PASSPORT
BY MOLINA HEALTHCARE

PI Payment Policy 37
High-Level E/M with Preventive Medicine

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Overview

Affected Codes: 99204, 99205, 99214, 99215 with 99385, 99386, 99387, 99395, 99396, 99397

This policy addresses the management of submitted codes when high-level evaluation and management (E/M) codes are submitted with preventive medicine services codes on the same day for the same patient by the same provider.

Policy

It is common for patients to have complaints and/or medical problems that need to be addressed when present for a preventive exam. Addressing minor problems is considered included in the payment for the preventive examination codes. If an addressed problem requires significant time and effort, an E/M code may be submitted with a preventive exam code (with a -25 modifier).

If the patient's problems are of a magnitude that require significant time and attention, the focus of the visit usually shifts from being a preventive visit to primarily a problem focused visit.

Both standard high-level evaluation and management (E/M) codes and preventive evaluation and management codes require a comprehensive history. Allowing both services, on the same day, by the same provider is allowing providers a way to get paid for services when there is substantial overlap. This overlap includes, but is not limited to, time, history, examination, review of systems, administrative services such as rooming, chart creation, and nursing services.

The likelihood that minor problems managed at a preventive visit are coded at a higher level (99204/99214) than justified is greater than the likelihood that the time requirements and components were met to justify a higher-level E/M with a preventive exam code.

Given the significant overlap between preventive exam code requirements and high-level E/M code requirements, if both are submitted together irrespective of modifier use, only the preventive exam code will be reimbursed.

Procedure Codes (CPT & HCPCS)

Code	Code Description
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of a 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.

Code	Code Description
99215	Office or other outpatient visit for the evaluation and management of a established patient, which requires a medically appropriate history and/or examination and moderate 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.
99385	I 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 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 laboratory/diagnostic procedures, new patient; 40-4 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 laboratory/diagnostic procedures, new patient; 65 years and older.
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 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 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 laboratory/diagnostic procedures, established patient; 65 years and older.

Documentation History

Type	Date	Action
Effective Date	11/5/2023	New Policy
Revised Date		

References

Professional Society Guidelines and Other Publications

American Academy of Family Physicians (AAFP)-

Link: https://www.aafp.org/fpm/2012/0700/p12.html#fpm20120700p12-bt5

Modifier 25

"When providing a preventive visit with a problem-oriented E/M service or procedural service on the same day, including modifier 25 in your coding may enable you to be paid for both services. CPT says modifier 25 is appropriate when there is a "significant, separately identifiable evaluation and management service by the same physician on the same day." Stated another way, if the second service requires enough additional work that it could stand on its own as an office visit, use modifier 25. Modifier 25 should usually be attached to the problem-oriented E/M code. However, if the second service is a procedure, such as removal of a skin lesion performed in conjunction with a preventive visit, the modifier should be attached to the preventive visit code because it is the E/M service.
Having a separate note for the second service can greatly decrease the likelihood of having it inappropriately bundled or denied. Note that no one item of documentation can count toward both services. A problem-oriented E/M service that requires a considerable amount of work and pertinent documentation may absorb so many of the elements that would otherwise count toward the preventive service that you don't have a comprehensive history and exam for the preventive service. This is one reason some doctors provide two visits in these situations.

Bundling is more likely if the separate service can be considered age-appropriate, such as initiating treatment for acne. However, if a separate E/M note can be written for the problem, the CPT description of modifier 25 and the exclusions listed for the preventive visit CPT

codes indicate that the separate service should *not* be bundled. See "Appropriate use of modifier 25 during a preventive visit" for examples of complaints that under some circumstances would be handled as part of a preventive visit, but under different circumstances may require additional work that should be billed separately using modifier 25."

Supplemental Information

Frequently asked Questions:

- Is it theoretically possible for the services counting towards a high-level E/M occur on the same visit as a preventive exam?
    a. ANS: YES. The situation can happen, but the frequency is quite rare and uncommon. A provider would have to spend well over an hour with the patient and the complexity of the patient's medical condition would preclude adding a preventive exam in addition to managing multiple problems which is not a common situation clinically.
- Doesn't a patient history of multiple medical problems and multiple medications justify billing both a high-level E/M code and preventive code?
    a. No. The E/M code description for a high-level E/M code requires a high level of medical decision making which is generally not present in a stable patient seen for a preventive exam even with a history of multiple medical problems and medications.
- If I spend an hour with a patient during a preventive exam and problem-oriented exam on the same day, isn't billing a high-level E/M and preventive exam justified?
    a. No. A 99215 requires 40-54 minutes of time spent. It is unlikely that the preventive exam services required by the applicable code can be accomplished in the remaining time left in that hour.
- Why don't you use diagnosis code information to determine if the high-level E/M is justified with a preventive exam?
    a. Diagnosis codes do not always indicate if a condition is acute or chronic and stable vs. unstable. Determining decision making complexity from a diagnosis code for a visit is not reliable.
- What if I just have the patient return the next day for a problem-oriented visit? Would that be reimbursed?
    a. Yes. Factors that must be considered are patient convenience, severity of the patient's active problems (and whether they require separate visits), and relative importance of the preventive exam compared to the management of active problems (can the preventive exam be postponed till the active problems are managed and controlled).