

		Reimbursement Policy
Subject: Preventive Medicine and Sick Visits on the Same Day		
Effective Date: 03/28/19	Committee Approval Obtained: 03/28/19	Section: Evaluation and Management
<p>*****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.*****</p> <p>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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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.</p> <p>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.</p>		
Policy	<p>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:</p> <ul style="list-style-type: none"> • 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. 	

<https://mediproviders.anthem.com/nv>

	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	<ul style="list-style-type: none"> • Review approved 03/28/19: 50 percent reduction language removed • Biennial review approved 07/13/18: Policy template updated • Policy template updated 02/01/18 • Review approved 07/19/17 and effective 09/01/18: 50 percent reduction language added • Review approved 09/22/14: Policy template updated • Biennial review approved 12/31/13: Disclaimer updated 08/05/13 • Review approved 05/21/12: Allowable sick visits language removed; Policy template updated • Review approved 11/21/11: State encounter rate language added; Policy template updated • Review approved 01/25/10 and effective 04/01/10: Limits on allowable sick visits added • Review approved 07/31/09: Language regarding preventive and sick same day allowance removed • Review approved 03/09/09: Clarification of appropriate diagnosis code requirement added; Medical criteria for minor illnesses and conditions removed; language added regarding preventive and sick same day allowance • Initial approval and effective date 02/01/09
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • 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 • Modifier Usage
Related Materials	<ul style="list-style-type: none"> • None