Clinical Policy: **Preventive Care Services**

Date of Implementation: **April 19, 2012**

Product: **Specialty**

GUIDELINES

American Specialty Health, Inc. (ASH) considers comprehensive preventive medicine evaluation and management services provided by a qualified healthcare professional as medically necessary for detecting risk factors based on patient age, gender, and risk-status. Preventive medicine evaluation and management services should follow established guidelines as determined by the U.S. Preventive Services Task Force (USPSTF).

Preventive medicine counseling is established as clinically effective and professionally recognized for providing patient assessment and related provision of evidence-based information about self-care, risk factor reduction and professional interventions to more effectively manage high risk health behaviors and to pursue appropriate self-care and screening activities. Preventive medicine management focuses on health concerns such as: injury prevention; alcohol or drug abuse; tobacco use; inadequate nutrition and diet; sedentary lifestyle; pursuing appropriate disease screening and immunizations; and the appropriate management of serum glucose, hypertension, and obesity. Preventive medicine counseling and risk factor reduction interventions should follow USPSTF established guidelines.

Other CPGs related to specific screening and preventive care recommendations are available on ashlink.com.

INTRODUCTION

The Agency for Healthcare Research and Quality (AHRQ) is under the U.S. Department of Health and Human Services (HHS) and sponsors the USPSTF, the leading independent panel of private-sector experts in prevention and primary care. The USPSTF conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications. Its recommendations are considered the "gold standard" for clinical preventive services.

By evaluating the benefits of individual services based on age, gender, and risk factors for disease, the USPSTF makes recommendations about which preventive services should be incorporated routinely into primary medical care and for which populations.

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Preventive Care Guidelines are standards of care developed to encourage the appropriate provision of preventive services to patients, according to their age, gender, and risk-status. These services include screenings, immunizations, and physical examinations.

Preventive services are recommendations for when the participant does not have any other health risks or a diagnosed health condition. Participants with any health risk or diagnosis may have additional health care service recommendations or the frequency at which the services are recommended by their practitioner may vary.

Preventive Medicine Evaluation and Management services are comprehensive in nature, reflect an age and gender appropriate history and examination, and include counseling, anticipatory guidance, and risk factor reduction interventions, usually separate from disease-related diagnoses. A spinal screening (e.g., evaluating posture, gait, range of motion, and joints for subluxations) by itself does not meet the above-described criteria, and would not be considered a preventive medicine evaluation and management service.

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) GRADING SCALE

The USPSTF assigns one of five letter grades to each of its recommendations (A, B, C, D, or I). The USPSTF has also defined levels of certainty regarding net benefit.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is	Discourage the use of this service.

Grade	Definition	Suggestions for Practice
	moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

1 **LEVELS OF CERTAINTY REGARDING NET BENEFIT**

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: • The number, size, or quality of individual studies. • Inconsistency of findings across individual studies. • Limited generalizability of findings to routine primary care practice. • Lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: • The limited number or size of studies. • Important flaws in study design or methods.

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Level of Certainty*	Description
	• Inconsistency of findings across individual studies. • Gaps in the chain of evidence. • Findings not generalizable to routine primary care practice. • Lack of information on important health outcomes. More information may allow estimation of effects on health outcomes.

* The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.

QUALITY OF EVIDENCE

The USPSTF grades the quality of the overall evidence for a service on a 3-point scale (good, fair, and poor):

Good: Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.

Fair: Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies, generalizability to routine practice, or indirect nature of the evidence on health outcomes.

Poor: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

CPT Code and Documentation Requirements to Substantiate Medical Necessity

Preventive Medicine Assessments CPT Code Description	
Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; by age.	
CPT® CODE	**Applicable Age Range**
99381	infant (age younger than 1 year)

99382	early childhood (age 1 through 4 years)
99383	late childhood (age 5 through 11 years)
99384	adolescent (age 12 through 17 years)
99385	18-39 years
99386	40-64 years
99387	65 years and older

Preventive Medicine Counseling services are time-based and should follow established guidelines as determined by the USPSTF and other sources described in this document. Such annual visits should include the following:

- An assessment of common risk factors (age and at-risk behavior dependent);
- Discussion and identification of risks within each of the appropriate categories;
- Discussion of intervention options; and
- Programmatic options where available which are in line with USPSTF recommendations.
- Evidence-based services that have in effect an A or B grade according to the current recommendations of the United States Preventive Services Task Force (Task Force) with respect to the individual involved.

An example of code 99383 would be: a 9-year-old male presenting for his first health supervision and evaluation. The practitioner reviews his complete medical (including immunizations), family, social, religious, and cultural history. A complete review of systems and complete physical are performed. Speech and blood pressure are checked. Growth, development and the patient's behavior are assessed. Anticipatory guidance is provided to the patient regarding good health habits and self-care, and to the parents regarding good parenting practices. Risk factors are identified, and interventions discussed. Medically appropriate lab tests are ordered if indicated.

Medical record documentation should reflect the procedures performed and the clinical rationale for them (e.g., age appropriate and/or at-risk behavior).

Preventive Medicine Counseling CPT Code Description	
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual [codes 99401 – 99404] or in a group setting [codes 99411 – 99412] (separate procedure) by time	
CPT® CODE	**Applicable Time**
99401	approximately 15 minutes
99402	approximately 30 minutes
99403	approximately 45 minutes
99404	approximately 60 minutes
99411	approximately 30 minutes

99412	approximately 60 minutes

An example of code 99404 would be: a 31-year-old female patient who smokes, is sedentary and obese, and has familial hypercholesterolemia, meets with her practitioner to discuss dietary and lifestyle changes to reduce her risk of heart disease. The discussion would focus on her risk of heart disease based on her current condition and family history, as well as discussion of the potential benefits of losing weight, giving up smoking, and lowering her cholesterol. The following options would also be reviewed, and assistance provided with prioritizing her goals for smoking cessation, diet change, and weight loss.

Medical record documentation should reflect the procedures performed and the clinical rationale for them (e.g., age appropriate and/or at-risk behavior).

Practitioner Resources

- Health Recommendations Tool (http://epss.ahrq.gov)
- Quick Guide to Healthy Living (https://health.gov/myhealthfinder)
- Home Page - Healthypeople (https://health.gov/healthypeople)

Member Resources

- Preventive Health
  (http://healthfinder.gov)
- Preventive Health Topics
  (http://www.nlm.nih.gov/medlineplus/healthtopics.html)

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is a best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

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