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Aetna Better Health® of Florida

PROVIDER BULLETIN

Reminder on Proper Billing of "Preventive Visits" and Modifier "25"

Aetna Better Health of Florida is issuing this educational reminder regarding the appropriate use of Modifier 25 when billed with preventive medicine services. This is not a policy change. We are reinforcing existing CPT coding guidelines and reimbursement requirements to support accurate claim submission and processing.

Preventive Medicine Codes

- 99381-99387 (New Patients)
- 99391-99397 (Established Patients)

Definition: Preventive medicine services are routine wellness visits focused on the member's overall health, including age- and gender-appropriate history, examination, preventive screenings, counseling, risk factor reduction interventions, and immunizations when appropriate.

When Is Modifier 25 Appropriate?

Modifier 25 should only be reported when a **significant, separately identifiable E&M service** is performed and documented on the same date as a preventive visit. The additional E&M service must be separate from the work typically included in the preventive examination.

Problem-Oriented E&M Codes

- 99202-99205 (New Patients)
- 99211-99215 (Established Patients)

Definition: Evaluation and Management (E&M) services involve assessing and managing a patient's health condition through activities such as obtaining a medically appropriate history, performing an examination when indicated, evaluating symptoms or conditions, making medical decisions, ordering or reviewing tests, prescribing treatment, and coordinating patient care. E&M services are used to evaluate and manage specific illnesses, injuries, symptoms, or medical conditions.

Examples that may support Modifier 25:

- Evaluation of a new medical complaint.
- Significant worsening of a chronic condition requiring additional management.
- Additional diagnostic workup, treatment planning, or medication management beyond the preventive visit.
- Complete a well visit and sick visit during the same encounter **When Is Modifier 25 Not Appropriate?**

Modifier 25 is generally not supported when services are part of the routine preventive visit, including discussions of stable conditions or other services already included in preventive care.

Example: A member presents for a routine preventive visit and receives age-appropriate vaccines. Vaccine administration alone does **not** support billing an E&M code with Modifier 25. Modifier 25

should only be reported if a separate, significant E&M service for a distinct medical condition is also performed and documented.

Documentation Requirements

When billing a preventive medicine service and an E&M service on the same date of service, documentation must clearly support that the E&M service was significant, separate, and distinct from the preventive visit. Claims billed with Modifier 25 may be subject to medical record review.

Key Reminder

The requirements for billing Modifier 25 have not changed. Providers should ensure documentation supports a separate and distinct E&M service before reporting Modifier 25 with a preventive medicine service.

Providers are encouraged to review internal coding and documentation practices to ensure compliance with CPT coding guidelines and existing reimbursement requirements. Proper documentation supports accurate claims adjudication and helps avoid unnecessary claim adjustments or record requests.

If, after conducting your internal coding and documentation review, you determine that a claim was submitted incorrectly and requires correction, please submit a corrected claim in accordance with standard claims submission processes.

Providers are reminded to remain mindful of applicable timely guidelines when submitting corrected claims. Failure to submit within the required filing timeframe may impact claim reconsideration or adjustment opportunities.

Thank you for your continued partnership and commitment to accurate claims submission.