



March 31, 2010

Re: Annual Women's Exam Covered Services for ODS Advantage and PERS ODS Advantage Members ("ODS Advantage") – revised March 2010

Dear Office Manager and/or Billing Supervisor:

Pap, Pelvic exam, and Breast Exam Benefit

Beginning in 2010, ODS Advantage covers one Pap smear, pelvic exam, and breast exam every 12 months for all Members, regardless of risk level.

- **G0101** (*Cervical or vaginal cancer screening; pelvic and clinical breast examination*)
- **Q0091** (*Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory*)
- The appropriate lab and pathology procedure code(s) for examining the Pap smear specimen (88141-88155, 88164-88167, 88174-88175).

Annual Preventive Visit Benefits

Additional preventive services (e.g. a screening rectal exam or other assessment of a non-symptomatic Member) are not covered under the Pap, pelvic, and breast exam benefit, but are only covered as part of the Member's annual preventive exam visit benefit. Members may use their annual preventive benefit for a partial preventive exam from your office or for a comprehensive exam, but not for both. Document your discussion about the Member's options and choice.

The combination of diagnosis code and modifier(s) used on your claim controls whether the preventive medicine code is processed under the preventive benefit or the Pap/pelvic/breast benefit, and also controls the liability for any denied line items.

- Preventive medicine codes (e.g. 99397) billed with a non-gynecologic, routine/preventive diagnosis code (e.g. V70.0) will be processed for annual preventive medicine visit benefits, if available.
 - No additional modifiers are needed for a complete, comprehensive exam. No bundling is expected with G0101 or Q0091.
 - If only the partial exam was performed (e.g. screening rectal exam, etc), attach the reduced services modifier 52. We also recommend obtaining a waiver of liability to document the Member's informed choice. Use modifier GA or GX (new modifier effective 4/1/2010, see MM6563).
- Preventive medicine codes (e.g. 99397) billed with a gynecological diagnosis code (e.g. V72.31) will be denied as not a covered benefit.
 - If modifier GA, GX, or GY is attached, signifying documentation of member notification, the denied charges will show as a member responsibility.
 - If the Member has not been notified and/or modifiers GA, GX, or GY are not attached, the denied charges will show as a provider write-off.

**Oregon
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Dental
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–
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Medical
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–
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Medical Office Visits

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, even when performed on the same date of service as the Pap, pelvic exam, and breast exam (G0101 & Q0091).

- Extra clinical breast exams deemed clinically necessary are covered under Medical benefits and should be reported with the appropriate office visit code and ICD-9 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 ICD-9 code.
- A co-payment for the medical office visit applies. Please advise the Member.
- Medical record documentation must meet the CPT guidelines for a significant, separately identifiable evaluation and management service.

Benefit Limits and Benefit Periods

Providers are expected to know when the member last utilized limited benefits, and discuss financial responsibility with the Member if the benefit is being utilized too soon. Access EBT or contact ODS to verify whether the Pap/pelvic/breast exam or annual preventive visit is exhausted or still available.

If you have additional questions or concerns, please contact one of our Customer Service Representatives at 877-299-9061 (PERS Advantage) or 877-299-9062 (ODS Advantage).

Sincerely,
Medical Claims Support