Procedure 1220- Preventive Medicine

Lines of Business: All

Purpose: This guideline describes reimbursement for preventive medicine Evaluation and Management (E/M) services performed on the same day as a problem-oriented E/M service. This guideline 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 guideline, same specialty physician and/or other health care professional 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.

Procedure: Preventive medicine E/M 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 E/M visit and significant elements of a disease related E/M service is provided during the same visit.

When this occurs, Network Health will reimburse the preventive medicine E/M service and the problem-oriented E/M service codes only when that code is appended with the modifier that indicates a significant and separately identifiable E/M service was performed. If the E/M service is minor or if the problem-oriented E/M service code is not submitted with the modifier that indicates a significant and separately identifiable E/M service was performed, it will not be reimbursed.

Preventive Medicine E/M Codes and E/M Service Codes: A preventive medicine E/M code and a problem-oriented E/M code 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 problem-oriented E/M code represents a significant, separately identifiable service and is submitted with the modifier that indicates a significant and separately identifiable E/M service was performed, Network Health will reimburse the Preventive Medicine code at 100 percent of the allowed amount and also reimburse the problem-oriented E/M code at 50 percent of the allowed amount.

When the E/M code is not submitted with the modifier that indicates a significant and separately identifiable E/M service was performed, 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 percent 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.

The modifier that indicates a significant and separately identifiable E/M service was performed 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 a preventive medicine E/M, a problem-oriented E/M, and a minor procedure(s), Network Health will consider reimbursement for the above services if the modifier that
indicates a significant and separately identifiable E/M service was performed is appended on both E/M codes. The application of this modifier on the problem-oriented E/M shows that there was a separate reportable problem-oriented E/M performed on the same day as the preventive medicine E/M, and the modifier on the preventive medicine E/M indicates that there was a separately identifiable E/M service in addition to the minor procedure(s) performed. The same reimbursement rules still apply to the preventive medicine and problem-oriented E/M services as indicated above.

**Codes Included in Preventive Medicine Services:** When prolonged services, counseling services, medical nutrition therapy services, visual function and visual acuity screenings, screening services, and the administration and interpretation of health risk assessment are billed with Preventive Medicine services on the same date of service by the same specialty physician or other health care professional, only the preventive medicine code is reimbursed.