Cigna Reimbursement Policy

Subject **Preventive Medicine Evaluation and Management Service and Problem Based Evaluation and Management Service on the Same Day**

Last Review Date 04/29/2014
Policy History/Updates:
Reimbursement Policy Number R02

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Related Policies:

Modifier 25-Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
Preventive Health Coverage Guide For Health Care Professionals

INSTRUCTIONS FOR USE

*Reimbursement policies are intended to supplement certain **standard** Cigna benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supercedes** the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2014 Cigna*

Reimbursement Policy

Cigna provides reimbursement for a Problem Based Evaluation and Management (E/M) Service performed on the same day as a Preventive Medicine E/M Service when:

- **the problem/abnormality is separately identifiable and significant enough to require additional work to complete the key components of the problem based E/M office visit code; and**
- **the supporting documentation satisfies the key component criteria for the level of the E/M service as defined by the Center for Medicare and Medicaid Services(CMS) in the 1997 Documentation Guidelines for Evaluation and Management Services; and**
- **the problem based E/M office visit code is carried out for a non-preventive clinical reason; and**
- **the ICD-9 codes clearly indicate the non –preventive nature of the problem E/M service.**

When the above criteria are met, Cigna will provide reimbursement at:

- **100% of the fee schedule or other allowed amount for the Preventive Medicine E/M Service**
- **50% of the fee schedule or other allowed amount for the Problem Based E/M Service**

In addition:

- **Modifier 25 must be appended to the Problem Based E/M Service**
- **Modifier 25 must also be appended to the Preventive E/M service when billed with other minor procedures such as injection and IV hydration codes, if the preventive visit is separate and distinct from the minor procedure.**

Documentation should be maintained by the Healthcare Professional and submitted to Cigna when requested.

General Background

Evaluation and Management (E/M) codes can be found in the first section of the CPT® book. This section is divided into categories based on place of service (e.g. office vs. hospital). It is further broken down into subcategories for office visits (new patient and established patient) and hospital (initial and subsequent). Each subcategory is further broken down to reflect more detailed information such as the content of the service, the nature of the presenting problem and the time typically required to provide the service. E/M codes range from 99201-99499; however, for the purposes of this policy, only E/M codes 99201-99215 are relevant. In addition, there are several Health Care Procedure Coding System (HCPCS) codes which are used to report preventive exams; G0402, G0438, G0439, S0610, S0612 and S0613.

Preventive Medicine Evaluation and Management Services are outlined in the CPT® book under the Evaluation and Management section in the sub-heading of Preventive Medicine Services. The codes listed are broken out by new patient (99381-99387) and established patient (99391-99397). According to the CPT® book "the comprehensive nature of the Preventive Medicine Service codes 99381-99397 reflect an age and gender appropriate history/exam and is NOT synonymous with the 'comprehensive' examination required in the Evaluation and Management codes 99201-99350."

If a problem/abnormality is encountered or a pre-existing condition is addressed in the process of performing a preventive medicine E/M service AND the problem/abnormality is significant enough to require additional work to perform the key components of an office visit code then the appropriate problem based E/M office visit code may be billed with the preventive medicine E/M code.

Modifier 25 must be appended to the problem office visit code to indicate that a "significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine E/M service".

A significant, separately identifiable E/M service should be substantiated by documentation that satisfies the relevant criteria for the respective E/M service reported. The E/M service must be carried out for a non-preventive clinical reason, and the ICD-9 code(s) for the E/M service should clearly indicate the non- preventive nature of the E/M service.

E/M service codes should be selected based on their key components and contributory factors. Because the E/M services are based on levels of complexity and components defining the services, only the code that most specifically represents the services provided should be chosen to report those services. In 2010, Cigna adopted the Centers for Medicare and Medicaid Services (CMS) 1997 Documentation Guidelines for Evaluation and Management Services. These guidelines describe the criteria necessary to support use of the level of the E/M code chosen.

The link to the 1997 Documentation Guidelines for Evaluation and Management Services can be found on the CMS website within the Medicare Learning Network using the following path: Outreach and Education/Medicare Learning Network MLN Educational Web Guides/Documentation Guidelines for Evaluation and Management (E&M) Services/Downloads/1997 Documentation Guidelines for Evaluation and Management Services.

Coding for Preventive Services

Correctly coding preventive care services is key to receiving accurate payment for those services:

Preventive care services must be submitted with an ICD-9 code that represents encounters with health services that are not for the treatment of illness or injury. The ICD-9 code must be placed in the first diagnosis position of the claim form (see the list of designated "V codes" in the Coding and Billing Information Section for each preventive service).

If claims for preventive care services are submitted with diagnosis codes that represent treatment of illness or injury as the primary (first) diagnosis on the claim, the service will not be identified as preventive care and the patients' claims will be paid using their normal medical benefits rather than preventive care coverage.

Use CPT® coding designated as "Preventive Medicine Evaluation and Management Services" to differentiate preventive services from problem-oriented evaluation and management office visits. Non-preventive care services incorrectly coded as "Preventive Medicine Evaluation and Management Services" will not be covered as preventive care.

Incorrect Use of Modifier 25 for Billing E/M Services in addition to Preventive Medicine E/M service codes:

- Modifier 25 should not be appended to an E/M service that is not significant or separately identifiable.
- Modifier 25 application should not be routine or automatic.
- Modifier 25 should not be used for an insignificant or trivial problem/condition that is encountered during the process of performing the preventive medicine E/M service.
- Modifier 25 should not be appended to an E/M service that does not meet the criteria in the CMS 1997 Documentation Requirements outlined for that specific E/M code.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Preventive E/M Codes

CPT®* Codes	Description
99381	Initial comprehensive preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 preventive 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 Codes	**Description**
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
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation

Problem Based E/M Codes

CPT®* Codes	**Description**
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded

	problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
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. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's

	and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

***Current Procedural Terminology (CPT®) ©2013 American Medical Association: Chicago, IL.**

References

1. American Medical Association. Current Procedural Terminology (CPT) ©2013 Professional Edition.
2. Health Care Procedure Coding System, National Level II Medicare Codes ©2013.

Policy History/Updates

Date	Change/Update
04/29/2014	Template update, ICD9 diagnosis codes removed
04/01/2013	Stem Statement reformatted. Template updated. Preventive Coverage Guide for Health Care Professionals added to related policies. G0438 and G0439 added to preventive E/M coding. Added coding section to policy. 1997 CMS Documentation Guidelines for E/M Services added.
05/30/2011	Updated policy template
01/10/2010	Policy updated to include HCPCS codes G0402, S0610, S0612, S0613.
08/06/2009	Policy effective for former Great-West Healthcare
05/02/2009	Updated format. Policy notification for former Great West Healthcare
08/27/2007	Policy effective for CIGNA HealthCare
05/21/2007	Policy notification for CIGNA HealthCare