

## 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 Community Plan reimbursement policies 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid Product.**

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] include annual physical and well child examinations, 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 Community Plan will reimburse the Preventive Medicine service plus the following problem-oriented E/M service codes 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 for members age 22 years and over.

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.

(99172) Visual function screening is included in the Preventive Medicine Services and not separately reimbursable.

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 Community Plan will reimburse the Preventive Medicine code plus the problem-oriented E/M code. UnitedHealthcare Community Plan 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 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. However, UnitedHealthcare Community Plan 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 for member's age 22 years and over. For members under the age of 22, both the Preventive Medicine code and the screening code will be paid.

**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.

**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 evaluation and management or preventive medicine service codes. When [Medical Nutrition Therapy codes](#) are billed with a [Preventive Medicine code](#) on the same date of service by 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](#) 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><b>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</b></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>

**State Exceptions**

<b>Arizona</b>	<p>Providers must bill for preventative EPSDT services including routine vision and hearing screenings using the office or other outpatient services and preventive medicine CPT codes (99381 – 99385, 99391 – 99395) with an EP modifier.</p> <p>EPSDT visits are paid at a global rate for the services specified and no additional reimbursement is allowed.</p> <p>A list of preventative, office or other outpatient services that are considered included in the global payment of the preventive medicine CPT code is attached to this policy <a href="#">Arizona code list</a></p> <p>99177 is allowed for children ages three to five as part of the EPSDT visit and is separately billable</p>
<b>Hawaii</b>	<p>State certified Hawaii providers are allowed to be reimbursed for codes G0396 or G0397 and 99406 or 99407 with ICD-10-CM O99.31 or O99.32 or O99.33 for pregnant members only.</p>
<b>Mississippi</b>	<p>MS CAN counseling code 99401 is allowed with a Preventive service code for member's age 9-20 years.</p> <p>MS CAN Preventive Medicine codes are 99381–99385, 99391–99395.</p>
<b>New Jersey</b>	<p>Per state regulations, counseling codes 99406-99409 and G0396-G0397 are allowed when billed with a preventive medicine service code.</p>

**Definitions**

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

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Why does UnitedHealthcare Community Plan deny screenings only for members age 22 and over?</p> <p><b>A:</b> UnitedHealthcare Community Plan allows screening codes to be reimbursed in conjunction with Preventive Medicine Services for members under 22 years of age because of Early Prevention, Screening, Diagnosis and Treatment (EPSDT) requirements.</p>
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<b>2</b>	<p><b>Q:</b> In what situation is CPT code 96110 reimbursable?</p> <p><b>A:</b> 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>
<b>3</b>	<p><b>Q:</b> Why is Q0091 not separately reimbursable when billed with a Preventive Medicine code?</p> <p><b>A:</b> UnitedHealthcare Community Plan 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>
<b>4</b>	<p><b>Q:</b> Why is 99172 (visual function screening) not separately reimbursable when billed with a Preventive Medicine code?</p> <p><b>A:</b> Medicaid payers are required to follow the CMS CCI edits, see the UnitedHealthcare Community Plan CCI Edits Policy, and as of 1/1/2013 CMS added bundling edits between visual screening code and Preventive Medicine codes.</p>
<b>5</b>	<p><b>Q:</b> How does UnitedHealthcare Community Plan 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><b>A:</b> 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.</p>

## Codes

### CPT Code Section


#### Preventive Medicine Service Codes

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
<b>HCPSC code section</b>	
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment



<b>Codes Included in Preventive Medicine Services</b>
<b>Problem Oriented E/M Service Codes</b>
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0463
<b>Other E/M Service Codes</b>
99211, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, G0245, G0246, S0285
<b>Screening Services Codes</b>
G0101, G0102, Q0091, G0442, G0444
<b>Prolonged Services Codes</b>
99354, 99355, 99415, 99416
<b>Counseling Services Codes</b>
0403T, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, G0296 G0396, G0397, G0443, G0445, G0446, G0447, G0473, G2011, H0005, S0257, S0265, S9470, T1006, T1027
<b>Medical Nutrition Therapy Services Codes</b>
97802, 97803, 97804, G0270, G0271
<b>Visual Function</b>
99172

<b>Attachments:</b>	
 <b>Arizona EPSDT Bundled Codes List</b>	<p>A list of preventative, office or other outpatient services that are considered included in the global payment for the preventive medicine CPT codes (99381 – 99385, 99391 – 99395).</p>

<b>Resources</b>
<p>Individual state Medicaid regulations, manuals &amp; fee schedules</p> <p>American Medical Association, <i>Current Procedural Terminology (CPT®) Professional Edition</i> and associated publications and services</p> <p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets</p>

<b>History</b>				
<table border="1"> <tr> <td><b>9/27/2020</b></td> <td>Policy Version Change HCPCS Code Section: updated Counseling Services (Added code G2011)</td> </tr> <tr> <td><b>3/06/2020</b></td> <td>Annual Policy Version Change Entries prior to 1/1/2018 archived</td> </tr> </table>	<b>9/27/2020</b>	Policy Version Change HCPCS Code Section: updated Counseling Services (Added code G2011)	<b>3/06/2020</b>	Annual Policy Version Change Entries prior to 1/1/2018 archived
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<b>2/16/2020</b>	State Exceptions Section: Updated Mississippi
<b>6/25/2019</b>	Title Section Changed. Removed RPOC reference. Overview Section: Removed 99173 references History Section: Entries prior to 1/1/2017 were archived
<b>1/1/2019</b>	Annual Policy Version Change Entries prior to 1/1/2016 archived
<b>5/27/2018</b>	State Exceptions Section: Exception updated for Arizona (99177 added and 99174 removed) Attachment Section: Arizona list updated
<b>3/14/2018</b>	Policy Approval Date Change State Exceptions Section: Exception added for New Jersey
<b>1/1/2018</b>	Annual Version Change Code Section: Updated the Other E/M Service Codes (added S0285), Screening Services Codes (added G0442, G0444) Counseling Services Codes (added G0443, G0445, G0446, G0447, G0473) History Section: Entries prior to 1/1/2015 were archived
<b>7/18/2017</b>	Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies
<b>3/8/2017</b>	Policy Approval Date Change (no new version)
<b>2/12/17</b>	Policy Section: 99172, 99173 verbiage updated
<b>1/24/2017</b>	State Exceptions Section: Exception added for Hawaii
<b>1/1/2017</b>	Annual Version Change History Section: Entries prior to 1/1/2015 archived
<b>5/17/2010</b>	Policy implemented by UnitedHealthcare Community & State

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