

PREVENTIVE AND PROBLEM-ORIENTED EVALUATION AND MANAGEMENT SERVICES

Policy # 42

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Patients may at times come into the office for a routine preventive examination, but also, have other healthcare concerns. These other healthcare concerns may be either new or chronic conditions.

The guidelines for billing an E/M service in addition to a preventive service are outlined in the CPT 2021 Manual under the Preventive Medicine Services section. CPT specifically states: "If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented evaluation and management service, then the appropriate office/outpatient code 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 should also be reported. Modifier 25 should be added to the office/outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported."

SelectHealth acknowledges that some of the components of an evaluation and management service could overlap when providing both preventive and problem-oriented services. A preventive examination is comprehensive, and gender-, age-, and patient-specific. It consists of counseling and coordination, and can be longer in duration, in some instances due to the comprehensive evaluation. Other areas that are included in a preventive examination, and therefore, should not be included in a medical evaluation and management service billed on the same day, are:

1. Complete review of systems (ROS)
2. Complete past medical, family, and social history (PFSH)
3. Review of safety issues
4. Examination of body areas related to preventive exam
5. The need for screening tests and ordering or review of these tests
6. Discussions about the status of previously diagnosed stable conditions that are typically related to one body system. (If the chronic conditions are unstable, worsening, or multi-system related, then the evaluation of them may be included in the History of Present Illness (HPI) portion of the history component of the Medical Evaluation and Management service.)
7. Medical decision-making related to above issues and medication management related to stable chronic conditions.
8. Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.

The key to adding an E/M service to a preventive service is the significance of the problem, the amount of additional work required at that visit to deal with the problem, and how clearly this is documented in the patient chart. The best way to support the additional work is to establish two separate chart notes, one for the preventive exam and a separate sheet for the evaluation of the additional problem. This way the additional work is clearly documented separately from the preventive exam. SelectHealth will not allow time to be used for the medical Evaluation and Management services if billed in conjunction with a preventive exam. Only the Medical Decision Making (MDM) will be used to determine the appropriate level. Any MDM and or time associated with the preventive exam cannot be used in conjunction with the medical E/M.

Below are a few examples to help understand what is considered significant and what would not be considered significant.

Examples of situations that an additional E/M service would not be separately reported in addition to a preventive service:

1. During a well-child exam on an infant, the physician notes diaper rash and writes a prescription.
2. During a well-child exam on a teenager, the physician notes acne and writes a prescription.
3. During a well-woman exam, the physician notes a yeast infection and writes a prescription.
4. During a routine physical for a man, the doctor notes that his chronic hypertension is under control and refills a prescription.

Examples of situations that an additional E/M service would be separately reported in addition to a preventive service.

1. During a well-woman exam, a patient complains of a cough with yellow sputum, slight fever, and general malaise that has persisted for 3 days. A careful examination of the patient's lungs reveals good breath sounds but slight rales in both bases. An ENT exam indicates fluid behind the patient's left ear and slight bilateral erythema. The physician orders a chest x-ray and white blood cell count. The patient is diagnosed with bronchitis and otitis media and an antibiotic is prescribed.
2. A 65-year-old male presents for his annual physical. During the exam he complains of chest pain that has persisted for over a week. The pain increases upon exertion and radiates down his left arm. An EKG is done and shows disturbances in heart rhythm. Additional work-up is done and additional tests are ordered.
3. During a well-child exam, the physician identifies an unknown rash and after further examination the physician orders additional tests (not typically ordered during a well-child exam). The physician schedules a follow-up to discuss results.

Commercial Plan Policy

SelectHealth will allow reimbursement for a preventive medicine service, as well as a problem-oriented E/M service, based on the following criteria:

1. Only established E/M codes 99211–99215 with the appropriate modifiers and diagnosis codes, will be reimbursed on the initial submission. CPT codes 99214 and 99215 will be reduced by 25% to account for overlap of the practice expense for both services. 99211–99213 will continue to be reimbursed if billed appropriately.
2. SelectHealth will allow a new patient preventive E/M to be reimbursed but the medical E/M service billed should be an established visit;
3. Because counseling is part of the preventive service, the E/M level of service cannot be selected based on time;
4. SelectHealth will only apply one co-payment for both E/M services on the same day by the same provider;
5. SelectHealth will reimburse both services based on the place of service submitted;
6. Reimbursement for the problem-oriented service will only be paid if the appropriate modifier is appended and the appropriate related diagnosis code shows an unrelated condition;

7. The appropriate deductibles will be applied on medical services when billed with preventive services. Only services billed as preventive, and considered by SelectHealth as preventive, will be paid as preventive.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy for Preventive E/M services 99381–99397 and Medical E/M services 99211–99215.**

SelectHealth will allow reimbursement for a preventive medicine service, as well as an annual wellness service, based on the following criteria:

1. SelectHealth will allow a new or established patient preventive E/M with the IPPE or AWV;
2. SelectHealth will reimburse both services based on the place of service submitted.

SelectHealth will allow reimbursement for an annual wellness service, as well as a problem-oriented E/M service, based on the following criteria:

1. The medical E/M visit (99211–99215) must have a modifier appended when billed with an AWV in order to allow separate reimbursement;
2. SelectHealth will allow a new or established patient E/M with the IPPE or AWV, if billed with the appropriate modifiers;
3. SelectHealth will reimburse both services based on the place of service submitted and the appropriate benefits for each service;
4. Reimbursement for the problem-oriented service will only be paid if the appropriate modifier is appended and the appropriate related diagnosis code shows an unrelated condition;
5. The appropriate deductibles will be applied on medical services when billed with preventive services. Only services billed as preventive will be paid as preventive.

If an annual wellness visit, a preventive medicine visit, and a problem-oriented E/M are all billed on the same date, SelectHealth Advantage will only reimburse two of the services (the two with the highest allowed amounts).

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will NOT reimburse two Evaluation and Management services on the same day.** If a preventive E/M service and a medical E/M service are billed together for the same date, and the preventive service is covered, the preventive service will be the only service reimbursed. If the preventive E/M service is not covered, then the medical E/M services will be the service that is allowed.

Applicable Codes

Codes	Descriptions
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or

	examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202-99215])
99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), 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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and older
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit

Sources

1. Centers for Medicare & Medicaid Services (CMS). (Revised 2014, March 25). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved August 27, 2014, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
2. CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes. (2019, June 1) from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
3. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
4. Decision Coder, *Clinical Vignettes for Preventive Medicine Service*, CPT® Assistant, May 2002, Volume 13 Issue 5.
5. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epr/physicianDoc/pdf/i9v1/i9_guidelines.pdf
6. Modifiers 25 and 59 CPT® Assistant, March 2012, pp. 4–7.

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