

Preventive Medicine and Screening Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Preventive Medicine Services [Current Procedural Terminology (CPT®) codes 99381-99387, 99391-99397, Healthcare Common Procedure Coding System (HCPCS) code G0402] 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. Occasionally, an abnormality is encountered or a pre-existing problem is addressed during the preventive visit, and significant elements of related Evaluation and Management (E/M) services are provided during the same visit. When this occurs, UnitedHealthcare will reimburse the Preventive Medicine Service plus 50% of the problem-oriented E/M service code when that code is appended with modifier 25. If the problem-oriented service is minor, or if the code is not submitted with modifier 25 appended, it will not be reimbursed.

When a Preventive Medicine Service and Other E/M services are provided during the same visit, only the Preventive Medicine Service will be reimbursed.

Screening services include cervical cancer screening; pelvic and breast examination; prostate cancer screening/digital rectal examination; and obtaining, preparing and conveyance of a papanicolaou smear to the laboratory. These screening procedures are included in (and are not separately reimbursed from) the Preventive Medicine Service rendered on the same day.

Prolonged services are included in (and not separately reimbursed from) preventive medicine codes.

Counseling services are included in (and not separately reimbursed from) preventive medicine codes.

Medical nutrition therapy services are included in (and not separately reimbursed from) preventive medicine codes.

Visual function screening and visual acuity screening are included in (and not separately reimbursed from) Preventive Medicine Services.

For a list of specific codes that are included in (and not separately reimbursed from) Preventive Medicine Services see the [Codes Section](#).

For the purposes of this policy, Same Specialty Physician or Other Qualified Health Care Professional is defined as a physician and/or other qualified health care professional of the same group and Same Specialty Physician or Other Qualified Health Care Professional reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Preventive Medicine Service and Problem Oriented E/M Service

A preventive medicine CPT or HCPCS code and a problem-oriented E/M CPT code may both be submitted for the same patient by the Same Specialty Physician or Other Qualified Health Care Professional on the same date of service. If the E/M code represents a significant, separately identifiable service and is submitted with modifier 25 appended, UnitedHealthcare will reimburse the preventive medicine code plus 50% of the problem-oriented E/M code. UnitedHealthcare will not reimburse a problem-oriented E/M code that does not represent a significant, separately identifiable service and that is not submitted with modifier 25 appended.

Preventive Medicine Service and Other E/M Service

A preventive medicine CPT or HCPCS code and other E/M CPT or HCPCS codes may both be submitted for the same patient by the Same Specialty Physician or Other Qualified Health Care Professional on the same date of service. However, UnitedHealthcare will only reimburse the preventive medicine CPT or HCPCS code.

Screening Services

The comprehensive nature of a preventive medicine code reflects an age and gender appropriate examination. When a screening code is billed with a preventive medicine code on the same date of service by the Same Specialty Physician or Other Qualified Health Care Professional, only the preventive medicine code is reimbursed.

Prolonged Services

Prolonged services codes represent add-on services that are reimbursed when reported in addition to an appropriate primary service. Preventive Medicine Services are not designated as appropriate primary codes for the prolonged services codes. When prolonged service add-on codes are billed with a preventive medicine code on the same date of service by the Same Specialty Physician or Other Qualified Health Care Professional, only the preventive medicine code is reimbursed.

According to CPT and HCPCS, prolonged preventive service codes G0513-G0514 are considered add-on codes and should not be reported without the appropriate primary code. Refer to UnitedHealthcare's "Add-on Policy" for details.

Counseling Services

Preventive Medicine Services include counseling. When counseling service codes are billed with a preventive medicine code on the same date of service by the Same Specialty Physician or Other Qualified Health Care Professional, only the preventive medicine code is reimbursed.

Medical Nutrition Therapy Services

According to CPT, for medical nutrition therapy assessment and/or intervention performed by a physician, report E/M or Preventive Medicine Service codes. When medical nutrition therapy codes are billed with a preventive medicine code

on the same date of service by the Same Specialty Physician or Other Qualified Health Care Professional, only the preventive medicine code is reimbursed.

Visual Function and Visual Acuity Screening

The comprehensive nature of a preventive medicine code reflects an age and gender appropriate examination. When visual function screening or visual acuity screening is billed with a preventive medicine code on the same date of service by the Same Specialty Physician or Other Qualified Health Care Professional, only the preventive medicine code is reimbursed.

Modifiers

25

Definitions

Preventive Medicine Services	Includes annual physical and well-child examinations, usually in the absence of a disease-related diagnosis.
Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.

Questions and Answers

1	<p>Q: Why does UnitedHealthcare reduce reimbursement to 50% for an E/M service (99202-99205 or 99212-99215 with modifier 25) billed for the same person on the same date of service as a Preventive Medicine Service?</p> <p>A: UnitedHealthcare recognizes that a visit may begin as a Preventive Medicine Service, and in the process of the examination it may be determined that a disease related condition exists (E/M). When this occurs, the level of decision-making during such a visit may be more complex than the decision-making during a preventive medicine visit. However, there are elements of the Preventive Medicine Service (e.g., making the appointment, obtaining vital signs, maintaining and stocking the exam room, etc.) that are duplicated in the reimbursement for an E/M code; these duplicated practice expense services are 50% of the E/M cost.</p>
2	<p>Q: In what situation is CPT code 96110 reimbursable?</p> <p>A: As defined, CPT code 96110 represents developmental screening, with interpretation and report. In the introduction to the section in which this code appears, the CPT book states that "it is expected that the administration of these tests will generate material that will be formulated into a report." Because a physician obtains developmental information as an intrinsic part of a Preventive Medicine Service for an infant or child and because this information is sometimes obtained in the form of a questionnaire completed by the parents, it is expected that this code will be reported in addition to the preventive medicine visit only if the screening meets the code description. Physicians should report the specific CPT code, for developmental screening or other similar screening or testing, separate and distinct from the Preventive Medicine Service only when the testing or screening results in an interpretation and report by the physician being entered into the medical record.</p>
3	<p>Q: Why is Q0091 not separately reimbursable when billed with a preventive medicine code?</p> <p>A: UnitedHealthcare considers Q0091 to be an integral part of a preventive health care service. Therefore, this component of a preventive visit is not separately reimbursable.</p>
4	<p>Q: Why is 99172 not separately reimbursable when billed with a preventive medicine code?</p> <p>A: The CPT Book clearly states that this service should not be reported in addition to an E/M code.</p>
5	<p>Q: How does UnitedHealthcare reimburse for screening tests based on a questionnaire completed by the patient or a family member when done in conjunction with a Preventive Medicine Service?</p> <p>A: Counseling, anticipatory guidance and risk factor reduction interventions are integral to a preventive medicine visit. Historical information may be obtained either through direct questioning or through completion of a written questionnaire. The responses on a questionnaire often identify areas for more focused interventions or treatments.</p>

Since this screening is part of a Preventive Medicine Service, it is not reimbursed separately. Occasionally, a screening instrument requires interpretation, scoring, and the development of a report separate from the preventive medicine encounter. In those situations, where a CPT code exists for that service, screening, interpretation and development of a report is reimbursed separately from a Preventive Medicine Service.

Codes

Preventive Medicine Service Codes

99381	99384	99387	99393	99396
99382	99385	99391	99394	99397
99383	99386	99392	99395	G0402

Codes Included in Preventive Medicine Services

Problem Oriented E/M Service Codes

99202	99204	99212	99214	G0463
99203	99205	99213	99215	

Other E/M Service Codes

99211	99244	99253	99282	G0245
99241	99245	99254	99283	G0246
99242	99251	99255	99284	S0285
99243	99252	99281	99285	

Screening Services Codes

G0101	G0102	Q0091
-------	-------	-------

Prolonged Services Codes

99354	99415	99417
99355	99416	G2212

Counseling Services Codes

0403T	99404	99409	G0396	G0446	H0005	T1006
99401	99406	99411	G0397	G0447	S0257	T1027
99402	99407	99412	G0443	G0473	S0265	
99403	99408	G0296	G0445	G2011	S9470	

Medical Nutrition Therapy Services Codes

97802	97803	97804	G0270	G0271
-------	-------	-------	-------	-------

Visual Function and Visual Acuity Screening Codes

99172	0333T
-------	-------

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

3/1/2021	Policy Version Change Definitions Section: Added "Qualified"
1/1/2021	Policy Version Change Problem Oriented E/M Service Codes Section Updated Prolonged Services Section Updated History Section - Entries prior to 5/20/2018 archived
9/27/2020	Policy Version Change Counseling Services Codes Section Updated
7/12/2020	Policy Version Change Screening Services Codes Section Updated
3/29/2020	Policy Version Change Added the word "Commercial" to the policy header Codes Section: Code descriptions removed Questions and Answer Section: Updated Q&A #3 and #4 History/Updates Section - Entries prior to 1/1/2018 archived
3/1/2019	Annual Anniversary Date and Version Change Title Section: Removed Annual Approval information. moved policy number to the header, and added professional to policy title Application Section Updated Policy Sections: Removed hyperlinks History/Updates Section - Entries prior to 1/1/2017 archived
5/20/2018 – 2/28/2019	Visual Function and Visual Acuity Screening Section: Code 99173 removed Questions and Answer Section: Removed Q&A # 4 and renumbered remaining Q&A
4/3/2000	Policy implementation by UnitedHealthcare Employer and Individual
2/10/1999	Policy Approved by the Payment Policy Group