Preventive Medicine and Office/Outpatient Evaluation and Management Services

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Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

Policy Position

This policy addresses the circumstances surrounding the appropriate reporting of preventive medicine and office/outpatient Evaluation and Management (E/M) Services for reimbursement.

DEFINITIONS

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

Policy Position

Prior Authorization may be required. Please validate codes on the Prior Authorization Lookup Tool https://providers.highmark.com/wholecare/provider-resources/prior-authorization-code-lookup

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.

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.

Preventive Medicine service with Office/Outpatient E/M Service

When a Preventive Medicine service and an Office/Outpatient E/M service with modifier 25 appended are billed by the same provider on the same day, reimbursement for the Preventive Medicine service 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 service.

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.

Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

CODING REQUIREMENTS

Applicable Preventative Medicine E/M Codes:

CPT code	Description
99381	Well Child Exam for Infant (younger than 1 year)
99382	Well Child Exam for Early Childhood (ages 1–4 years)
99383	Well Child Exam for Late Childhood (ages 5–11 years)
99384	Well Child Exam for Adolescents (ages 12–17 years)
99385	Well Child Exam for Young adults (ages 18–39 years)
99386	comprehensive preventive medicine evaluation and management service specifically for new patients aged 40 to 64 years.
99387	comprehensive preventive medicine evaluation and management service specifically designed for new patients who are 65 years of age or older.
99391	a specific type of preventive medicine service aimed at infants under one year of age who are established patients.
99392	a preventive medicine service that involves a thorough reevaluation and management of a child who is an established patient, specifically within the early childhood age range of 1 to 4 years
99393	a preventive medicine service focused on the reevaluation and management of established patients in late childhood, specifically those aged between 5 and 11 years.
99394	a preventive medicine service specifically designed for established adolescent patients, aged 12 to 17 years
99395	a preventive medicine service specifically designed for established patients between the ages of 18 and 39 years.
99396	a comprehensive preventive medicine reevaluation and management service specifically for established patients aged between 40 and 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 laboratory/diagnostic procedures, established patient; 65 years and older

Applicable Office or Other Outpatient E/M Codes:

CPT code	Description
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
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.
99212	An evaluation and management appointment for an established patient in an office or outpatient setting
99213	Evaluation and management of an established patient in an office or outpatient location for 15 minutes
99214	Evaluation and management of an established patient in an office or outpatient location for 25 minutes.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:A comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians other qualified health care professionals, or agencies are provided consistent with the nature of the problem9s) and the patients and/or familys needs. Usually, the presenting problem(s) are of moderate to high severity typically 40 minutesare spent face to face
99242	Office consultation for a new or established patient, which requires these 3 key components; An expanded problem focused history; an expanded problem focused examination ; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's needs. Usually, the presenting problem(s) are of low severity typically 30 minutes are spent face to face with the patient and/or family
99243	Office consultation for a new or established patient, which requires these 3 key components: A Detailed history, a detailed examination; and medical decision making of low complexity Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of

	the problem(s) and the patients and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face to face with the patient and/or family
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; a comprehensive examination; and medical decision making of moderate complexity Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face to face with the patient and/or family
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; a comprehensive examination; and medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies are provided provided consistent with the nature of the problem(s) and the patients and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face to face with the patient and/or family
99429	Unlisted preventive medicine service

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

References

American Medical Association, 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, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets