

Quick Guide for Coding and Billing Preparticipation Physical Evaluation (Sports Physicals)

Note: Should a child be a Medicaid or Health Choice beneficiary, the agency must provide the Preparticipation Physical Evaluation in conjunction with the preventative or problem-focused child health visit to be eligible to bill the visit to Medicaid or Health Choice.

Types of Preparticipation Physical Evaluation visits with Coding and Billing Options

- I. **Preparticipation Physical Evaluation in conjunction with the preventative or problem-focused child health visit.**
 - A. **Preparticipation Physical Evaluation completed as part of the age appropriate preventive well-child physical.** If the youth has not had a full preventive exam in the past 12 months, the LHD may perform a full preventive visit service inclusive of the necessary components of the sports history and the physical exam. The preparticipation physical form can be completed along with the documentation of the preventive visit. This strategy would work with Medicaid youths, when applicable.
 1. The age appropriate, comprehensive preventive medicine service CPT codes should be billed.
 2. The appropriate ICD-10 diagnosis codes for routine child health examination (with or without abnormal findings) must be the primary diagnosis code and the ICD-10 diagnosis code Z02.5 (examination for participation in sport) should be secondary.
 3. The LHD charge(s) would be billed to the youth (refer to the LHD's Child Health program policies for sliding fee scale requirements), Medicaid or to a third-party payer, if applicable.
 4. The bill should reflect the agency approved fee for the CPT codes utilized.
 - B. **Preparticipation Physical Evaluation provided in conjunction with a problem-focused/inter-periodic visit.** If the youth has already had a full preventive exam in the past 12 months, the LHD may provide an interperiodic preventive health visit with the addition of the necessary components of the sports history and the physical exam. In this situation the completion of the "form" is included as part of the office visit and there is not an additional fee that can be charged for administrative services. The preparticipation physical form can be completed along with the documentation of the interperiodic preventive visit. This strategy would work with Medicaid youths, when applicable.
 1. The appropriate problem-focused E/M CPT code based on the level of service provided should be billed.
 2. The ICD-10 diagnosis code(s) for the problem visit must be listed as the primary diagnosis code(s) and the Z02.5 for the Preparticipation Physical Evaluation (Z02.5 (examination for participation in sport) must be listed after all other diagnosis code(s). Use ICD-10 Z codes for problem diagnoses such as History of Asthma, Obesity, Diabetes, etc.
 3. The LHD charge(s) would be billed to the youth (refer to the LHD's Child Health program policies for sliding fee scale requirements), Medicaid or to a third-party payer, if applicable.
 4. The bill should reflect the agency approved fee for the CPT code utilized.
- II. **Stand-Alone Preparticipation Physical Evaluation** The agency must choose which of these two options their agency will provide, and the service must be approved by your Governing Board.

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- A. Preparticipation Physical Evaluation at no charge to all children.** If the LHD desires to provide no-charge physicals to improve access for youth, the LHD may establish a local use code (working with the EHR vendor, as needed) and service description. The Center for Medicare and Medicaid Services permits billing this type of visit: “Medicaid reimbursement is available for covered services under the approved state plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large. As a result, Federal Financial Participation (FFP) is available for Medicaid payments for care provided through providers that do not charge individuals for the service, as long as all other Medicaid requirements are met” (Mann, 2014).
No private insurance may be billed under this directive.
- B. Fixed-rate Preparticipation Physical Evaluation.** If the LHD desires to provide a fixed-rate physical to improve access for youth, the LHD may establish a local use code (working with EHR vendor, as needed), create a service description and adhere to the LHD fee policy to establish a fee for the service. The fee established by the governing body may be based on the same methodology that all fees are based upon, or may be guided by other agency goals, such as improving access to physical activity (not billable with current Medicaid fee schedule.). The LHD may contract with a third party, such as a school or school system, for a fixed rate physical.
No Medicaid or private insurance may be billed under this option

Note: Information specific to sliding fee scale use can be found in the HRSA Title V guidance, the Social Security Act, Sec. 505 (a)(5)(D), and the 10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES (resources linked below).

The Local Technical Assistance and Training Branch is dedicated to providing the most current coding and billing guidance and will update this Quick Guide as needed. Should you desire further assistance regarding coding and billing of Preparticipation Physical Evaluation, please contact your LTATB nursing or administrative consultant.

Cited sources:

Application for Block Grants, Social Security Act, Sec. 505. [42 U.S.C. 705]. Retrieved from https://www.ssa.gov/OP_Home/ssact/title05/0505.htm

Client and Third-Party Fees, 10A NCAC 43B .0109 (1985). Retrieved from <http://ncrules.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-%20Health%20and%20Human%20Services%5CChapter%2043%20-%20Personal%20Health&lookUpError=10A%20NCAC%2043%20>

Health Resources and Services Administration (2007). *Understanding Title V of the Social Security Act*. Retrieved from <http://www.amchp.org/AboutTitleV/Documents/UnderstandingTitleV.pdf>

Mann, C. (2014, Dec. 15). Medicaid Payment for Services Provided without Charge (Free Care) [Letter to State Medical Directors #14-006]. Department of Health and Human Services, Centers for

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Medicare & Medicaid Services. Retrieved from <https://www.medicare.gov/federal-policy-guidance/downloads/smd-medicare-payment-for-services-provided-without-charge-free-care.pdf>