

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.

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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 Health Care Professional is defined as a physician and/or other health care professional of the same group and Same Specialty Physician or Other 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 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 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 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 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 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 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 Health Care Professional, only the preventive medicine code is reimbursed.

Modifiers

Modifier	Description
25	<p>Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service</p> <p>It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.</p>

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 Health Care Professional	Physicians and/or other 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 (99201-99205 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 (obtaining, preparing and conveying a cervical or vaginal smear to the laboratory) 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 (visual function screening) not separately reimbursable when billed with a preventive medicine</p>

	code? A: The CPT Book clearly states that this service should not be reported in addition to an E/M code.
5	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? 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. 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	
CPT	
99381	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; infant (age younger than 1 year)
99382	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; early childhood (age 1 through 4 years)
99383	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; late childhood (age 5 through 11 years)
99384	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; adolescent (age 12 through 17 years)
99385	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; 18-39 years
99386	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; 40-64 years
99387	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; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation 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, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation 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, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation 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, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation 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, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation 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, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation 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, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation 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, established patient; 65 years and older
HCPCS	
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
Codes Included in Preventive Medicine Services	
Problem Oriented E/M Service Codes	
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0463	
Other E/M Service Codes	
99211, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, G0245, G0246, S0285	
Screening Services Codes	
G0101, G0102, Q0091, G0442, G0444	
Prolonged Services Codes	
99354, 99355, 99415, 99416	
Counseling Services Codes	
0403T, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, G0296, G0396, G0397, G0443, G0445, G0446, G0447, G0473, H0005, S0257, S0265, S9470, T1006, T1027	
Medical Nutrition Therapy Services Codes	
97802, 97803, 97804, G0270, G0271	
Visual Function and Visual Acuity Screening Codes	
99172, 0333T	

Resources
American Medical Association, <i>Current Procedural Terminology</i> (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	
3/1/2019	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
4/1/2018 – 5/19/2018	Policy Approval Date Change Prolonged Services Codes Section: Verbiage added for the prolonged preventive service codes G0513-G0514
1/1/2018 – 3/31/2018	Annual Policy Version Change History/Updates Section - Entries prior to 1/1/2016 archived
6/20/2017	Policy Approval Date Change, Logo, Preamble and Footer have been updated. No New Policy Version.
1/1/2017 – 12/31/2017	Annual Policy Version Change History/Updates Section - Entries prior to 1/1/2015 archived