Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	May 1, 2025	**Revised Date:**	May 2025
Date Reviewed:	January 2025		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

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 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 visit was provided by the same physician, or physician group, on the same day as the preventive medicine service. **Modifier FT** should be added to the office/outpatient code to indicate that an unrelated E/M visit during a postoperative period, or on the same day as a procedure or another E/M visit.

Note: Facilities reimbursed on the Outpatient Prospective Payment System (OPPS) method are required to report Condition Code G0 to indicate multiple medical visits on the same day.

Preventive Medicine Service with Office/Outpatient E/M Service

When a Preventive Medicine E/M visit and an Office/Outpatient E/M visit with modifier 25 appended are billed by the same provider, or provider group, on the same day, reimbursement for the Preventive Medicine E/M will be at 100% of the allowable amount for the procedure code. Reimbursement for the Office/Outpatient E/M visit (with modifier 25 appended) will be 50% of the allowable amount for the procedure code. The reduction in fees for the E/M visit is due to the shared resources for the overlapping services (such as practice expenses) that are already factored into the reimbursement for the Preventive Medicine E/M visit.

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.

Applicable Preventative Medicine E/M Codes:

99381	99382	99383	99384	99385	99386	99387	99391	99392
99393	99394	99395	99396	99397	G0402	G0438	G0439	*G0468

***Note**: FQHC use only

Applicable Office or Other Outpatient E/M Codes:

99202	99203	99204	99205	99211	99212	99213	99214	99215
99242	99243	99244	99245	99415	99416	G0245	G0246	S0285
S0610	S0612							

Initial Preventive Physical Exam (IPPE) and Annual Wellness Visits (AWV) with Routine Physical Exams

Note: This section only applies to Medicare Advantage.

The Plan permits providers to bill for both an Annual Wellness Visit (AWV) **or** an Initial Preventive Physical Exam (IPPE) and Routine Physical on the same date of service (DOS). This encourages providers to schedule both important visits with their patients to best assess and manage their care, including a comprehensive health assessment as part of the AWV along with the physical examination included as part of the physical. When a IPPE or AWV visit and a Routine Physical Exam are billed by the same provider, or provider group, on the same day, reimbursement for the IPPE/AWV will be at 100% of the allowable amount for the procedure code. Reimbursement for the Routine Physical Exam will be made at 50% of the allowable amount for the procedure code.

Applicable IPPE and AWV Codes:

G0402	G0438	G0439	*G0468

***Note**: FQHC use only

Applicable Routine Physical Exam Codes:

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

Should the reporting of preventive medicine and Office/Outpatient E/M service/visit 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 service/visit and documentation that the key components of the Office/Outpatient E/M service/visit 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/visit and/or the preventive medicine service/visit will also be subject to coverage limitations specified within the individual member's contract.

DEFINITIONS:

Term	Definition
New Patient	Individual who has not received any professional services, Evaluation and Management (E/M) service or other face-to-face service (e.g., surgical procedure) from the same physician and/or other qualified health care professional or physician group practice (same physician specialty/sub-specialty) within the previous three years.
Established Patient	An established patient is one who has received professional services, E/M service or other face-to-face service (e.g., surgical procedure) 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.
FQHC	Federally Qualified Health Centers are community-based healthcare providers that provide primary care services in underserved communities.

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
CG	Policy criteria applied
FT	Unrelated evaluation and management (E&M) visit during a postoperative period, or on the same day as a procedure or another E&M visit. Report when an E&M visit is furnished within the global period but is unrelated, or when one or more additional E&M visits furnished on the same day are unrelated.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-035: Correct Coding Guidelines
- RP-037: Emergency Evaluation and Management Coding Guidelines
- RP-057: Evaluation and Management Services

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of American Medical Association (CPT®) Manual, Evaluation and Management Service code section.

REFERENCES:

- Medicare Claims Processing Manual, Chapter 12; section 30.6.
- American Medical Association (AMA) Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services (CMS); Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services (CMS); Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added New York region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	Provider Manual Chapter 6 Unit 4 reference removed
1 / 2023	Added direction for routine physicals billed with IPPE or AWV and modifier CG usage applicable to New York Medicare Advantage only
1 / 2025	Applied Medicare Advantage direction for routine physicals billed with IPPE or AWV and modifier CG usage to Delaware, West Virginia, and Pennsylvania regions
5 / 2025	Added direction for preventive medicine services billed in conjunction with E&M services applicable to Commercial and Medicare Advantage

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	January 1, 2025	**Revised Date:**	January 2025
Date Reviewed:	September 2024		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

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.

COMMERCIAL 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. **Modifier FT** should be added to the office/outpatient code to indicate that an unrelated evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

Note: Facilities reimbursed on the Outpatient Prospective Payment System (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.

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:

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Initial Preventive Physical Exam (IPPE) and Annual Wellness Visits (AWV) with Routine Physical Exams

The Plan permits providers to bill for both an Annual Wellness Visit (AWV) **or** an Initial Preventive Physical Exam (IPPE) and Routine Physical on the same date of service (DOS). This encourages providers to schedule both important visits with their patients to best assess and manage their care, including a comprehensive health assessment as part of the AWV along with the physical examination included as part of the physical.

Note: Providers **MUST** append modifier **CG** to the routine physical exam service.

When an AWV or IPPE are performed on the same date of service as a routine physical exam, by the same physician/provider or physician/provider group, the Plan will reimburse the IPPE or AWV at 100% and the routine physical at 50% of the approved allowed amounts.

Applicable IPPE and AWV Codes:

G0402	G0438	G0439	G0468

Applicable Routine Physical Exam Codes:

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

DEFINITIONS:

Term	Definition
New Patient	Individual who has not received any professional services, Evaluation and Management (E/M) service or other face-to-face service (e.g., surgical procedure) from the same physician and/or other qualified health care professional or physician group practice (same physician specialty/sub-specialty) within the previous three years.
Established Patient	An established patient is one who has received professional services, E/M service or other face-to-face service (e.g., surgical procedure) 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.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-035: Correct Coding Guidelines
- RP-037: Emergency Evaluation and Management Coding Guidelines
- RP-057: Evaluation and Management Services

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

REFERENCES:

- Medicare Claims Processing Manual, Chapter 12; section 30.6.

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	HM Provider Manual Chapter 6 Unit 4 removed as it no longer applies to this policy
1 / 2023	Added direction for routine physicals billed with IPPE or AWV and modifier CG usage applicable to New York MA only
1 / 2025	Applied direction for routine physicals billed with IPPE or AWV and modifier CG usage to all regions

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	January 1, 2023	**Revised Date:**	January 2023
Date Reviewed:	September 2022		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

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.

COMMERCIAL 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. **Modifier FT** should be added to the office/outpatient code to indicate that an unrelated evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

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:

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Note: This section only applies to New York Medicare Advantage business.

Initial Preventive Physical Exam (IPPE) and Annual Wellness Visits (AWV) with Routine Physical Exams

The Plan permits providers to bill for both an Annual Wellness Visit (AWV) **or** an Initial Preventive Physical Exam (IPPE) and Routine Physical on the same date of service (DOS). This encourages providers to schedule both important visits with their patients to best assess and manage their care, including a comprehensive health assessment as part of the AWV along with the physical examination included as part of the physical.

When an AWV or IPPE are performed on the same date of service as a routine physical exam, the Plan will reimburse the IPPE or AWV at 100% and the routine physical at 50% of the approved allowed amounts.

Note: Providers **MUST** append modifier **CG** to the routine physical exam service.

Applicable IPPE and AWV Codes:

G0402	G0438	G0439	G0468

Applicable Routine Physical Exam Codes:

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

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-037: Emergency Evaluation and Management Coding Guidelines
- RP-057: Evaluation and Management Services
- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

REFERENCES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	HM Provider Manual Chapter 6 Unit 4 removed as it no longer applies to this policy
1 / 2023	Added direction for routine physicals billed with IPPE or AWV and modifier CG usage. This applies to New York MA only.

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

HIGHMARK.

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	June 27, 2022	**Revised Date:**	June 2022
Date Reviewed:	June 2022		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

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. **Modifier FT** should be added to the office/outpatient code to indicate that an unrelated evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

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:

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99202	99203	99204	99205	99211	99212	99213
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RELATED HIGHMARK POLICIES:

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- RP-037: Emergency Evaluation and Management Coding Guidelines
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ADDITIONAL BILLING INFORMATION AND GUIDELINES:

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REFERENCES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	HM Provider Manual Chapter 6 Unit 4 removed as it no longer applies to this policy.

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	January 10, 2022	**Revised Date:**	January 2022
Date Reviewed:	December 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☒	**1500**	☒				

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REIMBURSEMENT GUIDELINES:

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

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New and Established Patients

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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:

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Applicable Office or Other Outpatient E/M Codes:

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99214	99215	99415	99416	G0463		

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-037: Emergency Evaluation and Management Coding Guidelines
- RP-057: Evaluation and Management Services
- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

REFERENCES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

- *Highmark Provider Manual*, Chapter 6; Unit 4: Selecting a Level of Medical Decision Making for Coding and Evaluation and Management Service.

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP- 020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	July 2021
Date Reviewed:	July 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY** ☐
Applicable Claim Type	**UB**	☒	**1500**	☒			

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

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:

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

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-057: Medical Decision Making
- RP-037: Emergency Evaluation and Management Coding Guidelines

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

REFERENCES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

- *Highmark Provider Manual*, Chapter 6; Unit 4: Selecting a Level of Medical Decision Making for Coding and Evaluation and Management Service.

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	January 11, 2021	**Revised Date:**	January 2021
Date Reviewed:	January 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV** ☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV** ☐		
Applicable Claim Type	**UB**	☒	**1500** ☒		

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PURPOSE:

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POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
1 / 2021	Removed code 99201

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-020		
Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	November 19, 2018	**Revised Date:**	November 8, 2018
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV** ☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV** ☐		
Applicable Claim Type	**UB**	☒	**1500** ☒		

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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.

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Highmark Reimbursement Policy Bulletin

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Subject:	Preventive Medicine and Office/Outpatient Evaluation and Management Services		
Effective Date:	January 15, 2018	**End Date:**	
Issue Date:	January 15, 2018		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐		
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