

Reimbursement Policy	
Title: Preventive Medicine and Screening	
Policy Number: RP-P-300X	Application: All Medica Members
Last Reviewed: 11/21//2022	Effective Date: 12/1/2005
Related Policies: Same Day Same Service , Global Days , CCI editing , Laboratory	

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Summary:
The Preventive Medicine and Screening policy addresses reimbursement of preventive medicine services when performed with other evaluation and management (E/M), counseling, screening and miscellaneous services.

Policy Statement:

Preventive medicine services are comprehensive in nature and reflect an age and gender appropriate history and examination. Visits may include counseling, anticipatory guidance, and risk factor reduction interventions which are 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 E/M services are rendered by the same provider. When this occurs, Medica will reimburse the preventive medicine E/M service at 100% of the allowed amount and the problem-oriented E/M service at 75% of the allowed amount when appended with modifier 25.

Current Procedural Terminology (CPT®) codes used to bill preventive medicine services are: 99381-99387, and 99391-99397.

Since other services may be provided during a preventive medicine visit, the following guidelines describe Medica’s reimbursement methodology for specific combinations of services.

Preventive Medicine Service with Office and Other Outpatient E/M

On the day of a preventive medicine visit, an abnormality or preexisting problem may be addressed. If the abnormality or problem is significant and requires the key components of a problem-oriented E/M service, the appropriate office/outpatient code (e.g. 99202 – 99215) may be reported in addition to the preventive medicine code. Modifier 25 must be appended to the problem oriented office/outpatient E/M code to indicate that a significant, separately identifiable E/M service was provided. An abnormality or problem which does not require significant, separately identifiable work should not be reported.

Preventive Medicine with 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 service codes. When prolonged service add-on codes (99354, 99355, 99415, 99416, 99417, G2212) are billed with a preventive medicine code on the same date of service by the same physician or other qualified health care professional, only the preventive medicine code is eligible for reimbursement.

Preventive Medicine with Counseling Services

The preventive medicine E/M codes include counseling services (99401-99412, 0403T, G0296, G0396, G0397, G0443, G0445, G0446, G0447, G0473, S0257, S0265, S9470), therefore, when a preventive medicine service and counseling service codes are submitted for the same patient by the same physician or other health care professional on the same date of service, only the preventive medicine code will be reimbursed.

Preventive Medicine with Consultation Service

When a preventive medicine code and consultation codes (99241-99245, 99251-99255) are submitted for the same patient by the same physician or other qualified health care professional on the same date of service, only the preventive medicine code will be reimbursed.

Preventive Medicine with Screening Services

The preventive medicine E/M service incorporates age and gender appropriate services. Therefore, when a preventive medicine E/M code and screening services codes (96110, G0101, G0102, G0442, G0444, Q0091) are submitted for the same patient by the same physician or other qualified health care professional on the same date of service, only the preventive medicine code is reimbursed.

Preventive Medicine with Medical Nutrition Therapy

When medical nutrition therapy codes (97802, 97803, 97804, G0270, G0271) are billed with a preventive medicine code on the same date of service by the same physician or other qualified health care professional, only the preventive medicine code is reimbursed.

Screening Services with Office and Other Outpatient E/M

When a screening code (G0101, G0102) is submitted with a problem-oriented E/M code for the same patient by the same physician or other qualified health care professional on the same date of service,

and the patient's condition also required a significant, separately identifiable E/M service, and modifier 25 is appended, the E/M code is eligible for reimbursement.

Preventive Medicine with Vaccine Administration Services

When a vaccine administration code is submitted with a preventive medicine E/M service for the same patient by the same physician or other health care professional on the same date of service, the preventive E/M service will not be separately reimbursed. If a significant, separately identifiable preventive E/M service is performed in addition to immunization administration, modifier 25 must be appended to the E/M code.

Visual Function and Acuity Screening Services

When a preventive medicine code and a visual screening service (99172, 99173, 0333T) is provided for the same patient by the same physician or other health care professional on the same date of service, the visual function and acuity screening service is eligible for separate reimbursement.

Modifiers:

Modifier 25 – 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.

Code Lists:

[Preventive Medicine Code List](#)
[Services Not Separately Reimbursable Code List](#)
[Office and Other Outpatient E/M Code List](#)

Definitions

- **Same Physician or Other Health Care Professional** – the same individual physician or other qualified health care professional rendering health care services reporting the same specialty and Federal Tax Identification number.
- **Counseling** – face-to-face services (either individual or as a group) performed by a qualified clinician in order to foster healthy living and/or avert illness/injury
- **Screening** – a test performed to detect potential health disorders or diseases in people who do not have any symptoms of disease.

Q & A:

Q: Why does Medica reduce reimbursement by 25% for a problem oriented E/M service (99202 – 99215 with modifier 25) billed on the same day as a Preventive E/M?

A: Medica acknowledges that a visit may be initiated as a preventive service and in the process it is determined that other issues may be addressed. There are elements of Preventive Medicine services that are duplicated in the reimbursement of problem oriented E/M service. The provider will not be reimbursed for these duplicative expenses.

Q: Why is Q0091 not separately reimbursable when billed with a preventive medicine code?

A: Medica considers Q0091 to be an integral part of a preventive exam, therefore it is not separately reimbursable.

Resources:	
Centers for Medicare and Medicaid Services (CMS)	
Current Procedural Terminology (CPT [®])	
Healthcare Common Procedure Coding System (HCPCS)	
National Physician Fee Schedule (NPFS)	

Effective Date:	12/1/2005
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Revision Updates:	
2/1/2023	Code List update
11/21/2022	Annual policy review
10/18/2021	Annual policy review
02/06/2017	Annual policy review

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