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PAYMENT POLICY ID NUMBER: 10-016

Original Effective Date: 12/22/2009

Revised: 08/08/2024

Multiple Visit Reduction

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DESCRIPTION:

This policy describes the reimbursement for a problem oriented Evaluation and Management (E/M) code billed on the same day with a preventive medicine E/M procedure code.

REIMBURSEMENT INFORMATION:

A preventive medicine E/M code and a problem-oriented E/M code may be submitted for the same patient, same physician on same date of service. According to Current Procedural Terminology (CPT®) guidelines, if an abnormality is encountered or a preexisting problem is addressed in the process of performing the preventive medicine E/M service and if the problem is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate office/outpatient codes can also be reported in addition to the preventive medicine E/M. If the problem or abnormality encountered is insignificant or trivial and does not require additional work and the performance of the key components of a problem-oriented E/M, then only the preventive medicine E/M should be reported.

When the relative value units (RVU) are determined for each CPT® code, the assumption is the services are performed as a stand-alone procedure. However, when the two services are performed during the same visit there are duplicated elements in the reimbursement of the other code. As such, if a problem oriented E/M code represents a significant, separately identifiable service; the reimbursement will be based on the preventive medicine code plus 50 percent of the problem-oriented E/M code.

Modifier 25 should be added to the problem-oriented E/M code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive service.

This policy applies to billing for services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

BILLING/CODING INFORMATION:

The following codes may be used to describe preventive and problem-oriented E/M services:

CPT® Coding

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 for code selection, 15 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 for code selection, 30 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 for code selection 45 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. When using total time for code selection 60 minutes must be met or exceeded.
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. Usually, the presenting problem(s) are minimal.
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 for code selection, 10 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 for code selection, 20 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 for code selection, 30 minutes must be met or exceeded -39 minutes of total time is spent on the date of the encounter.
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 for code selection, 40 minutes must be met or exceeded.
99341	Home or residence visit for the evaluation and management of a new patient, which requires 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 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.
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.
99381	Initial comprehensive preventative 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; infant (age younger than 1 year).
99382	Initial comprehensive preventative 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; early childhood (age 1 through 4 years).
99383	Initial comprehensive preventative 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; late childhood (age 5 through 11 years).
99384	Initial comprehensive preventative 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; adolescent (age 12 through 17 years).
99385	Initial comprehensive preventative 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 preventative 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; 40-64 years.
99387	Initial comprehensive preventative 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.
99391	Periodic comprehensive preventative 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; infant (age younger than 1 year).
99392	Periodic comprehensive preventative 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; early childhood (age 1 through 4 years).
99393	Periodic comprehensive preventative 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; late childhood (age 5 through 11 years).
99394	Periodic comprehensive preventative 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; adolescent (age 12 through 17 years).
99395	Periodic comprehensive preventative 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 preventative 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 preventative 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.

HCPCS Coding:

G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient

S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routing ophthalmological exam including refraction; established patient

Modifier:

25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.
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REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT ®), Professional Edition
2. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS); HCPCS Release and Code Sets <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>
3. CMS, Medicare Physician Fee Schedule Relative Value File: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

GUIDELINE UPDATE INFORMATION:

12/22/2009	New Payment Policy
06/27/2011	Revised policy to include HCPCS codes G0438 & G0439.
06/22/2012	Revision – Updated name change from BCBSF to Florida Blue
06/16/2016	Annual Review – G0402 added
06/15/2017	Annual Review – S0610, S0612, S0620, & S0621 added
08/16/2018	Annual Review, modifier 25 statement added
08/15/2019	Annual Review, Home visit E&M added
08/13/2020	Annual Review
08/12/2021	Annual Review – Descriptors revised for CPT® codes 99202-99205 and 99211-99215. In addition, CPT® code 99201 was deleted.
08/11/2022	Annual Review – no changes
01/01/2023	Revision – E/M descriptors revised for Home and Residence Services, CPT® codes 99341-99350.
08/10/2023	Annual Review
08/08/2024	Annual Review – Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. E/M descriptors revised. References reviewed and updated.

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