

Preventive Medicine & Problem-Oriented E/M Visits, Same Day

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Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM078

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. General Policy Statement

When a [preventive medicine visit](#) and a [problem-oriented Evaluation and Management \(E/M\) visit](#) are billed on the same date of service for the same patient by the same provider, reimbursement for the problem-oriented E/M service will be reduced.

B. Requirements for Reporting Both Visit Codes

A preventive medicine visit and a problem-oriented E/M visit may be reported together only when all of the following criteria are met:

1. During the preventive medicine visit, an abnormality or preexisting problem is identified and addressed, and,
2. The condition is significant enough to require additional work beyond the components of the preventive service, meeting the key components of a separate problem-oriented E/M service.^{1, 2, 3}
3. Modifier 25 is appended to the problem-oriented E/M procedure code.^{1, 2, 3}
4. Medical record documentation clearly supports that a significant, separately identifiable problem-oriented E/M service was provided on the same date as the preventive visit service.

C. E/M Services That May Not Be Reported With A Preventive Medicine Visits

Certain E/M services are not appropriate to report in combination with a preventive medicine visit due to the inherent nature of the services. These combinations are considered contradictory and will not be reimbursed together:

1. Inpatient or observation E/M visits
Preventive medicine visits do not occur when a patient requires active inpatient or observation care.
2. Emergency department visits
Preventive medicine visits are not performed in an emergency department setting.
3. Consultation services (outpatient or inpatient)
Specialists performing consultations to diagnose or manage a specific condition would not also perform a preventive medicine visit, which is typically provided by the patient's primary care provider.

D. Services Included in the Preventive Medicine Visit

A problem-oriented E/M service with modifier 25 may not be reported when the additional work does not require significant time or effort beyond the preventive visit. These services are considered included in the preventive medicine visit reimbursement:

1. Insignificant or trivial problem or abnormalities identified during the preventive E/M service.^{1, 2, 3, 4}
Example:

A patient mentions hot flashes during a gynecological exam, and the provider orders laboratory testing to assess hormone levels.

2. Prescription updates or refills for an established condition without additional evaluation or management.^{1, 2, 3, 4}

Example:

A patient with a history of hypertension presents for a routine physical, and the provider briefly notes the condition and refills the medication.

E. Fee Adjustments

When a preventive medicine visit and a problem-oriented E/M visit with modifier 25 are billed together and meet all the reporting requirements:

1. The preventive medicine service is reimbursed at 100% of the allowed amount.
2. The problem-oriented E/M service is reimbursed at 50% of the allowed amount.

Rationale: The reduced reimbursement for the problem-oriented visit reflects the overlapping resources (e.g., [practice expense](#)) that are already included in the preventive service reimbursement.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
E/M E&M E & M	Evaluation and Management (Abbreviated as “E/M” in CPT book guidelines, sometimes also abbreviated as “E&M” or “E & M” in some CPT Assistant articles and by other sources.)
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
MPFS	Medicare Physician Fee Schedule
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
TAC	Texas Administrative Code

Definition of Terms

Term	Definition
Evaluation & Management (E/M) Service	A clinical service performed by an individual whose licensure includes the ability to assess a patient’s health and symptoms, examine the patient, order any needed tests or procedures, review available data and information (e.g., test results), apply medical decision-making skills, establish a diagnosis, assess the status of their condition(s), select a management option, and order needed drugs, therapies, or further treatment. (Note: in general, the scope of license requirement limits this service to physicians (MD, DO, DN), Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, or a Nurse Midwife.) ^D
Practice Expense	The costs associated with the direct and indirect practice resources associated with operating an office and furnishing medical services. Includes rent/mortgage, utilities, office supplies, clinical equipment and supplies, staffing expenses, etc. Practice expense is one component of the RVU assigned to a procedure code on the Medicare Physician Fee Schedule (MPFS). For more information about practice expense, see Resources ^{5, 6, 7, 8, 9}

Term	Definition
Preventive Medicine Visit	A preventive medicine visit is a specific category of E/M service that is an “annual physical” or routine comprehensive preventive medicine examination. The service includes an age-appropriate history and examination, family and social history, assessment of risk factors, routine maintenance of ongoing prescriptions and some existing conditions, and counseling/anticipatory guidance/risk factor reduction interventions. ^{2,4}
Problem-Oriented E/M Visit	An E/M service focused on a chief complaint or current illness/problem which is addressed or resolved. The service includes a medically appropriate history and physical examination. The level of service is determined and selected based upon the extent of medical decision-making (MDM) or time spent. ²
Relative Value Units (RVUs)	Resource-based relative value units (RVUs) comprise the core of the Medicare Physician Fee Schedule (MPFS). CMS publishes quarterly updates to the MPFS on the CMS website. For more information about RVUs, see Resources ^{5, 6, 7, 8,9}

Procedure codes (CPT & HCPCS)

Preventive Medicine Service Procedure Codes:

Code	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

Code	Code Description
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

Problem-Oriented E/M Visit Procedure Codes:

Code	Code Description
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 time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
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 time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
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 time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
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 making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

Code	Code Description
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
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 time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
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 time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
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 time for code selection, 30-39 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 time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education
G0463	Hospital outpatient clinic visit for assessment and management of a patient

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 25	<p>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: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining the level of E/M service.) The E/M service may be prompted by the symptoms or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same day. The circumstances may be reported by adding modifier 25 to the appropriate level of E/M service.</p> <p>Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.</p>

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“Modifier 25 – Significant, Separately Identifiable E/M Service.”](#) Moda Health Reimbursement Policy Manual, RPM028.
- C. [“Gynecologic or Annual Women’s Exam Visit & Use of Q0091 \(Pap, Pelvic, & Breast Visit\).”](#) Moda Health Reimbursement Policy Manual, RPM044.
- D. [“Scope Of License For Evaluation & Management Codes.”](#) Moda Health Reimbursement Policy Manual, RPM080.

Resources

1. American Medical Association (AMA). “Preventive Medicine Services.” *CPT Book, Professional Edition*. Chicago: AMA Press, 2023, p. 32.
2. American Medical Association (AMA). “Preventive Medicine Services.” *CPT Assistant*. Winter 1994 issue, p. 21.
3. American Medical Association (AMA). “A Review of Preventive Medicine Services.” *CPT Assistant*. August 1997 issue, p. 1.
4. American Medical Association (AMA). “Preventive Medicine Services.” *CPT Assistant*. July 2009 issue, p. 7.
5. CMS. “Medicare Physicians Fee Schedule (MPFS).” *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 20.
6. CMS. “Method for Computing Fee Schedule Amount.” *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 20.1.
7. CMS. “Relative Value Units (RVUs).” *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 20.2.
8. RAND Corporation. “Overview of the MPFS.” *Improving Practice Expense Data & Methods Town Hall – June 16, 2021 Read Ahead Materials*, pp. 2-3. Last updated June 16, 2021; Last accessed February 12, 2026. <https://www.cms.gov/sites/default/files/2021-06/PE%20Town%20Hall%20Slides-508a.pdf> .

9. Burgette, Lane F., et al. "Practice Expense Data Collection and Methodology: Phase II Final Report." Santa Monica, CA: RAND Corporation, 2021. Last accessed October 4, 2022.
https://www.rand.org/pubs/research_reports/RRA1181-1.html .

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
2/11/2026	Acronyms & Related Policies updated. Minor rewording. Formatting updates. No policy changes. Retired sections: Background Information, Coding Guidelines & Sources, and Important Statement (info found in Related Policy RPM001).
1/8/2025	Updated Scope, States for accuracy. Updated Cross References and formatting. No policy changes.
2/14/2024	Last reviewed date updated. No changes.
5/1/2023	Original Effective Date (with or without formal documentation). Policy based on decision by upper management, including Provider Networking and Claims.
2/8/2023	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication. (future effective date of 5/1/2023)