

cmi_162300

Title	Evaluation and Management (E&M) Visit Billed with Preventive Medicine Examination		
Number	CP.PP.388.v1.9		
Last Approval Date	09/04/24	Original Effective Date	08/10/14
Replaces			
Cross Reference	<ul style="list-style-type: none"> • <i>Modifier 25 – Significant, Separately Identifiable Evaluation and Management (E&M) Service on Same Day as Procedure or Other Service</i> • <i>Screening Services with Evaluation and Management (E&M) Services</i> 		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define how the Plan handles evaluation and management (E&M) services billed on the same date of service as preventive medicine examinations that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	<p>When an E&M office visit (codes 99202-99215) or a home visit code (codes 99341-99350) appended with modifier 25 is billed by the same provider or other qualified healthcare professional on the same dates of service as a preventive medicine examination code (codes 99381-99397), there are certain elements of the preventive medicine examination that are duplicated in the E&M office visit or home visit such as, but not limited to, obtaining vitals, certain portions of the patient history taking and preparation of the exam room.</p> <p>The addition of modifier 25 on the E&M office visit code should only be reported when a significant and separately billable service, unrelated to the preventive medicine examination is documented in the member's medical record as satisfying the relevant criteria for the respective level of E&M office visit service reported. This documentation should be distinct from the documentation that supports the preventive medicine examination that is performed on the same date of service.</p> <p>Appending modifier 25 to the E&M office visit code is not a guarantee of payment. The documentation must support a significant and separate service from the preventive medicine examination. The diagnosis billed for the separate and distinct E&M service must reflect the separate and distinct service from the preventive medicine exam or the documentation must explain "why" the additional E&M service was necessary.</p> <p>When an office or home visit is billed with a preventive medicine examination on the same day for the same member by the same provider, BOTH services should be billed on the same claim form. The Plan will reimburse the preventive medicine examination at 100% of the provider's contract allowed amount and the E&M office or home visit will be reimbursed at 50% of the provider's contract allowed amount.</p>
Codes/Coding Guidelines	The following E&M codes are applicable to this policy:

New Office Visits:

- **99202** - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15-29 minutes must be met or exceeded.
- **99203** – Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30-44 minutes must be met or exceeded.
- **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 total time on the date of the encounter for code selection, 45-59 minutes must be met or exceeded.
- **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 high level of medical decision making. When using total time on the date of the encounter for code selection, 60-74 minutes must be met or exceeded.

Established Office Visits:

- **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** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10-19 minutes must be met or exceeded.
- **99213** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20-29 minutes must be met or exceeded.
- **99214** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30-39 minutes must be met or exceeded.
- **99215** - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40-54 minutes must be met or exceeded.

Home Services/Visits New Patient:

- **99341** - Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

- **99342** - Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **99344** – Home or residence 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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
- **99345** - Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

Home Services/Visits Established Patient:

- **99347** - Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
- **99348** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **99349** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
- **99350** - Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Preventive Medicine Services:

- **99381** – Initial comprehensive preventive medicine evaluation and management of an individual, age/gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and ordering of lab/diagnostic procedures; new patient; infant (age younger than 1 year).
- **99382** –...early childhood (age 1-4 years)
- **99383** –...late childhood (age 5-11 years)
- **99384** –...new patient; adolescent (age 12-17 years)
- **99385** –...new patient; (age 18-39 years)
- **99386** –...new patient; (age 40-64 years)
- **99387** –...new patient; (age 65 years and older)
- **99391** –Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction

	<p>interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)</p> <ul style="list-style-type: none"> • 99932 –...established patient; early childhood (age 1-4 years) • 99393 –...established patient; late childhood (age 5-11 years) • 99394 –... established patient; adolescent (age 12-17 years) • 99395 –...established patient; (age 18-39 years) • 99396 –...established patient; (age 40-64 years) • 99397 –...established patient; (age 65 years and older)
Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	N/A
Laws, Regulations & Standards	None
References	<ul style="list-style-type: none"> • American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook; Professional Edition • Center for Medicare and Medicaid Services (CMS) National Physician Fee Schedule

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	09/04/24; 12/13/23; 01/17/23; 02/10/22; 02/25/21; 03/05/20; 04/08/19; 04/19/18; 07/18/17; 08/08/16; 08/10/15; 08/10/14	
Version History	04/18/18	Clarified criteria for the problem focused E&M visit in the first paragraph and clarified the requirements for documentation in the last paragraph of the Policy section. Added new section Codes/Coding Guidelines and moved all codes into this section.
	04/08/19	Annual review; no changes
	03/05/20	Added a Cross Reference to policy “Screening Services with Evaluations and Management (E&M) Services”
	02/25/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 paper or 837P electronic claim forms. Added termination date on code 99201. Updated the code descriptions for the Office Visit to reflect revised descriptions effective January 1, 2021.
	02/10/22	Added clarification to the second paragraph in the Policy section addressing the correct use of modifier 25 on an office visit code billed on the same date of service as a preventive medicine examination. Removed code 99201 which was deleted effective 01/01/2021.

	01/17/23	Added third paragraph to indicate that the appending of modifier 25 is not a guarantee of payment. In the Codes/Coding Guidelines session, updated the code descriptions, effective January 1, 2023, in the sections Home Services (New and Established) and Preventive Medicine Services
	12/13/23	In the Policy section, in the third paragraph, added the last sentence indicating that the diagnosis for the separate and distinct E&M service must reflect the separate and distinct nature of the E&M from the preventive medicine exam service; in the fourth paragraph, added a phrase indicating that BOTH the E&M service and the Preventive Medicine Exam service should be billed on the same claim. In the Codes/Coding Guideline section, updated code descriptions for New and Established procedure codes.
	09/04/24	Annual review; no changes