

Reimbursement Policy		
<b>Subject: Preventive Medicine and Sick Visits on Same Day</b>		
Effective Date: <b>09/01/18</b>	Committee Approval Obtained: <b>07/13/18</b>	Section: <b>Evaluation and Management</b>
*****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 <a href="https://providers.healthybluela.com">https://providers.healthybluela.com</a> .*****		
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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 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, Healthy Blue may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Healthy Blue 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Healthy Blue strives to minimize these variations.</p> <p>Healthy Blue 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>		
<b>Policy</b>	<p>Healthy Blue allows reimbursement for preventive medicine and limited sick visits on the same day unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement of sick visits is limited to brief and minor problem-focused Evaluation and Management procedures. 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"> <li>• Modifier 25 must be billed with the applicable Evaluation and Management (E&amp;M) code for the allowed sick visit — If Modifier 25 is not billed appropriately, the sick visit will be denied.</li> <li>• Appropriate diagnosis codes must be billed for respective visits.</li> </ul>	

**<https://providers.healthybluela.com>**

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	Federally qualified health centers and rural health centers reimbursed other than through Healthy Blue's fee schedule or state encounter rates are not subject to this policy.
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved <b>07/13/18</b>: Limited meaning clarified; example removed from policy</li> <li>• Review approved <b>07/19/17</b> and effective <b>09/01/18</b>: Limited sick visit language added</li> <li>• Effective <b>09/01/17</b>: Policy template updated</li> <li>• Review approved <b>09/22/14</b>: Policy template updated</li> <li>• Biennial review approved <b>12/31/13</b>: Disclaimer updated <b>08/05/13</b></li> <li>• Review approved <b>05/21/12</b>: Allowable sick visits language removed</li> <li>• Review approved <b>11/21/11</b>: State encounter rate language added</li> <li>• Review approved <b>01/25/10</b> and effective <b>04/01/10</b>: Limits on allowable sick visits added; FQHC and RHC language added</li> <li>• Review approved <b>07/31/09</b>: Policy template updated</li> <li>• Review approved <b>03/09/09</b>: Clarification of appropriate diagnosis code requirement added; medical criteria for minor illnesses and conditions removed</li> <li>• Review approved <b>05/30/07</b>: Policy template updated</li> <li>• Initial approval and effective date <b>09/01/05</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Code and Clinical Editing Guidelines</li> <li>• Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service</li> <li>• Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>