

## **Policy 1220**

### **NHP/NHIC ~ Preventive Medicine Policy**

**Purpose:** This policy describes reimbursement for Preventive Medicine services performed on the same day as an Evaluation and Management (E/M) service. This policy applies to services reported using the Center for Medicare and Medicaid Services (CMS) 1500 claim form or its electronic equivalent.

For the purposes of this policy, same specialty physician is defined as a physician and/or other health care professional of the same group and same specialty reporting the same Federal Tax Identification number.

**Policy and Procedure:** Preventive Medicine services 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, Network Health Plan (NHP) will reimburse the Preventive Medicine service and the problem oriented E/M service codes (99201-99205 or 99212-99215) only when that code is appended with modifier 25. If the problem oriented service is minor (99211), or if the code is not submitted with modifier 25 appended, it will not be reimbursed.

**Preventive Medicine and E/M Service Codes:** A Preventive Medicine CPT or HCPCS code (99381-99397) and a problem-oriented E/M CPT code from the following code series only (99201-99205, 99212-99215) 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, NHP will reimburse the Preventive Medicine code at 100% of the allowed amount and also reimburse the problem-oriented E/M code at 50% of the allowed amount.

When the E/M code is not submitted with modifier 25, it will not be reimbursed and will be denied as bundled. The provider may appeal the denial and send in a corrected claim along with attaching office notes for review. Once the review has been completed either the E/M will be allowed at 50% of the allowed amount or there will be no reimbursement for the problem-oriented E/M code if documentation does not represent a significant, separately identifiable service.

Modifier 25 should also be used in instances where a significant, separately identifiable E/M visit is also rendered on the same day as a minor procedure (global period of 0 to 10 days). Payment for preoperative and postoperative visits is included in the payment for the procedure. For minor procedures where the decision to perform the procedure is typically made immediately before the service, the E/M visit is considered to be a routine preoperative service and should not be billed in addition to the minor procedure. For visits that include of Preventive medicine, a problem-oriented E/M, and a service for minor surgery, NHP will consider reimbursement for the lines of service if a modifier 25 is appended on both E/M codes. The application of modifier 25 on the problem-oriented E/M shows that there was a separate billable E/M performed on the same day as the Preventive E/M and modifier 25 on the Preventive E/M indicates that there was a separately identifiable E/M service in addition to the minor procedure performed. The same reimbursement rules still apply to the Preventive and problem oriented E/M as indicated above.

**Prolonged and Counseling Service Codes:** When prolonged service codes (99354-99355) or counseling service codes (99401-99412, G0396-G0397, G0436-G0437) are billed with Preventive Medicine code (99381-99397) on the same date of service by the same specialty physician or other health care professional, only the Preventive Medicine code is reimbursed. The codes (99401-99412 & G0396-G0397) are codes used to report services provided to individuals at a separate encounter for the purpose of promoting health and preventing illness. These codes are not to be used to report counseling and/or risk factor reduction interventions provided to patients with symptoms or established illness.

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**This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.**

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