

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 Individual Exchange 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 form. 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 Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange 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 UnitedHealthcare Individual Exchange products.

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, 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.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York

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 Individual Exchange 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 Individual Exchange will reimburse the preventive medicine code plus 50% of the problem-oriented E/M code. UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange’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

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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 Individual Exchange 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 Individual Exchange 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</p>

	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.
3	<p>Q: Why is Q0091 not separately reimbursable when billed with a preventive medicine code?</p> <p>A: UnitedHealthcare Individual Exchange 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>

Codes						
Preventive Medicine Service Codes						
99381	99384	99387	99393	99396	G0402	
99382	99385	99391	99394	99397		
99383	99386	99392	99395	99459		
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	99245	99255	99284	S0285		
99242	99252	99281	99285			
99243	99253	99282	G0245			
99244	99254	99283	G0246			
Screening Services Codes						
G0101	G0102	Q0091				
Prolonged Services Codes						
99415	99416	99417				
99418	G0316	G0317				
G0318	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, <i>Current Procedural Terminology (CPT®)</i> 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	
2/25/2024	Policy Version Change Counseling Services Code Section updated
1/1/2024	Policy Version Change Logo updated Preventive Medicine Services Codes Section Counseling Services Code Section History section: Entries prior to 1/1/2022 archived
1/1/2023	Policy Version Change Other E/M Service Codes Section Updated Prolonged Services Codes Updated
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange