

Commercial Reimbursement Policy

Subject: **Preventive Medicine Services with Screening and other Evaluation and Management Services – Professional**

Policy Number: **C-12002**

Policy Section: **Evaluation and Management**

Last Approval Date: **11/17/2025**

Effective Date: **04/01/2026**

Policy

When preventive medicine services are billed on the same day, by the same provider, as other specific E/M services, only the preventive medicine service is allowed for reimbursement unless provider, state, or federal contracts and/or requirements indicate otherwise.

According to CPT®, preventive medicine involves conducting a history and examination tailored to the member's age and gender. The initial and routine comprehensive preventive medicine examination also include counseling, anticipatory guidance, and interventions aimed at reducing risk factors.

Services considered to be part of the preventive medicine visit are not reimbursed separately if billed on the same day as a preventive medicine service (CPT Codes 99381-99387, 99391-99397, and HCPCS Code G0402). These services include:

- Annual gynecological examinations
- Counseling services
- Medical Nutrition Therapy services
- Other E/M services
- Prolonged service consultations
- Screening services
- Visual Function and Visual Acuity screenings

Screening services codes G0101, G0102, and Q0091 are also not allowed for separate reimbursement when billed on the same day, by the same provider as a problem-oriented E/M service, or an annual gynecological examination.

Related Coding

Code	Description	Comments
S0610, S0612-S0613	Annual gynecological examination	Not eligible for separate reimbursement. Modifier 25 will not override.
0403T, 99401-99404, 99406-99409, 99411-99412, G0296, G0396-G0397, G0443, G0445-G0447, G0473, H0005, S0257, S0265, S9470, T1006, T1027	Counseling Services	Not eligible for separate reimbursement. Modifier 25 will not override.
97802-97804, G0270-G0271	Medical Nutrition Therapy Services	Not eligible for separate reimbursement. Modifier 25 will not override.

99211, 99242-99245, 99252- 99255, 99281-99285, G0246, S0285	Other E/M Services	Not eligible for separate reimbursement. Modifier 25 will not override.
99415-99418, G0316- G0318, G2212	Prolonged Services	Not eligible for separate reimbursement. Modifier 25 will not override.
G0101-G0102, Q0091	Screening Services	Not eligible for separate reimbursement. Modifiers 25 and 59 will not override.
G0442, G0444	Screening Services	Not eligible for separate reimbursement. Modifier 25 will not override.
0333T, 99172	Visual Function and Acuity Screening	Not eligible for separate reimbursement. Modifier 25 will not override.

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Bundled Services and Supplies - Professional

Modifiers 59 and XE, XP, XS, and XU: Distinct Procedural Services - Professional

Modifiers 25 and 57: Evaluation and Management with Global Procedures - Professional

Prolonged Services - Professional

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2025

Policy History

11/17/2025	Review approved 11/17/2025 and effective 04/01/2026: updated title from Screening Services with Related Evaluation and Management Services; updated language by adding specific categories that are not separately reimbursable; updated Related Coding section to include nonreimbursable codes
11/17/2023	Review approved: no changes
08/07/2020	Review approved and effective: minor administrative changes
06/01/2019	Revised: policy template updated; added Definitions section and Related Coding table
09/07/2018	Review approved: examples removed; administrative updates were made
10/04/2016	Review approved: minor language updates and no changes to policy criteria
08/04/2015	Review approved: removed S0613 from G0101 bullet
08/05/2014	Review approved: policy language updated without changes to the intent of the policy. <ul style="list-style-type: none"> • In the Description section, added paragraph: "this policy documents the Health Plan's reimbursement position when screening services

	<p>are reported with preventive medicine services, annual GYN examinations, and/or problem-oriented E/M services.”</p> <ul style="list-style-type: none"> • Added language: “in addition, the Health Plan considers annual GYN examinations S0610, S0612, and/or S0613 to be included in the reimbursement for preventive medicine services (99381-99397) and not eligible for separate reimbursement;” added description of gyn “s” codes. • Removed the coding grid; the codes are defined in the Policy section. • Updated the policy name from “Screening Services with Evaluation & Management Services” to “Screening Services with Related Evaluation & Management Services”
07/02/2013	Review approved: minor punctuation and language updates made; added reference to our modifier 59 policy
07/12/2012	Initial approval and effective

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Anthem Blue Cross and Blue Shield.

©2012-2026 Anthem Blue Cross Blue Shield. All Rights Reserved.