Preventive Medicine and Office/Outpatient Evaluation and Management Services

Effective Date: January 15, 2018
Issue Date: November 19, 2018
Revised Date: November 8, 2018

PURPOSE:

The Evaluation and Management (E/M) Service Code Section of the Current Procedural Terminology (CPT®) Manual is divided into different types of E/M services. There are broad categories, such as office/outpatient visits, inpatient hospital visits, consultations, preventive medicine services, etc. This policy addresses the circumstances surrounding the appropriate reporting of preventive medicine and office/outpatient Evaluation and Management (E/M) Services for reimbursement.

REIMBURSEMENT GUIDELINES:

If an abnormality or a preexisting problem is addressed in the process of performing a preventive medicine evaluation and management (E/M) service, and the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient E/M code may also be separately reported with the Preventive Medicine E/M service.

Note: Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician, or physician group, on the same day as the preventive medicine service.

Note: Facilities reimbursed on the OPPS method are required to report Condition Code G0 to indicate multiple medical visits on the same day.

Should the reporting of preventive medicine and Office/Outpatient E/M services by the same physician or physician group occurring on the same day be necessary, the patient’s records must contain sufficient
documentation regarding the appropriateness of performing both services and documentation that the key components of the Office/Outpatient E/M service have been met. If the reported Office/Outpatient E/M service does not meet the component requirements, it will not be eligible for reimbursement or retainment of reimbursement. Payment for the Office/Outpatient E/M service and/or the preventive medicine service will also be subject to coverage limitations specified within the individual member’s contract.

New and Established Patients:
A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice within the past three years.

Applicable Preventative Medicine E/M Codes:

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

Applicable Office or Other Outpatient E/M Codes:

99201 99202 99203 99204 99205 99211 99212
99213 99214 99215 99415 99416 G0463

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section.

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Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

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REIMBURSEMENT GUIDELINES:

If an abnormality or a preexisting problem is addressed in the process of performing a preventive medicine evaluation and management (E/M) service, and the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient E/M code may also be separately reported with the preventive medicine E/M service. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician, or physician group, on the same day as the preventive medicine service.

Should the reporting of preventive medicine and Office/Outpatient E/M services by the same physician, or physician group occur on the same day be necessary, the patient’s records must contain sufficient documentation regarding the appropriateness of performing both services, and documentation that the key components of the Office/Outpatient E/M service have been met. If the reported Office/Outpatient E/M service does not meet the component requirements, it will not be eligible for reimbursement or retention of reimbursement. Payment for the Office/Outpatient E/M service and/or the preventive medicine service will also be subject to coverage limitations specified within the individual member’s contract.

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.
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Applicable Preventative Medicine E/M Codes:

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Applicable Office or Other Outpatient E/M Codes:

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ADDITIONAL BILLING INFORMATION AND GUIDELINES: