

# Payment Policy

<b>Title</b>	<b>Screening Services with Evaluation and Management (E&amp;M) Services</b>		
<b>Number</b>	<b>CP.PP.391.v1.9</b>		
<b>Last Approval Date</b>	10/03/24	<b>Original Effective Date</b>	08/10/14
<b>Replaces</b>			
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li><i>Evaluation and Management (E&amp;M) Visit Billed with Preventive Medicine Examination</i></li> <li><i>Modifier 25- Significant, Separately Identifiable Evaluation &amp; Management (E&amp;M) Service on Same Day of Procedure or Other Service</i></li> </ul>		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define when the Plan allows screening services when billed with other evaluation and management (E&M) services that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<b>Scope</b>	Applies to all Premiera Blue Cross, Premiera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premiera Blue Cross HMO lines of business and products.
<b>Policy</b>	<p>The Plan's policy regarding the allowance of <b>screening services</b> billed with other E&amp;M services is as follows:</p> <p><b><u>Screening PAP Smear (Q0091):</u></b></p> <ul style="list-style-type: none"> <li>A screening Pap smear is allowed when billed alone.</li> <li>A screening Pap smear is not allowed when billed by the same provider on the same date of service as a preventive medicine exam or with an annual gynecological examination code.</li> </ul> <p><b><u>Cervical/Vaginal Cancer Screening; Pelvic and Clinical Breast Examinations G0101):</u></b></p> <ul style="list-style-type: none"> <li>A cervical or vaginal cancer screening; pelvic and clinical breast exam is allowed when billed alone.</li> <li>A cervical or vaginal cancer screening; pelvic and clinical breast exam is not allowed when billed by the same provider on the same date of service as a preventive medicine exam or with an annual gynecological examination code.</li> </ul> <p><b><u>Prostate Cancer Screening with Digital Rectal Examination (G0102):</u></b></p> <ul style="list-style-type: none"> <li>A prostate cancer screening with digital rectal exam is allowed when billed alone.</li> <li>A prostate cancer screening with digital rectal exam is not allowed when billed by the same provider on the same date of service as a preventive medicine exam/service.</li> </ul>

	<p>New or established patient problem focused E&amp;M office visits billed by the same provider on the same date of service as a screening procedure may be allowed with modifier 25- <i>Significant, Separately Identifiable Evaluation &amp; Management (E&amp;M) Service on Same Day of Procedure or Other Service</i>. Supporting documentation in the member's medical record must indicate the need for a significant, separately identifiable, problem-focused office visit from the screening visit.</p> <p>Appending modifier 25 to an E&amp;M service will <b>not</b> automatically allow for or guarantee payment of the E&amp;M service that is submitted with another procedure or service performed on the same date of service.</p>
<b>Codes/Coding guidelines</b>	<p>For the purposes of this policy, screening services include the following:</p> <ul style="list-style-type: none"> <li>• <b>Q0091</b> – Screening Papanicolaou smear; obtaining, preparing and conveyance or cervical or vaginal smear to laboratory</li> <li>• <b>G0101</b> – Cervical or vaginal cancer screening; pelvic and clinical breast examination</li> <li>• <b>G0102</b> – Prostate cancer screening; digital rectal examination</li> </ul>
<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
<b>Exceptions</b>	
<b>Laws, Regulations &amp; Standards</b>	<ul style="list-style-type: none"> <li>• ORS 743.728 – Reimbursement for pelvic examinations and Pap smear examinations; schedule of covered examinations</li> <li>• Alaska State mandate Sec.21.42.395 – Coverage for prostate and cervical cancer detection</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>• American Medical Association Current Procedural Terminology (AMA/CPT); Professional Edition codebook</li> <li>• American Medical Association CPT Assistant</li> <li>• Healthcare Procedure Coding System (HCPCS) Level II Codes</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Annual Review Dates</b>	10/03/24; 09/04/24; 12/13/23; 01/17/23; 02/10/22; 02/25/21; 03/05/20; 03/15/19; 04/19/18; 07/18/17; 08/08/16; 08/10/15; 08/10/14	
<b>Version History</b>	04/19/18	Created new section CODES/CODING GUIDELINES and moved all codes from the POLICY section into the new codes section; Added clarification on the criteria for each code classification
	03/15/19	Annual review; no changes

	03/05/20	Added a Cross Reference to policy “Evaluation and Management Visit Billed with Preventive Medicine Examination”
	02/25/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms.
	02/10/22	Clarified in the Policy statement that the documentation must support the need for a separate unrelated E&M office visit when billed in conjunction with the screening test.
	01/17/23	Added the last paragraph in the Policy to indicate appending modifier 25 to the E&M must be documented in the notes as a separate and distinct E&M service
	12/13/23	In the third bullet in each of the sections of the Policy, changed the word “will” to “may” be allowed with modifier 25.
	09/04/24	Annual review; no changes
	10/03/24	Removed from exceptions section “Not applicable for Alaska member due to state mandate on coverage for prostate and cervical cancer detection” as the mandate criteria does not reference when billed with E&M services but only addresses the screening services