes
- 99402, approx. 30 minutes, midpoint between 15 and 30 = 23 minutes
- **99403**, approx. 45 minutes, midpoint between 30 and 45 = 38 minutes
- 99404, approx. 60 minutes, midpoint between 45 and 60 = 53 minutes

WHAT ARE CODING OPTIONS FOR VACCINE COUNSELING FOR PATIENT WITH DIABETES USING PREVENTIVE MEDICINE COUNSELING?

Separately document the vaccine counseling and time spent in face-to-face counseling from the office visit to address diabetes and other problems.

Append modifier **25** to the code for a separately reported office visit provided on the same date and link diagnosis codes for the problems addressed to the office visit code on the claim. Link vaccine safety counseling code **Z71.85** to the preventive medicine counseling code.

Be aware though that not all payers will pay separately for these services and some limit payment to specific preventive counseling such as that for contraception.

EXAMPLE: CODING FOR VACCINE COUNSELING USING PREVENTIVE MEDICINE COUNSELING

Office Visit Addressing Diabetes that Doesn't Include Preventive Medicine Counseling Time

A Nurse Practitioner in an endocrinology practice:

- Sees an established patient with stable diabetes type 1 and stable hypertension.
- Reviews the patient's blood glucose log, hemoglobin A1c and tests for kidney function.
- Recommends the patient continue same insulin and hypertension medication.
- Provides face-to-face immunization counseling for COVID-19 booster dose.
- Documents 25 minutes spent in care of the patient on this date of service.

Total time = **25 minutes** including time spent documenting the service (supports **99213**). Preventive medicine counseling time is not separately documented from the office visit total time.

Medical Decision-Making

- Problems addressed 2 stable chronic illnesses: Moderate
- Data blood glucose log, hemoglobin A1c, test for kidney function: Moderate
- Risk prescription drug management: Moderate
- Moderate medical decision-making supports 99214 in lieu of 99213

Same Office Visit with the Addition of Preventive Medicine Counseling Time

- Documents 10 minutes spent in face-to-face immunization counseling for COVID-19 booster dose
- Total time of combined problem-oriented service + preventive counseling = **35 minutes** (Code: **99214** (3.79 total RVUs, 1.92 work))
- Medical decision-making also supports 99214 and allows for separate reporting of 99401
- Separate reporting of office visit and preventive counseling: **Codes 99214 25, 99401** (additional 1.15 total RVUs, 0.48 work)

Coding for Example with Preventive Medicine Counseling Time

Procedure Code	Diagnosis Code	Total and Work RVUs*
99214 25	E10.9, Z79.4	3.79 total, 1.92 work
99401	Z71.85	1.15 total, 0.48 work

*RVUs, Relative Value Units – Medicare Physician Fee Schedule 2023, national amounts, unadjusted for geographic locality

This resource is provided by AACE, through the grant Specialty Societies Advancing Adult Immunizations, funded by the CDC and coordinated through the Council on Medical Specialty Societies.



AACE members and others using this guidance should make independent judgments and consult with their own coding staff or consultants to ensure they are following the applicable coding rules. Codes and guidelines change, and payers may not adhere to all guidelines. For additional details, see AACE's Coding Toolkit for Endocrinology Practices for Vaccines for Adults with Diabetes.