Reimbursement Policy:

Preventive Medicine and Screening

(Commercial)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210010	1/01/2022	**RPC (Reimbursement Policy Committee)**

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Preventive Medicine Services [Current Procedural Terminology (CPT®) codes 99381-99387 and 99391-99397, are comprehensive in nature, reflect an age and gender appropriate history and examination, and include counseling, anticipatory guidance, and risk factor reduction interventions, 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, the health plan will reimburse the Preventive Medicine Service plus 50% of the problem-oriented E/M service code 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 separately 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.

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, visual function screening and visual acuity screening are included in (and not separately reimbursed from) preventive medicine codes.

Policy Statement:

For the purposes of this policy, Same Specialty Physician or Other Qualified Health Care Professional is defined as a physician and/or other qualified health care professional of the same group and Same Specialty

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Physician or Other Qualified Health Care Professional reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Service	Guidelines
Preventive Medicine Service and Problem Oriented E/M Service	Our health plan will consider reimbursement for both a preventive medicine Current Procedural Terminology (CPT®) or Health Care Common Procedure Coding System (HCPCS) code and E&M when modifier 25 is applied to the E&M visit for the same patient, by the same provider, on the same date of service. Providers should only submit a preventive code and a separate E&M code when there is a significant abnormality or pre-existing condition addressed and additional work is required to perform the key components of the E&M service. The preventive medicine code will be reimbursed at 100% of the allowable contracted rate. The E&M visit, when billed with modifier 25 to identify a separately identifiable service, will be subject to a 50% reduction. This payment reduction made on the E&M visit is due to the duplication of overlapping services (e.g., practice expense - costs associated with maintaining a practice) already being considered in the reimbursement of the preventive service.
Preventive Medicine Service and Other E/M Service	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	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 Qualified Health Care Professional, only the preventive medicine code is reimbursed. This includes visual function and visual acuity screenings.
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 Qualified Health Care Professional, only the preventive medicine code is reimbursed.

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Service	Guidelines
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 Qualified Health Care Professional, only the preventive medicine code is reimbursed.

Coding Guidelines

HCPCS “G codes” and “S codes” are usually not reimbursable to Commercial lines of business unless contractually designated. These will deny asking providers to resubmit with applicable CPT code. Consultations are not payable (see consultation section of our Evaluation and Management Services Policy). *Codes listed in parathesis are Medicare or contract based only.*

Service:	CPT/HCPCS Code
Preventive Medicine Services	99381-99387, 99391-99397, *(G0402)*
Problem Oriented E/M Services	99202-99205, 99211-99215, *(G0463)*
Other E/M Services	99242-99245, 99252-99255, 99281-99285, 99459 *(G0245, G0246, S0285)*
Screening Services	Q0091, 99172, 0333T, *(G0101, G0102)*
Prolonged Services	G2212 *(see prolonged services policy)*
Counseling Services	0403T, 99401-99412, H0005, T1006, T1027, *(G0296, G0396, G0397, G0443-G0447, G0473, G2011, S0257, S0265, S9470)*
Medical Nutrition Therapy Services	97802, 97803, 97804, *(G0270, G0271)*

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CPT Code 99459

According to the American Medical Association (AMA), CPT code 99459 (*Pelvic examination (List separately in addition to code for primary procedure)*) is an add-on code to be used in conjunction with illness-related office Evaluation and Management (E/M) codes and preventive services E/M codes. It is a practice expense code, which covers supplies (such as a disposable speculum, or the sterilization cost of metal speculum) and 4 minutes of staff time (for example, room setup time or chaperone time).

Effective 1/1/2024, EmblemHealth/ConnectiCare considers payment for CPT code 99459 to be included in payment for the Preventive Medicine Service and illness-related E/M service rendered on the same day and will not reimburse CPT code 99459 separately.

Definitions

Term	Definition
Same Specialty Physician or OtherQualified 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.
Preventive Medicine Services	Includes annual physical and well-child examinations, usually in the absence of a disease-related diagnosis.

References:

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services. CPT® is a registered trademark of the American Medical Association
2. Centers for Medicare & Medicaid Services, CMS Manual System and other CMS publications and services including but not limited to 2021 guidelines.
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release andCode Sets
4. Centers for Medicare and Medicaid Services (CMS), Physician Fee Schedule (PFS) Relative Value Files. Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html
5. National Government Services, CPT 99459 Pelvic Examination Billing for Medicare

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Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	5/30/2024	• Updated to include clarification on coding guidelines for CPT code 99459
EmblemHealth ConnectiCare	10/2021	• New Policy