

Preventive Medicine and Screening Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for the submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Preventive Medicine Services [Current Procedural Terminology (CPT®) codes 99381-99387, 99391-99397, Healthcare Common Procedure Coding System (HCPCS) code G0402] 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 visit, and significant elements of related Evaluation and Management (E/M) services are provided during the same visit. When this occurs, UnitedHealthcare Community Plan will reimburse the Preventive Medicine service plus the following problem-oriented E/M service codes when that code is appended with modifier 25. If the problem-oriented service is minor, or if the code is not submitted with modifier 25 appended, it will not be reimbursed.

When a Preventive Medicine service and other E/M services are provided during the same visit, only the Preventive Medicine service will be reimbursed.

Screening services include cervical cancer screening; pelvic and breast examination; prostate cancer screening; digital rectal examination; and obtaining, preparing and conveyance of a Papanicolaou smear to the laboratory. These screening procedures are included in (and are not separately reimbursed from) the Preventive Medicine service rendered on the same day for members age 22 years and over.

Prolonged services are included in (and not separately reimbursed from) Preventive Medicine codes.

Counseling services are included in (and not separately reimbursed from) Preventive Medicine codes.

Medical Nutrition Therapy services are included in (and not separately reimbursed from) Preventive Medicine codes.

(99172) Visual function screening is included in the Preventive Medicine Services and not separately reimbursable.

For a list of specific codes that are included in (and not separately reimbursed from) Preventive Medicine Services see the [Codes Section](#).

For the purposes of this policy, Same Specialty Physician or Other Health Care Professional is defined as a physician and/or other health care professional of the same group and Same Specialty Physician or Other Health Care Professional reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Preventive Medicine Service and Problem Oriented E/M Service

A [Preventive Medicine CPT or HCPCS code](#) and a [Problem-Oriented E/M CPT 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 E/M code represents a significant, separately identifiable service and is submitted with modifier 25 appended, UnitedHealthcare Community Plan will reimburse the Preventive Medicine code plus the problem-oriented E/M code. UnitedHealthcare Community Plan will not reimburse a problem-oriented E/M code that does not represent a significant, separately identifiable service and that is not submitted with modifier 25 appended.

Preventive Medicine Service and Other E/M Service

A [Preventive Medicine CPT or HCPCS code](#) and [Other E/M CPT or HCPCS 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. However, UnitedHealthcare Community Plan will only reimburse the Preventive Medicine CPT or HCPCS code.

Screening Services

The comprehensive nature of a [Preventive Medicine code](#) reflects an age and gender appropriate examination. When a [Screening code](#) is billed with a [Preventive Medicine code](#) on the same date of service by the Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed for member's age 22 years and over. For members under the age of 22, both the Preventive Medicine code and the screening code will be paid.

Prolonged Services

Prolonged services codes represent add-on services that are reimbursed when reported in addition to an appropriate primary service. Preventive Medicine Services are not designated as appropriate primary codes for the prolonged services codes. When [Prolonged service add-on codes](#) are billed with a [Preventive Medicine code](#) on the same date of service by the Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

Counseling Services

Preventive Medicine Services include counseling. [When Counseling Service codes](#) are billed with a [Preventive Medicine code](#) on the same date of service by the Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

Medical Nutrition Therapy Services

According to CPT, for medical nutrition therapy assessment and/or intervention performed by a physician, report evaluation and management or preventive medicine service codes. When [Medical Nutrition Therapy codes](#) are billed with a [Preventive Medicine code](#) on the same date of service by Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

Visual Function and Visual Acuity Screening

The comprehensive nature of a [Preventive Medicine code](#) reflects an age and gender appropriate examination. When [Visual Function screening](#) is billed with a [Preventive Medicine code](#) on the same date of service by the Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

State Exceptions

Arizona	<p>Providers must bill for preventative EPSDT services including routine vision and hearing screenings using the office or other outpatient services and preventive medicine CPT codes (99381 – 99385, 99391 – 99395) with an EP modifier.</p> <p>EPSDT visits are paid at a global rate for the services specified and no additional reimbursement is allowed.</p> <p>A list of preventative, office or other outpatient services that are considered included in the global payment of the preventive medicine CPT code is attached to this policy Arizona code list</p> <p>99177 is allowed for children ages three to five as part of the EPSDT visit and is separately billable</p>
Hawaii	<p>State certified Hawaii providers are allowed to be reimbursed for codes G0396 or G0397 and 99406 or 99407 with ICD-10-CM O99.31 or O99.32 or O99.33 for pregnant members only.</p>
Maryland	<p>Per state regulation, counseling service 99401 with modifier CR is allowed when billed with a preventive medicine service code.</p>
Mississippi	<p>MS CAN counseling code 99401 is allowed with a Preventive service code for member's age 9-20 years.</p> <p>MS CAN Preventive Medicine codes are 99381–99385, 99391–99395.</p> <p>MS CAN requires the EP modifier to be billed for children under the age of 21.</p>
North Carolina	<p>Per state regulation, effective 6/22/2021, counseling code 99401 is allowed when billed with modifiers CR and 25 or CR and GT or CR and KX along with a preventive medicine service code.</p>
New Jersey	<p>Per state regulations, counseling codes 99406-99409 and G0396-G0397 are allowed when billed with a preventive medicine service code.</p>
Rhode Island	<p>Effective 9/1/21 – 03/31/2022, Preventive medicine counseling (99401-99404) services are allowable to be reimbursed in conjunction with Evaluation and Management codes in the “Codes” section below. The counseling CPT codes can be billed at only one visit for each beneficiary per day, but there are not quantity limits for the number of times education can be provided to an individual beneficiary. Counseling may be provided in person, through live audio/video (telehealth) or telephonically. Additionally, this service can be billed by multiple providers and can be billed multiple times on different days.</p> <p>Modifier 25 should be used if billing in addition an office visit or an evaluation and management visit.</p>
Tennessee	<p>99401 (Counseling for Covid Vaccination) is only reimbursed in addition to E/M or Preventive Medicine services when billed with modifier 25 or CR. The code is not reimbursed when billed with a Covid vaccine administration code.</p>
Washington DC	<p>Per state regulations, codes 99381-99384, 99391-99394 and code G0402 are not covered.</p>

Definitions

Preventive Medicine Services	Includes annual physical and well-child examinations, usually in the absence of a disease-related diagnosis.
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Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.
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Questions and Answers

1	<p>Q: Why does UnitedHealthcare Community Plan deny screenings only for members age 22 and over?</p> <p>A: UnitedHealthcare Community Plan allows screening codes to be reimbursed in conjunction with Preventive Medicine Services for members under 22 years of age because of Early Prevention, Screening, Diagnosis and Treatment (EPSDT) requirements.</p>
2	<p>Q: In what situation is CPT code 96110 reimbursable?</p> <p>A: As defined, CPT code 96110 represents developmental screening, with interpretation and report. In the introduction to the section in which this code appears, the CPT book states that "it is expected that the administration of these tests will generate material that will be formulated into a report." Because a physician obtains developmental information as an intrinsic part of a Preventive Medicine service for an infant or child and because this information is sometimes obtained in the form of a questionnaire completed by the parents, it is expected that this code will be reported in addition to the preventive medicine visit only if the screening meets the code description. Physicians should report the specific CPT code, for developmental screening or other similar screening or testing, separate and distinct from the Preventive Medicine service only when the testing or screening results in an interpretation and report by the physician being entered into the medical record.</p>
3	<p>Q: Why is Q0091 not separately reimbursable when billed with a Preventive Medicine code?</p> <p>A: UnitedHealthcare Community Plan considers Q0091 (obtaining, preparing, and conveying a cervical or vaginal smear to the laboratory) to be an integral part of a Preventive Health Care service. Therefore, this component of a Preventive visit is not separately reimbursable.</p>
4	<p>Q: Why is 99172 (visual function screening) not separately reimbursable when billed with a Preventive Medicine code?</p> <p>A: Medicaid payers are required to follow the CMS CCI edits, see the UnitedHealthcare Community Plan CCI Edits Policy, and as of 1/1/2013 CMS added bundling edits between visual screening code and Preventive Medicine codes.</p>
5	<p>Q: How does UnitedHealthcare Community Plan reimburse for screening tests based on a questionnaire completed by the patient or a family member when done in conjunction with a Preventive Medicine service?</p> <p>A: Counseling, anticipatory guidance and risk factor reduction interventions are integral to a Preventive Medicine visit. Historical information may be obtained either through direct questioning or through completion of a written questionnaire. The responses on a questionnaire often identify areas for more focused interventions or treatments. Since this screening is part of a Preventive Medicine service, it is not reimbursed separately. Occasionally, a screening instrument requires interpretation, scoring, and the development of a report separate from the Preventive Medicine encounter. In those situations, where a CPT code exists for that service, screening, interpretation, and development of a report is reimbursed separately from a Preventive Medicine service.</p>

Codes

CPT Code Section

Preventive Medicine Service Codes

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

HCPSC Code Section				
G0402				
Modifier Section				
25				
Codes Included in Preventive Medicine Services				
Problem Oriented E/M Service Codes				
99202	99203	99204	99205	99212
99213	99214	99215	G0463	
Other E/M Service Codes				
99211	99241	99242	99243	99244
99245	99251	99252	99253	99254
99255	99281	99282	99283	99284
99285	G0245	G0246	S0285	
Screening Services Codes				
G0101	G0102	Q0091	G0442	G0444
Prolonged Services Codes				
99354	99355	99415	99416	99417
Counseling Services Codes				
0403T	99401	99403	99404	99406
99407	99408	99409	99411	99412
G0296	G0396	G0397	G0443	G0445
G0446	G0447	G0473	G2011	H0005
S0257	S0265	S9470	T1006	T1027
Medical Nutrition Therapy Services Codes				
97802	97803	97804	G0270	G0271
Visual Function				
99172				

Arizona EPSDT Bundled Codes List									
A list of preventative, office or other outpatient services that are considered included in the global payment for the preventive medicine CPT codes (99381 – 99385, 99391 – 99395)									
01202	01340	90281	90283	90287	90288	90291	90296	90371	90375
90376	90384	90385	90386	90389	90393	90396	90399	90585	90586
90644	90647	90648	90657	90658	90660	90675	90676	90744	90746
90747	90750	92015	92081	92285	92286	92551	92552	92553	92567
92568	92587	92588	94772	95930	99173	99174	99460	99461	99462
99463	A0080	A0090	A0100	A0110	A0120	A0130	A0140	A0160	A0170
A0180	A0190	A0200	A0210	A0225	A0382	A0398	A0420	A0422	A0425

A0426	A0427	A0428	A0429	A0430	A0431	A0433	A0434	A0435	A0436
A0888	D1351	G0219	S0209	S0215	T2005	T2007	T2049		

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* 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

History

4/14/2023	Policy Version Update State Exceptions Section: Added Tennessee Modifier table: Moved to Code section
4/2/2023	Policy Version Update: Logo updated State Exceptions Section: Kentucky removed
7/26/2022	Policy Version Update State Exceptions Section: Added Kentucky
4/7/2022	Policy Version Update State Exceptions Section: Added Maryland and Rhode Island History Section: Entries prior to 4/7/2020 archived
3/1/2022	Annual Policy Version Change State Exceptions Section: Mississippi section, font updated Codes Section: Removed CPT Code Descriptions from Preventative Medicine Service Codes Section and moved all codes into tables
2/18/2022	Policy Version Change State Exceptions Section: Mississippi updated History Section: Entries prior to 2/18/2020 Archived
2/2/2022	Policy Date and Version Change State Exceptions Section: Washington DC added
9/16/2021	Policy Version Change State Exceptions Section: Updated North Carolina
9/2/2021	Policy Version Change State Exceptions Section: Added North Carolina
8/24/2021	State Exceptions Section: Added North Carolina
7/22/2021	Policy Version Change Attachments Section: Deleted Arizona EPSDT Bundled Codes List: Converted to Table Format History Section: Entries prior to 7/22/2019 Archived
1/1/2021	Policy Version Change HCPCS Code Section: Updated Problem Oriented E/M Service Codes (Deleted 99201), Updated Prolonged Services Codes (Added 99417) Annual Policy Version Change from 2020R0013C to 2021R0013A Entries Prior to 1/1/2019 Archived

9/27/2020	Policy Version Change HCPCS Code Section: updated Counseling Services (Added code G2011)
5/17/2010	Policy implemented by UnitedHealthcare Community & State