

Correction

Oct. 22, 2013

New Payment Policy: G0438 and G0439 Annual Comprehensive Evaluations

What is the change?

Premera Blue Cross (Premera) is implementing a new payment policy and will not be reimbursing HCPCS codes **G0438** or **G0439** for **routine** annual comprehensive evaluations of our members—we are reserving the use of these codes for providers participating in Premera's Enrollee Health Assessment Program (the Program).

When is it effective?

This change is effective for dates of service on or after Jan. 22, 2014.

How do I participate in the Program?

Beginning in November 2013, Premera will invite selected providers to participate in the Program. Generally, this will include primary care providers and others who manage members with chronic medical conditions.

What do I need to know?

- For dates of service on or after the effective date, the billing of HCPCS codes G0438 or G0439 (or their replacements) for annual comprehensive evaluations will only be allowed for providers participating in the Program.
- For routine preventive visits, please continue to use the appropriate evaluation and management (E&M) codes for annual wellness visits.

Note that Medicare Advantage and Medicare Supplement members are not subject to the above criteria. When billing for services rendered to these members, providers should use the coding and billing guidelines as established by the Centers for Medicare & Medicaid Services.

Why are we doing this?

The ACA provides a mechanism encouraging health plans to enroll members of all health statuses. To allow for optimal medical management of our members, it is important for us to encourage our providers to evaluate at least annually the condition of certain members and to provide Premera with complete and accurate information about our members' conditions. Therefore, Premera has created this payment policy to make payment available for the evaluation of patients with chronic medical conditions who will benefit most from medical management programs.

Additional Support:

- View the complete payment policy online via *Library > Reference Info > Payment Policies* at premera.com/wa/provider/reference/payment-policies, G0438 and G0439 (to post by Jan. 17, 2014).
- For questions about this *News Brief*, call Physician and Provider Relations at 877-342-5258, option 4.

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 Premera's professional services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.