	Reimbursement Policy

Subject: Preventive Medicine and Sick Visits on the Same Day

Effective Date: 09/01/18	Committee Approval Obtained: **07/19/17**	Section: **Evaluation and Management**

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://mediproviders.anthem.com/nv**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 CPT codes, 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. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

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.

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Anthem allows reimbursement for preventive medicine and sick visits on the same day unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the fee schedule or contracted/negotiated rate for the preventive medicine and the allowed sick visit under the following conditions: • Modifier 25 must be billed with the applicable Evaluation and Management code for the allowed sick visit. If Modifier 25 is not billed appropriately, the sick visit will be denied. • Appropriate diagnosis codes must be billed for respective visits.

	Reimbursement is based on the fee schedule or contracted/negotiated rate for the preventive medicine and 50% of the fee schedule or contracted/negotiated rate for the allowed sick visit. Federally qualified health centers and rural health centers reimbursed other than through Anthem's fee schedule or state encounter rates are not subject to this policy.
History	• Policy template updated **02/01/18** • Biennial review approved **07/19/17** and effective **09/01/18**: Policy language updated • Review approved **09/22/14**: Policy template updated • Biennial review approved **12/31/13**: Disclaimer updated **08/05/13** • Review approved **05/21/12**: Policy language updated; Policy template updated • Review approved **11/21/11** and effective **04/01/10**: Policy language updated; Policy template updated • Review approved **01/25/10** and effective **04/01/10**: Limits on allowable sick visits added • Review approved **07/31/09**: Nevada exemption removed • Review approved **03/09/09**: Clarification of appropriate diagnosis code requirement added; Medical criteria for minor illnesses and conditions removed; Nevada exemption added; Initial review approved and effective **02/01/09**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State contracts
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Code and Clinical Editing Guidelines • Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
Related Materials	• None