Reimbursement Policy

Title: Evaluation and Management Same Day as Preventive Visit	
Policy Number: RP03	**Applies to:** ☒ Commercial
Effective Date: 3/1/2026	☒ Level Funded
Last Updated:	☐ Medicare Advantage ☐ Medicaid

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of 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 clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

Preventive visit: A comprehensive service in nature which reflects an age and gender appropriate history and examination. CPT codes used for preventive visits are 99381-99387, and 99391-99397.

Evaluation and Management (E/M): CPT codes used by healthcare providers to bill for services that involve a physician or other qualified health professionals evaluating and managing a patient's health. These codes, ranging from 99202-99215, represent the complexity, time, and medical decision-making involved in a patient encounter.

Policy

This reimbursement policy applies to professional services using the CMS-1500 Health Insurance Claim Form or its electronic equivalent for the Quartz Commercial and Level Funded lines of

business. When a patient is seen for a preventive visit and the provider addresses a chronic/pre-existing problem within the same encounter, and E/M code may be billed in addition to the preventive code. When this occurs, Quartz will reimburse the preventive code at 100% of the allowed amount and the problem-oriented E/M service at 75% of the allowed amount when appended with modifier 25.

Related Policies

General Coding Guidelines

Resources

Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

3/1/2026	Document created	Payment Integrity Department