

November 5th, 2015

Dear Office Manager and/or Billing Supervisor,

With the implementation and transition to ICD-10, Moda Health understands accuracy and workflow in a provider's billing process are vital to sustaining a successful practice. Correct billing also ensures members maximize their plan benefits.

Applicable to all Moda Health Advantage and PERS Advantage members, Pap smear, pelvic exam, and breast exams are covered every 12 months regardless of risk level. These services are covered when billed with G0101 and Q0091 (see description below).

G0101	<i>Cervical or vaginal cancer screening; pelvic and clinical breast examination</i>	Covered
Q0091	<i>(Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory)</i>	Covered

If a screening rectal exam is performed as part of the pelvic, Pap, or breast exam, it is considered an incidental service and may not be separately reported.

The laboratory performing the Pap test may bill the appropriate lab and pathology procedure code(s) for examining the Pap smear specimen (88141-88155, 88164-88167, 88174-88175).

There are certain procedure codes for which the benefit will not apply. Preventive medicine codes (e.g. 99397, 99397-52) billed with a gynecological diagnosis code (e.g. ICD-9 V72.31 or ICD-10 Z01.419) will be denied as a provider write-off.

Additional preventive services (e.g. a screening rectal exam or other assessment of a non-symptomatic Member) are covered as part of an annual comprehensive preventive exam under the member's annual "Wellness" visit benefit.

Requests for pre-service organizational determinations of non-coverage should not be submitted, as these services *are covered* as part of the annual "Wellness" visit, but are not part of the Pap, pelvic, and breast exam benefit.

Medical office visits

Medical office visits resulting in additional services to diagnose or treat symptoms or conditions (e.g. assessment of and prescriptions for symptomatic menopausal states) are covered under the member's medical benefit. This benefit also applies when performed on the same date of service as the Pap, pelvic, or breast exam (G0101 & Q0091).

November 5th, 2015

Medicare Advantage Annual Women's Exam Coding Requirements

- Extra clinical breast exams deemed clinically necessary are also covered under Medical benefits. This benefit is applied when reported with the appropriate office visit code and diagnosis codes, to indicate the Medical conditions or symptoms involved.
- Report with the appropriate new or established patient office visit code with a -25 modifier attached, and the appropriate diagnosis code.
- Medical office visits do require copay. As a courtesy to the member, please explain what was addressed during the medical office visit resulting in the copayment.
- In addition, medical record documentation must meet the CPT guidelines for a significant, separately identifiable evaluation and management service.

This information addressed in this notice is available through Moda Health Reimbursement Policy # RPM044, "Gynecologic or Annual Women's Exam Visit & Use of Q0091 (Pap, Pelvic, & Breast Visit)." This policy can be found online at www.modahealth.com/medical/policies_reimburse.shtml.

Benefit limits and benefit periods

Providers are expected to know when the member last utilized limited benefits, and reschedule the visit with the member if the benefit is being utilized too soon. Up-to-date benefit information can be accessed through Benefit Tracker, or contact Moda to verify whether the Pap, pelvic, breast exam or annual preventive visit benefit is available or exhausted.

Questions?

We're here to help! If you have additional questions, please contact our Customer Service team toll-free at 877-299-9061 (PERS Advantage) or 877-299-9062 (Moda Health Advantage).

Sincerely,

Moda Health Provider Relations