

FAQ: PHP Policy for Preventive E/M with Problem-Related E/M

Q: Does PHP pay problem-related E/M services on the same day as a preventive service?

A: Yes. For adults 18 years and older, PHP will pay a problem-related E/M with preventive service if review of documentation supports both services. Providers must submit an appeal with chart notes to have both services paid. For children under 18 years, PHP will pay both the preventive E/M and a problem-related E/M (99212-99215 only) without review if the problem-related E/M is billed with modifier 52.

Q: The CPT book says both a preventive E/M and a problem-related E/M may be billed on the same day “if an abnormality is encountered or a preexisting problem is addressed in the process of performing a preventive/wellness visit, and the problem or abnormal finding is significant enough to require additional work to perform the key components of a problem-focused evaluation and management service.” Does PHP follow these CPT guidelines?

A: Yes. PHP follows the CPT guidelines when review of the provider’s documentation shows a problem or abnormal finding significant enough to require the additional work of a problem-related E/M service. The documentation must include the key components required to support the level of E/M service billed, and these must be separate from the comprehensive evaluation and examination required to perform the preventive service. For example, a separate visit is usually not supported for addressing minor clinical conditions, stable chronic conditions, conditions that are managed by other providers, or conditions for which the patient is referred to another provider.

Q: Why does PHP require a review before paying both problem-related and preventive E/M?

A: PHP members do not have a cost share for preventive services. Historically, PHP received a high number of member appeals when members had an unexpected cost share for preventive services due to minor clinical conditions or stable chronic conditions that were addressed during the preventive service. On review of these cases, it was discovered that the documentation did not support two separate services on a high number of these claims. To ensure accurate coding and appropriate charges for the member, it was decided to pay the additional problem-related E/M code with a preventive service only if supported by review of documentation.

Q: What are CMS guidelines for billing problem-related E/M with preventive E/M?

A: CMS does not pay preventive services codes 99381-99387 or 99391-99397, so they do not have guidelines for billing problem-related E/M services with those codes.

References: [PHP Coding Policy 04.0 \(Procedure-Specific Policies\)](#), Table 18
[PHP Coding Policy 52.0 \(Medical Visits\)](#)