Preventive Medicine and Screening Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Preventive Medicine Services Current Procedural Terminology (CPT®) codes 99381-99387, 99391-99397, Healthcare Common Procedure Coding System (HCPCS) code G0402 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, UnitedHealthcare Community Plan will reimburse the Preventive Medicine service plus 50% of the problem-oriented E/M service codes 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 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 for members age 22 years and over.

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 services are included in (and not separately reimbursed from) Preventive Medicine codes.

(99172) Visual function screening is included in the Preventive Medicine Services and not separately reimbursable.

For a list of specific codes that are included in (and not separately reimbursed from) Preventive Medicine Services see the Codes Section.

For the purposes of this policy, Same Specialty Physician or Other Health Care Professional is defined as a physician and/or other health care professional of the same group and Same Specialty Physician or Other Health Care Professional reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Preventive Medicine Service and Problem Oriented E/M Service

A Preventive Medicine CPT or HCPCS code and a Problem-Oriented E/M CPT code may both be submitted for the same patient by the Same Specialty Physician or Other Health Care Professional on the same date of service. If the E/M code represents a significant, separately identifiable service and is submitted with modifier 25 appended, UnitedHealthcare Community Plan will reimburse the Preventive Medicine code plus the problem-oriented E/M code. UnitedHealthcare Community Plan will not reimburse a problem-oriented E/M code that does not represent a significant, separately identifiable service and that is not submitted with modifier 25 appended.

Preventive Medicine Service and Other E/M Service

A Preventive Medicine CPT or HCPCS code and Other E/M CPT or HCPCS code may both be submitted for the same patient by the Same Specialty Physician or Other Health Care Professional on the same date of service. However, UnitedHealthcare Community Plan will only reimburse the Preventive Medicine CPT or HCPCS code.

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 Health Care Professional, only the Preventive Medicine code is reimbursed for member's age 22 years and over. For members under the age of 22, both the Preventive Medicine code and the screening code will be paid.

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 Health Care Professional, only the Preventive Medicine code is reimbursed.

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 Health Care Professional, only the Preventive Medicine code is reimbursed.

Medical Nutrition Therapy Services

According to CPT, for medical nutrition therapy assessment and/or intervention performed by a physician, report evaluation and management or preventive medicine service codes. When Medical Nutrition Therapy codes are billed with a Preventive Medicine code on the same date of service by Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

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Visual Function and Visual Acuity Screening
The comprehensive nature of a Preventive Medicine code reflects an age and gender appropriate examination. When Visual Function screening is billed with a Preventive Medicine code on the same date of service by the Same Specialty Physician or Other Health Care Professional, only the Preventive Medicine code is reimbursed.

State Exceptions

Arizona

Per state regulation,

- Providers must bill for preventative EPSDT services including routine vision and hearing screenings using the office or other outpatient services and preventive medicine CPT codes (99381 – 99385, 99391 – 99395) with an EP modifier.
- 99177 is allowed for children ages three to five as part of the EPSDT visit and is separately billable
- Arizona has a list of preventative, office or other outpatient services that are considered included in the global payment of the preventive medicine CPT code
- Arizona has a list of separately reimbursable EPSDT procedure codes. See attachment section below.

Arizona EPSDT Bundled Codes List					
96112	96113	92551	92552	92553	92567
92568	92587	92588	36400	36406	36410
99000	92015	92081	92285		
92286	95930	99173			

Colorado

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Florida

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Hawaii

State certified Hawaii providers are allowed to be reimbursed for codes G0396 or G0397 and 99406 or 99407 with ICD-10-CM O99.31 or O99.32 or O99.33 for pregnant members only.

Idaho

Per state regulation, code G0402 is not a covered code.

Kansas

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Maryland

Per state regulation, counseling service 99401 with modifier CR is allowed when billed with a preventive medicine service code.

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Michigan

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Minnesota

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

Missouri

Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.

MO requires the EP modifier to be billed for children under the age of 21.

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Mississippi	MS CAN Preventive Medicine codes are 99381–99385, 99391–99395. MS CAN requires the EP modifier to be billed for children under the age of 21. MS is excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.
Nebraska	Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.
North Carolina	Per state regulation, effective 6/22/2021, counseling code 99401 is allowed when billed with modifiers 25 or GT or KX along with a preventive medicine service code. Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day. Per state regulations preventive codes 99381-99385 and 99391-99395 are to be billed with mod EP. Also, if FP modifier is on any claim line but modifier EP is not claim is to allow.
New Jersey	Per state regulations, counseling codes 99406-99409 and G0396-G0397 are allowed when billed with a preventive medicine service code.
Pennsylvania	Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.
Rhode Island	Effective 9/1/21 – 03/31/2022, Preventive medicine counseling (99401-99404) services are allowable to be reimbursed in conjunction with Evaluation and Management codes in the “Codes” section below. The counseling CPT codes can be billed at only one visit for each beneficiary per day, but there are not quantity limits for the number of times education can be provided to an individual beneficiary. Counseling may be provided in person, through live audio/video (telehealth) or telephonically. Additionally, this service can be billed by multiple providers and can be billed multiple times on different days. Modifier 25 should be used if billing in addition an office visit or an evaluation and management visit.
Tennessee	99401 (Counseling for Covid Vaccination) is only reimbursed in addition to E/M or Preventive Medicine services when billed with modifier 25 or CR. The code is not reimbursed when billed with a Covid vaccine administration code.
Texas	Excluded from 50% reduction on the problem-oriented E/M service when billed in POS 50 or 72 with HCPCS code T1015.
Virginia	Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.
Washington	Excluded from 50% reduction on the problem- oriented E/M service when appended with modifier 25 and billed with a preventive medicine service on the same day.
Washington DC	Per state regulations, codes 99381-99384, 99391-99394 and code G0402 are not covered.

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

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Questions and Answers	
1	**Q:** Why does UnitedHealthcare reduce reimbursement to 50% for an E/M service (99202-99205 or 99212-99215 with modifier 25) billed for the same person on the same date of service as a Preventive Medicine Service? **A:** UnitedHealthcare recognizes that a visit may begin as a Preventive Medicine Service, and in the process of the examination it may be determined that a disease related condition exists (E/M). When this occurs, the level of decision-making during such a visit may be more complex than the decision-making during a preventive medicine visit. However, there are elements of the Preventive Medicine Service (e.g., making the appointment, obtaining vital signs, maintaining and stocking the exam room, etc.) that are duplicated in the reimbursement for an E/M code; these duplicated practice expense services are 50% of the E/M cost.
2	**Q:** Why does UnitedHealthcare Community Plan deny screenings only for members age 22 and over? **A:** UnitedHealthcare Community Plan allows screening codes to be reimbursed in conjunction with Preventive Medicine Services for members under 22 years of age because of Early Prevention, Screening, Diagnosis and Treatment (EPSDT) requirements.
3	**Q:** In what situation is CPT code 96110 reimbursable? **A:** As defined, CPT code 96110 represents developmental screening, with interpretation and report. In the introduction to the section in which this code appears, the CPT book states that "it is expected that the administration of these tests will generate material that will be formulated into a report." Because a physician obtains developmental information as an intrinsic part of a Preventive Medicine service for an infant or child and because this information is sometimes obtained in the form of a questionnaire completed by the parents, it is expected that this code will be reported in addition to the preventive medicine visit only if the screening meets the code description. Physicians should report the specific CPT code, for developmental screening or other similar screening or testing, separate and distinct from the Preventive Medicine service only when the testing or screening results in an interpretation and report by the physician being entered into the medical record.
4	**Q:** Why is Q0091 not separately reimbursable when billed with a Preventive Medicine code? **A:** UnitedHealthcare Community Plan considers Q0091 (obtaining, preparing, and conveying a cervical or vaginal smear to the laboratory) to be an integral part of a Preventive Health Care service. Therefore, this component of a Preventive visit is not separately reimbursable.
5	**Q:** Why is 99172 (visual function screening) not separately reimbursable when billed with a Preventive Medicine code? **A:** Medicaid payers are required to follow the CMS CCI edits, see the UnitedHealthcare Community Plan CCI Edits Policy, and as of 1/1/2013 CMS added bundling edits between visual screening code and Preventive Medicine codes.
6	**Q:** How does UnitedHealthcare Community Plan reimburse for screening tests based on a questionnaire completed by the patient or a family member when done in conjunction with a Preventive Medicine service? **A:** Counseling, anticipatory guidance and risk factor reduction interventions are integral to a Preventive Medicine visit. Historical information may be obtained either through direct questioning or through completion of a written questionnaire. The responses on a questionnaire often identify areas for more focused interventions or treatments. Since this screening is part of a Preventive Medicine service, it is not reimbursed separately. Occasionally, a screening instrument requires interpretation, scoring, and the development of a report separate from the Preventive Medicine encounter. In those situations, where a CPT code exists for that service, screening, interpretation, and development of a report is reimbursed separately from a Preventive Medicine service.

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Attachments

AZ EPSDT Separately Reimbursable Codes Table	A list of CPT & HCPCS EPSDT procedure codes that are deemed separately reimbursable

Codes

CPT Code Section

Preventive Medicine Service Codes

99381	99382	99383	99384	99385	99386	99387
99391	99392	99393	99394	99395	99396	99397

HCPCS Code Section

G0402

Modifier Section

25

Codes Included in Preventive Medicine Services

Problem Oriented E/M Service Codes

99202	99203	99204	99205	99212
99213	99214	99215	G0463	

Other E/M Service Codes

99211	99281	99282	99283	99284
99245	G0245	G0246	S0285	
99255	99242	99243	99244	
99285	99252	99253	99254	

Screening Services Codes

G0101	G0102	Q0091	G0442	G0444

Prolonged Services Codes

99354	99355	99415	99416	99417

Counseling Services Codes

0403T	99401	99403	99404	99406
99407	99408	99409	99411	99412
G0296	G0396	G0397	G0443	G0445
G0446	G0447	G0473	G2011	G9986
G9887	H0005	S0257	S0265	S9470

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T1006	T1027			
Medical Nutrition Therapy Services Codes				
97802	97803	97804	G0270	G0271
Visual Function				
99172				

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

8/23/2026	Policy Version Update State Exception Section: Arizona updated History Section: Entries prior to 8/23/2024 archived
7/26/2026	Policy Version Update State Exception Section: Texas updated History Section: Entries prior to 7/26/2024 archived
5/10/2026	Policy Version Update State Exception Section: Arizona updated Attachments Section: AZ EPSDT Separately Reimbursable Codes Table Added
3/1/2026	Anniversary Review Date and Version Change History Section: Entries prior to 3/1/2024 archived
10/01/2025	Policy Version Update State Exceptions Section: Florida added
5/18/2025	Policy Version Update State Exceptions Section: Idaho added History Section: Entries prior to 5/18/2023 archived
3/25/2025	Policy Version Update State Exceptions Section: Texas removed
3/16/2025	Policy Verbiage & Version Updated State Exception Section: Missouri updated
3/9/2025	Policy Verbiage & Version Updated State Exception Section: Arizona updated Codes Section updated: Arizona EPSDT Bundled Codes List removed
2/9/2025	Policy Verbiage & Version Updated State Exception Section: North Carolina updated
10/20/2024	Policy Verbiage & Version Updated State Exception Section: Mississippi updated

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10/01/2024	Policy Verbiage & Version Updated State Exception Section: Wisconsin Removed
5/17/2010	Policy implemented by UnitedHealthcare Community & State

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