



## Fees and gynecological billing codes change

As of April 1, 2009, procedure codes S0610, S0612 or S0613 are not reimbursable when reported by a Michigan provider for an annual gynecological examination. When billing services provided for BCBSM members, you should use one of the preventive evaluation and management procedure codes (\*99383–\*99387 and \*99393–\*99397) to report a gynecological examination. Procedure code G0101 in combination with Q0091 may be reported when other components of the preventive E&M codes are not performed.

- If the preventive examination is performed at the same time as the gynecological examination by the same provider, bill a 993xx E&M procedure code. BCBSM will not allow full reimbursement on both the preventive exam (993xx) and the breast and pelvic exam codes (G0101). *Effective Sept.1, 2009, procedure code combination 993xx and G0101-59 will not be payable (see page 4).*
- Procedure code Q0091 combined with a preventive code will no longer be reimbursable.
- If the preventive and gynecological exams are done on two different days, use a 993xx procedure code to report both services, along with the diagnosis code that identifies the service performed.
- ICD-9 codes V7231 and V762 are reimbursable for a gynecological exam in all our claim systems when reported with a 993xx preventive E&M procedure code as of April 1, 2009.
- There are no changes to diagnostic reporting for a preventive exam. If you report V700 for a preventive exam (993xx codes), continue to do so. Currently, diagnosis codes V700, V7231 or V762 are billed most commonly as:
  - V700 for preventive exams (993xx codes)
  - V7231 or V762 for annual gynecological exams (993xx codes).

Code*	Nomenclature
V700	Routine general medical examination at a health care facility
V7231	Routine gynecological examination
V762	Cervix routine cervical Papanicolaou smear
99383-99387 and 99393-99397	Preventive medicine evaluation and management of an individual
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation

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Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
59 modifier	Distinct procedural service

To help illustrate the billing guidelines, we've included the chart below. It is a sample (not all-inclusive) of BCBSM's reimbursement policy for the above changes. The reimbursement decision for each code combination is subject to change. Payment is subject to the member's benefits.

Code Combination	Decision	Example	Reimbursement decision***
Q0091 alone	Reimbursable	Q0091 billed alone	Q0091 paid in full <i>Scheduled to change Sept. 1, 2009, see pg. 3</i>
993xx alone	Reimbursable	99385 billed alone	99385 paid in full
Q0091 code and G0101	Both separately reimbursable	Q0091 billed with G0101	Q0091 paid in full G0101 paid in full
993xx and G0101	Overlapping services do not warrant separate reimbursement. 993xx is reimbursable.	99385 billed with G0101	99385 paid in full. G0101 rejects as mutually exclusive.
993xx Preventive examination 993xx Gynecological examination <i>Same doctor, patient and date of service</i>	Overlapping services do not warrant separate reimbursement. 993xx is reimbursable.	99385 billed with 99385 (with or without modifier 25)	99385 paid in full. 99385 rejects as mutually exclusive.

\*\*\*For groups that allow one preventive examination **or** one gynecological examination, only one of the examinations will be payable in a calendar year.

## Fees increase

BCBSM increased PPO reimbursement fees for 12 maternity codes and 10 comprehensive preventive medicine codes on April 1, 2009. The chart below shows our previous fees and the new April 2009 fees for the preventive office and maternity codes. Note: fees do not vary by the reported diagnosis code.

### PPO Fee Changes - Preventive and Maternity Codes

Procedure code*	Description	April 2009 Fee**	Previous Fee
99383	Preventive medicine, new, age 5-11	\$145.13	\$126.19
99384	Preventive medicine, new, age 12-17	\$158.22	\$137.58

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99385	Preventive medicine, new, age 18-39	\$158.22	\$137.58
99386	Preventive medicine, new, age 40-64	\$185.50	\$161.30
99387	Preventive medicine, new, age 65 & over	\$202.42	\$176.00
99393	Preventive medicine, est., age 5-11	\$121.12	\$105.32
99394	Preventive medicine, est., age 12-17	\$133.13	\$115.75
99395	Preventive medicine, est., age 18-39	\$134.22	\$116.70
99396	Preventive medicine, est., age 40-64	\$147.31	\$128.09
99397	Preventive medicine, est., age 65 & over	\$164.23	\$142.79
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	\$46.02	\$46.02

\*\* - Office Location

Procedure Code*	Description	April 2009 Fee	Previous Fee
59400	Routine obstetric care, vaginal delivery	\$2,564.87	\$2,230.15
59409	Vaginal delivery only	\$1,157.22	\$1,006.20
59410	Vaginal delivery only, including postpartum care	\$1,332.36	\$1,158.48
59510	Routine obstetric care, cesarean delivery	\$2,903.68	\$2,524.76
59514	Cesarean delivery only	\$1,367.82	\$1,189.32
59515	Cesarean delivery, including postpartum care	\$1,602.43	\$1,393.31
59610	Routine obstetric care, vaginal delivery, after previous cesarean delivery	\$2,700.17	\$2,347.81
59612	Vaginal delivery only, after previous cesarean delivery	\$1,296.35	\$1,127.17
59614	Vaginal delivery only, after previous cesarean delivery, including postpartum care	\$1,445.84	\$1,257.16
59618	Routine obstetric care, following attempted vaginal delivery, after previous cesarean delivery	\$3,038.45	\$2,641.93
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	\$1,493.85	\$1,298.91
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery , including postpartum care	\$1,738.83	\$1,511.91

Fees will be slightly modified on July 1, 2009, with our regular professional fee update.

**Gynecological billing changes effective Sept. 1, 2009  
(Will be published in June Record)**

- Gynecological procedure code Q0091 (with or without modifier 25 or 59) will not be payable when reported alone, in combination with an E&M code (\*99201- \*99205, \*99211- \*99215) or in combination with a maternity code (\*59400- \*59410, \*59510- \*59515, \*59610- \*59622). Q0091 is considered mutually exclusive, except when billed in combination with G0101. (Q0091 rejects as incidental when reported alone, per chart that follows.)
- Procedure code combination 993xx and G0101-59 will not be payable. If the preventive examination is performed at the same time as the gynecological

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examination by the same provider, bill a 993xx E&M procedure code. BCBSM will not allow full reimbursement on both the preventive exam (993xx) and the breast and pelvic exam codes (G0101).

- Procedure code G0101 (with or without modifier 25 or 59) will not pay when reported with an E&M code (\*99201-\*99205, \*99211-\*99215, \*99383-\*99387, \*99393-\*99397) or when reported with an E&M code and Q0091.

To help illustrate the billing guidelines, we've included the chart below. It is not all-inclusive, but is a sample of BCBSM's reimbursement policy for the above changes. The reimbursement decision for each code combination is subject to change. Payment is subject to the member's benefits.

<b>Code Combination</b>	<b>Decision</b>	<b>Example</b>	<b>Reimbursement decision***</b>
Q0091 (with or without modifier 25 or 59)	Not reimbursable	Q0091	Q0091 rejects as incidental
992xx and Q0091 (with or without modifier 25 or 59)	Overlapping services do not warrant separate reimbursement. 992xx is reimbursable	*99215-25 billed with Q0091	*99215-25 paid in full. Q0091 rejects as mutually exclusive.
992xx plus G0101 and Q0091 (with or without modifier 25 or 59)	Overlapping services do not warrant separate reimbursement. 992xx is reimbursable.	*99215 billed with G0101 plus Q0091-59	*99215 paid in full. G0101 rejects as mutually exclusive. Q0091-59 rejects as inclusive.
993xx and G0101-59	Overlapping services do not warrant separate reimbursement. 993xx is reimbursable.	*99385 billed with G0101-59	*99385 paid in full. G0101 rejects as mutually exclusive.
59xxx and Q0091 (with or without modifier 59)	Overlapping services do not warrant separate reimbursement. 59xxx is separately reimbursable.	*59410 billed with Q0091-59	59410 paid in full. Q0091-59 rejects as mutually exclusive.
59xxx plus G0101 and Q0091 (with or without modifier 59)	Overlapping services do not warrant separate reimbursement. 59xxx and G0101 are separately reimbursable.	*59409 plus G0101 and Q0091-59	*59409 paid in full. G0101 paid in full. Q0091-59 rejects as mutually exclusive.

*\*\*\*For groups that allow one preventive examination **or** one gynecological examination, only one of the examinations will be payable in a calendar year.*

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