Preventive Medicine Services

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Important Note About This Policy

Oscar's reimbursement policies serve as a guide to assist providers with accurate claims submission and outline the basis for reimbursement if the service is a covered benefit. Coverage does not guarantee reimbursement; services must meet authorization and medical necessity guidelines for the procedure, diagnosis, and member's state of residence.

Our policies provide general reference for described services and do not cover every aspect of reimbursement. Other factors may supplement, modify, or supersede this policy, including legislative mandates, provider contracts, member benefit documents, and/or other reimbursement, medical, or drug policies. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

Providers are responsible for submission of accurate documentation of services performed. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Oscar routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later. Oscar communicates policy updates to providers via update notifications.

Description

Preventive medicine services, commonly referred to as an annual physical, routine physical, or well visit, are comprehensive services provided for the purpose of health maintenance, disease prevention, age- and risk-appropriate screening, counseling, anticipatory guidance, and risk-factor reduction. Preventive medicine services generally include an age-appropriate history and examination and other services ordinarily associated with a comprehensive preventive encounter. Comprehensive preventive medicine services include American Medical Association (AMA) Current Procedural Terminology (CPT®) codes 99381-99387 and 99391-99397.

Policy

Preventive medicine services are comprehensive in nature and include services ordinarily performed as part of the preventive encounter. Services that are integral to or included in the preventive medicine service are not separately reimbursable unless the requirements for separate reporting are met. This policy establishes Oscar's frequency limitations and reimbursement requirements for preventive medicine and screening services and other services reported in conjunction with a preventive medicine encounter.

Reimbursement Guidelines

Preventive medicine services follow the same rules for "new" and "established" as defined within the AMA CPT codebook and detailed within Oscar's Evaluation and Management Services reimbursement policy. Additionally, preventive medicine services categorized by age, must be reported accurately based on the age of the member in alignment with Oscar's Correct Coding Guidelines reimbursement

policy and industry coding standards. Lastly, any modifiers appended to claims must be billed in accordance with Oscar's Modifier Guidelines reimbursement policy and any industry standards.

During a preventive medicine encounter, a provider may identify or manage an illness, injury, symptom, or existing condition that requires a significant, separately identifiable problem-oriented E/M service. Providers may also perform screening, counseling, care management, medical nutrition therapy, and other services in conjunction with a preventive medicine service. However, due to the comprehensive nature of preventive medicine services, additional services on the same date may not be considered reimbursable. When additional services are reported on the same date as a preventive medicine service, separate reimbursement is determined based on whether the additional service is distinct from, or considered integral to, the preventive encounter and whether applicable coding, documentation, modifier, and Oscar requirements are met.

Frequency Limitations

Comprehensive preventive medicine services, commonly referred to as annual physical examinations, are reimbursable once per calendar year. Services reported in excess of the applicable frequency limitation are not separately reimbursable unless an exception is required by applicable law, benefit, provider agreement, or Oscar policy.

Preventive Medicine and Problem-Oriented E/M

A problem-oriented E/M visit is a 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. Problem-oriented E/M include, but are not limited to, codes 99202-99205 and 99211-99215.

A comprehensive preventive medicine service and a problem-oriented E/M service may be reported by the same provider or specialty group for the same member on the same date when a significant, separately identifiable problem or condition requires additional evaluation and management beyond the services ordinarily included in the preventive encounter. When the two are reported on the same day, the following applies:

- The medical record must support the distinct, significant, separately identifiable problem-oriented E/M service, and modifier 25 must be appended to the problem-oriented E/M code as applicable. Additionally, the separately reported E/M service must independently meet all code-level requirements.
- If both preventive and problem-oriented services are billed, and the problem-oriented visit is billed with modifier 25, Oscar will reimburse the higher-valued procedure at 100% of the otherwise allowable amount and the lower-valued procedure at 50% of the contracted rate.
- When the problem-oriented E/M service does not represent a significant, separately identifiable service, it is considered included in the preventive medicine service and is not separately reimbursable.

Screening Services

Screening pelvic and clinical breast examination (G0101), prostate cancer screening/digital rectal examination (G0102), and screening Papanicolaou smear collection (Q0091) are considered included in the comprehensive preventive medicine service when reported by the same provider or same-specialty provider group for the same member on the same date and are not separately reimbursable.

Counseling and Risk-Factor Reduction Services

Preventive medicine services include counseling, anticipatory guidance, and risk-factor reduction interventions appropriate to the member's age and risk factors. When preventive counseling and risk-factor reduction services, including CPT codes 99401–99404 and 99411–99412, are reported by the same provider or same-specialty provider group for the same member on the same date as a comprehensive preventive medicine service, Oscar will reimburse the counseling service at 50% of the otherwise allowable amount when appropriately reported with modifier 25 or 59, as applicable, and supported by documentation in the medical record.

Counseling and risk-factor reduction services that do not meet the requirements for separate reimbursement are considered included in the comprehensive preventive medicine service and are not separately reimbursable.

Medical Nutrition Therapy

Medical nutrition therapy (MNT) services, including CPT codes 97802–97804 and HCPCS codes G0270–G0271, reported by the same provider or same-specialty provider group for the same member on the same date as a comprehensive preventive medicine service are eligible for reimbursement at 50% of the otherwise allowable amount when appropriately reported with modifier 25 or 59, as applicable, and supported by documentation in the medical record.

MNT services that do not meet applicable coding, modifier, or documentation requirements for separate reimbursement are considered included in the comprehensive preventive medicine service and are not separately reimbursable.

Visual Function and Visual Acuity Screening

Visual function and visual acuity screening services, including CPT codes 99172–99173, reported by the same provider or same-specialty provider group for the same member on the same date as a comprehensive preventive medicine service are eligible for reimbursement at 50% of the otherwise allowable amount when appropriately reported with modifier 25 or 59, as applicable, and supported by documentation in the medical record.

Visual function and visual acuity screening services that do not meet applicable coding, modifier, or documentation requirements for separate reimbursement are considered included in the comprehensive preventive medicine service and are not separately reimbursable.

Prolonged Services

Prolonged service add-on codes are eligible for separate reimbursement only when reported with an appropriate primary service and all applicable coding, time, and documentation requirements are met. As the services are not time based, Oscar does not consider comprehensive preventive medicine services as appropriate primary services for the prolonged E/M service add-on codes addressed by this policy. Therefore, when a prolonged E/M service add-on code is reported with a comprehensive preventive medicine service by the same provider or same-specialty provider group on the same date, the prolonged service is not separately reimbursable.

Medicare Preventive and Wellness Services

Medicare preventive and wellness services are distinct from comprehensive preventive medicine services. For Medicare preventive and wellness services, the Initial Preventive Physical Examination (IPPE) is reported with G0402, the initial Annual Wellness Visit (AWV) is reported with G0438, and all subsequent AWVs are reported with G0439. Based on the code descriptors, IPPE and AWV are subject to the following frequency limitations in alignment with CMS:

- HCPCS code G0402 (IPPE) is reimbursable once per beneficiary's lifetime
- HCPCS code G0438 (AWV) is reimbursable once per beneficiary's lifetime and no sooner than 12 months following a previously furnished IPPE
- HCPCS code G0439 (subsequent AWV) is reimbursable once every 12 months following the initial AWV or a previous subsequent AWV

Performance of an IPPE or AWV does not independently establish eligibility for reimbursement of a comprehensive preventive medicine service reported on the same date. When Medicare preventive/wellness and comprehensive preventive medicine services are reported together, each service must independently satisfy applicable requirements.

Problem-oriented office or other outpatient E/M services may be separately reimbursable with an AWV when the additional E/M service is significant, separately identifiable, medically necessary, and appropriately reported with modifier 25, subject to applicable CMS and Oscar requirements.

Included and Non-Separately Reimbursable Services

Comprehensive preventive medicine services include services ordinarily necessary to perform an age- and risk-appropriate preventive examination. Services that are integral to the preventive encounter, represent work or resources already included in the preventive medicine service, or are otherwise considered included under applicable CPT®, CMS, NCCI, or Oscar reimbursement guidelines are not separately reimbursable.

Appending modifier 25, modifier 59, an X{EPSU} modifier, or another modifier does not independently establish eligibility for separate reimbursement when the underlying service is considered inclusive or integral to the preventive medicine encounter or does not otherwise meet applicable requirements for separate reporting.

Related Policies

Bundled Services
Correct Coding Guidelines
Evaluation and Management Services
Modifier Guidelines

References

1. American Medical Association, CPT®, Preventive Medicine and E/M Guidelines
2. Centers for Medicare and Medicaid Services, Medicare Wellness Visits
3. Centers for Medicare and Medicaid Services, Annual Wellness Visit
4. Centers for Medicare and Medicaid Services, Initial Preventive Physical Examination
5. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Pub. 100-04, Chapter 18.
6. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Chapter 12
7. Centers for Medicare and Medicaid Services, NCCI Policy Manual, Chapter XI
8. Centers for Medicare and Medicaid Services, NCCI Policy Manual, Chapter XII

Publication History

Date	Action/Description
10/12/2026	Original Documentation based on information already contained within Oscar's Evaluation an Management Services Reimbursement Policy.