

	<b>Preventive Medicine Services</b>	
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	<b>Version Number:</b>	<b>Version Effective Date: 2/1/2020</b>
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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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Preventive medicine services, or "well visits," are evaluation and management (E/M) services provided to a patient without

a chief complaint. The reason for the visit is not an illness or injury (or signs or symptoms of an illness or injury), but rather to evaluate the patient's overall health, and to identify potential health problems before they manifest.

Unlike other evaluation and management (E/M) services in the CPT manual, preventive services do not have specific documentation guidelines to support the service provided.

Documentation in the HPI should establish whether the visit was preventive, or problem based.

## Policy

Recommendations from the AMA, the American Academy of Family Physicians, the U.S. Preventive Services Task Force, the American College of Physicians Internal Medicine, and the American College of Obstetrics and Gynecology, gives a breakdown of the information you should see documented in the review of a preventive medicine service based on the patient's age and gender:

- History: Past illnesses, surgeries, medications, allergies, family and social histories, status of chronic conditions
- Exam: Blood pressure, height, weight, BMI, depression screening, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological
- Counseling/Anticipatory Guidance: Nutrition, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior and STDs, contraception, dental health, mental health, immunizations, screenings. Age-appropriate counseling and discussion of issues common to the age group are also included in the preventive medicine service.
- Screening Services: Mammograms, colonoscopies, \*pap smears, depression  
\*Blue KC does not reimburse for pelvic exam add on code 99459. Code 99459 is for work expense and is bundled into the preventive medicine or office visit code submitted.

### Preventive Visit with Problem Oriented E/M service

If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work, then the appropriate office/outpatient code 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 should also be reported in addition to the preventive medicine service.

Modifier 25 should be added to the office visit to indicate that a significant, separately identifiable evaluation and management service was provided on the same day.

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work should not be reported. Having a separate note for the second service can decrease the likelihood of having it inappropriately bundled or denied. Both visits must be able to stand on their own.

When selecting the additional E/M level of service, only the work that was performed "above and beyond" what would have been performed during the preventive service should be used to calculate the additional E/M level. Preventive medicine visits have no "typical time" associated with them and are supported by documentation alone. If the problem-oriented E/M visit is based on time alone, do not include the time spent on the preventive visit with the additional E/M.

## Coding

CPT Code	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 appropriate age and gender 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

### Related Documents

CPT Evaluation and Management Guidelines

### References

Blue KC Provider Reference Guide

Centers for Medicare and Medicaid Services

American Medical Association

### Revision History

Version	Date	Summary of Revisions
001	2/5/2020	Initial version
002	2/25/2021	Added "Preventive medicine visits have no typical time associated with them and are supported by documentation alone".
003	7/9/2021	Removed language med refills and lab test for stable chronic conditions do not qualify for additional E/M.
004	2/17/2022	Annual review, Included website link for Blue KC routine preventive services. ,
005	3/2/2022	Update - updated Modifier 25 information.
006	2/1/2023	Annual review, information on levels of history and exam were removed in line with 2023 E/M updates
007	2/1/2024	Annual review, no updates, or changes were made to the policy
008	8/13/2024	Update – Added Blue KC does not reimburse for CPT 99459 as this service is bundled into the preventive medicine or office visit code submitted"
009	9/12/2024	Changed policy from "Modifier 25 should be added to the Preventive medicine visit" to "Modifier 25 should be added to the office visit to indicate that a significant, separately identifiable evaluation and management service was provided on the same day."
010	9/20/2024	Error corrected to say, if performing a screening pap smear during a Medicare Annual Wellness Visit it would be appropriate to report G0348-G0349 with Q0091
11	2/1/2025	Annual review, clarification made on when problem-oriented visits are based on time, must be carved out of total time spent with patient.