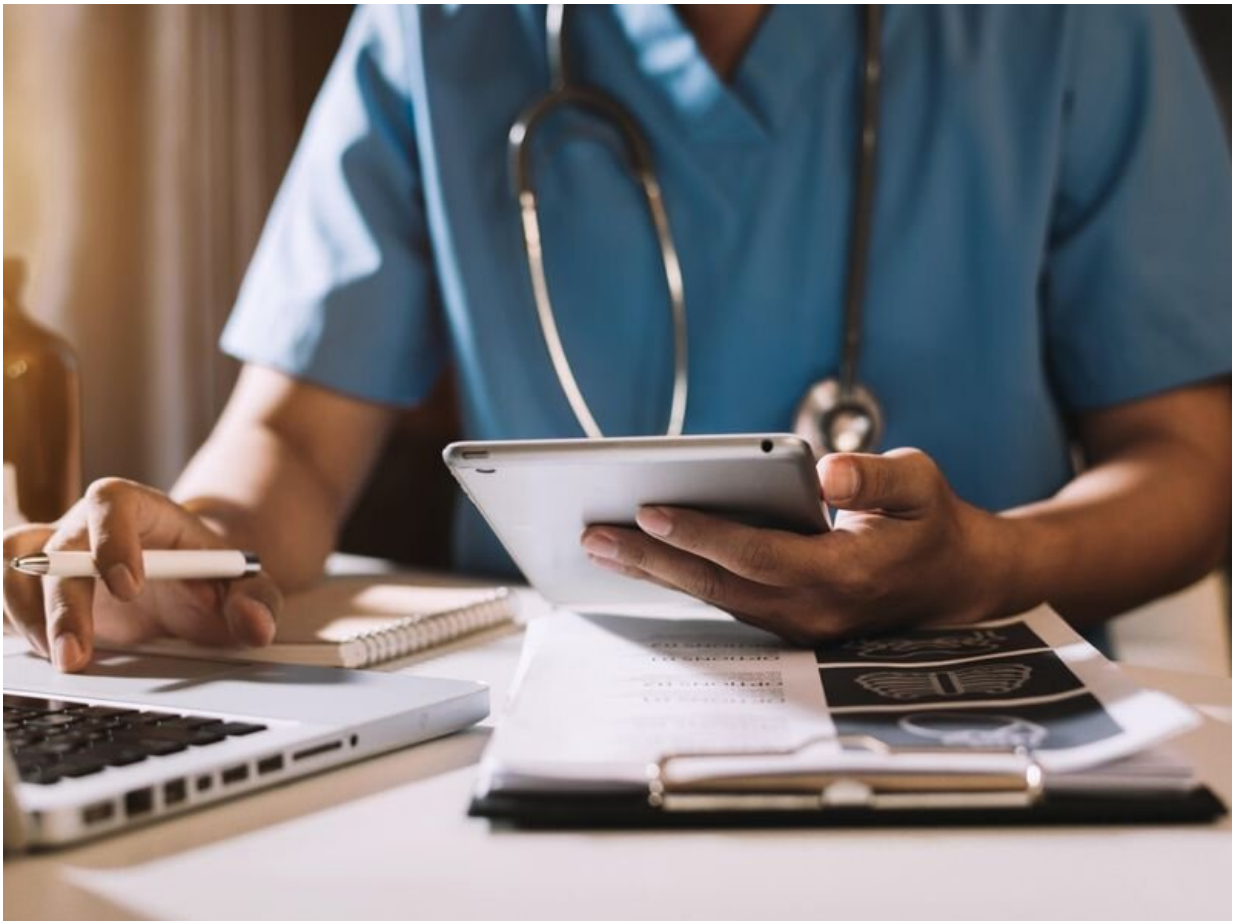


Primary care physicians rarely use billing codes for prevention, coordination services

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Primary care physicians (PCPs) infrequently use billing codes for

prevention and coordination services, despite having eligible patients and providing code-appropriate services to some of those patients, according to a study published online June 28 in the *Annals of Internal Medicine*.

Sumit D. Agarwal, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues examined the potential and actual use of the prevention and [coordination](#) codes that have been added to the Medicare Physician Fee Schedule by PCPs in a cross-sectional and modeling study.

The researchers found that for each service, eligibility among Medicare [patients](#) varied from 8.8 to 100 percent. The median use of billing codes was 2.3 percent among eligible patients, even though code-appropriate services were provided to more patients; for example, to 5.0 to 60.6 percent of patients eligible for prevention services. A PCP could add \$124,435 and \$86,082 to the practice's annual revenue for prevention services and coordination services, respectively, if they provided and billed for all prevention and coordination services to half of all eligible patients.

"Physicians who lack coding knowledge are at risk of failing to bill for substantial potential revenue," writes the author of an accompanying editorial. "We must empower ourselves with knowledge of coding rules for services we commonly provide."

More information: Sumit D. Agarwal et al, The Underuse of Medicare's Prevention and Coordination Codes in Primary Care, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M21-4770](https://doi.org/10.7326/M21-4770)

Davoren Chick, Medicare Codes for Primary Care: Expansions With Limitations, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-1897](https://doi.org/10.7326/M22-1897)

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