

Commercial Reimbursement Policy		
Subject: Screening Services with Related Evaluation & Management Services – Professional		
Policy Number: <b>C-12002</b>	Policy Section: Evaluation and Management	
Last Approval Date: 08/07/2020	Effective Date: <b>08/07/2020</b>	

#### Disclaimer

These 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 Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

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

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

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. 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. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

### **Policy**

The Health Plan does not allow reimbursement for certain screening services reported with a preventive medicine service, an annual GYN examination, and/or a problem oriented Evaluation and Management (E/M) service performed on the same date of service by the same provider. (See related coding section below). The screening service should be considered when determining the appropriate level of E/M service to report.

In addition, the Health Plan considers annual GYN examinations to be included in the reimbursement for preventive medicine services and not eligible for separate reimbursement.

Related Coding		
Code	Description	Comments
G0101	Cervical or vaginal cancer	Not eligible for separate
	screening; pelvic and clinical	reimbursement. Modifiers -25 and -59
	breast examination	override not allowed
G0102	Prostate cancer screening; digital	Not eligible for separate
	rectal examination	reimbursement. Modifiers -25 and -59
		override not allowed
Q0091	Screening Papanicolaou smear;	Not eligible for separate
	obtaining, preparing, and	reimbursement. Modifiers -25 and -59
	conveyance of cervical or vaginal	override not allowed
	smear to laboratory	



Policy History	
08/07/2020	Biennial review approved and effective. Minor administrative changes.
06/01/2019	Policy template updated; added definitions section and related coding table
09/07/2018	Biennial review approved; Examples removed as they were duplicating policy description and administrative updates were made
10/04/2016	Annual Review
	Minor language updates and no changes to policy criteria
08/04/2015	Annual Review with Revisions
	Removed S0613 from G0101 bullet since S0613 is not part of the edit and had been incorrectly identified as a support code
08/05/2014	Annual Review with Revisions
	This policy received an annual review. There are proposed updates to policy language for language consistency with our other policies; there are no changes to policy position or criteria.
	1) In the description section, added paragraph: This policy documents the Health Plan's reimbursement position when screening services are reported with preventive medicine services, annual GYN examinations, and/or problem oriented E/M services.
	<ul> <li>2) Add language to ¶ 4 under the policy section pg. 2: 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; add description of gyn "s" codes</li> <li>3) Remove the coding gridthe codes are defined in the policy section</li> </ul>
	Update the policy name from "Screening Services with Evaluation & Management Services" to "Screening Services with Related Evaluation & Management Services
07/02/2013	Annual Review with Minor Revisions
	Minor punctuation and language updates
	Adding reference to see also our Modifier 59 policy in addition to see our Bundled
	Services policy because we have also included these scenarios in the Modifier 59 policy
07/12/2012	Adopted by Enterprise Professional Reimbursement Committee

### **References and Research Materials**

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)
- American Medical Associations Current Procedural Terminology (CPT) 2020

# **Definitions**

**General Reimbursement Policy Definitions** 

## **Related Policies and Materials**

Distinct Procedural Services- Modifiers 59 and XE, XP, XS, & XU Evaluation and Management Services Modifiers 25 and 57



### **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.

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