Healthy Blue

Louisiana | Healthy Blue | Dual Advantage

Reimbursement Policy
Preventive Medicine and Other Visits on the Same Day

Policy Number: **G-05016**
Policy Section: **Evaluation and Management**
Last Approval Date: **01/14/2026**
Effective Date: **04/01/2026**

Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://provider.healthybluela.com**.

Policy

The health plan allows reimbursement for preventive medicine, Medicare Annual Wellness Visits (AWVs), and/or sick visits on the same day under the following conditions, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise:

- Modifier 25 must be billed with the applicable evaluation and management (E/M) code for the allowed sick visit. If modifier 25 is not billed appropriately, the sick visit will not be eligible for reimbursement.
- Appropriate diagnosis codes must be billed for respective visits.

For sick visits on the same day as preventive medicine or AWVs, 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.

For preventive medicine and AWVs on the same day, reimbursement is based on the fee schedule or contracted/negotiated rate for the AWV and 50% of the fee schedule or contracted/negotiated rate for the allowed preventive medicine visit.

Federally qualified health centers (FQHCs) and rural health centers (RHCs), reimbursed other than through the health plan fee schedule or state encounter rates, are not subject to this policy.

Related Coding

Standard correct coding applies.

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association.
LA-HB-CR-RP-005572-26-GRP1523 March 2026

Definitions

- **General Reimbursement Policy Definitions**

Related Policies and Materials

- Code and Clinical Editing Guidelines
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Modifier Usage
- Modifiers 25 and 57: Evaluation and Management with Global Procedures

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

Policy History

- **01/14/2026** - Review approved 01/14/2026 and effective 04/01/2026: updated policy title from Preventive Medicine and Sick Visits on the Same; updated wellness visits to AWVs for clarity
- **09/24/2025** - Review approved 09/24/2025 and effective 04/01/2026: updated policy to reimburse sick visits on the same day as preventive or wellness visits at 50% and reimburse preventive services on the same day as wellness visits at 50% of the applicable fee schedule or contracted/negotiated rate
- **05/22/2024 -** Review approved and effective: no changes
- **05/26/2022 -** Review approved: updated policy template
- **01/01/2020** - Initial approval and effective

Disclaimer

These reimbursement 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 benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural 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 medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. 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. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

©2020-2026 Healthy Blue. All Rights Reserved.