



Counseling and/or Risk Factor Reduction Intervention Services Payment Policy

Policy

Fallon Community Health Plan will reimburse for covered individual counseling and/or risk factor reduction intervention services provided by credentialed and contracted providers

Definitions

This policy applies to the payment for professional counseling and/or risk factor reduction intervention services rendered by contracted providers. Counseling and/or risk factor reduction intervention services are provided to individuals at a separate encounter for the purpose of promoting health and preventing illness or injury.

Benefits application

Commercial

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

Senior Plan

- Fallon Senior Plan™
- Fallon Senior Plan Preferred

Reimbursement

FCHP will find counseling and/or risk factor reduction intervention services mutually exclusive to Evaluation and Management and Preventative Medicine Services. Telephone consultations or telephone counseling does not qualify for payment under this policy.

Referral/notification/preauthorization requirements

Not applicable.

Billing/coding guidelines

Use the following CPT codes:

99401: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.

99402: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.

99403: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.

99404: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.

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

99407: Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.

Place of service

This policy applies to services provided in all areas and settings.

Policy history

Origination date: 2/27/2002

Previous revision date(s): 03/17/2004, 04/15/2006, 01/17/07

Current review date & details: 06/23/2008 - New CPTs added and product limitations defined.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.