Preventive Medicine Services

Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical checkups (including tests that are performed in the absence of signs or symptoms) from reimbursement by the Medicare program. Screening exams/procedures are defined as examination and/or diagnostic procedures performed in the absence of signs and symptoms. Screening is often performed based on patient age, and/or family history. While election to perform such examination and tests may be considered good medical practice, they are not covered services under the Medicare program.

Exceptions to the statutory screening exclusions are: mammograms; flu, PPV, and hepatitis B vaccinations; colorectal cancer screening; pap smears; pelvic examinations; clinical breast examinations; and screening bone mass measurements.

CPT codes 99381-99397 consist of the following: an 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 appropriate immunization(s), laboratory/diagnostic procedures.

If the patient presents without any complaints or problems and is requesting a routine physical, the preventive service code should be used.