

# Medical Coverage Policies

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## Preventive Medicine and Other Evaluation and Management Office/Outpatient Services

<b>EFFECTIVE DATE</b>	07/05/2007	<b>LAST UPDATED</b>	07/05/2007
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### Description:

Preventive Medicine Services (99381-99397) are CPT codes used to report preventive medicine and evaluation & management. CPT directs that when an abnormality is encountered or a pre-existing problem is addressed it is appropriate to report an office visit code (99201-99215) appended with the modifier 25. CPT also states that the additional E&M code should not be reported when the problem is trivial and does not require additional work and the performance of the key components of the office visit service.

Codes 99381-99397 include counseling, anticipatory guidance and risk factor reduction. The preventive medicine evaluation and management includes all age and gender appropriate preventive evaluation services (i.e., history, examination and counseling). It does not include such services as immunizations or screening laboratory or imaging services. Age-appropriate preventive services typically include a systems review; consideration of past medical, family, and social histories; and a complete general (not system specific) physical examination. For this reason, separating the preventive service work and practice expense from the problem(s) related to the office visit is difficult.

### Medical Criteria:

Not applicable

### Policy:

The BCBSRI allowance for a preventive medicine service and an office evaluation and management service performed on the same date **will be reimbursed based on the first submitted service**. Modifier 25 does not affect the allowance. Participating physicians and providers may not charge the member for the service that is not separately reimbursed, as the allowance is for the combined services. Only one copayment will apply for the office visit.

If a patient is seen on a separate encounter on the same date for a problem that was not present during the preventive services exam, a separate office service may be reported and paid. (As claims systems will not be able to identify this unusual circumstance, claims will need to be submitted with documentation). The appropriate copayment will apply for the second visit on the same date of service.

### Coverage:

Not applicable

### Coding:

Evaluation and Management Codes  
99201-99215

Preventive Medicine Services  
99381-99387

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services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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