X.F. Evaluation and Management Services

1. New Patient

A new patient is one who has not received any professional services from the provider within the past three years. If a new patient visit has been paid, any subsequent claim for a new patient service by the same provider, for the same member received within three years will be paid at the level of the comparable established patient procedure.

2. Established Patient

An established patient is one who has received professional services from the provider with the past three years.

3. E & M Services Separately Reimbursable

The following CPT-4 codes for E & M services are separately reimbursable if billed by the same provider, for the same member and same date of service, and if the required documentation is included in the *Remarks* area/*Reserved for Local Use* field (Box 19) of the claim or on an attachment included with the claim.

- New patient, office or other outpatient visit (99202 – 99205) and new or established patient, office or other outpatient consultation (99242 – 99245). Claims for codes 99242 – 99245 must document the following:
  - ❖ Another provider requested the patient consultation
  - ❖ Consultation was regarding a separate problem than that of the earlier initial patient visit; and
  - ❖ Medical necessity.

- New or established patient, subsequent hospital care (99231 thru 99233) and new or established patient, initial inpatient consultation (99252 thru 99255) Claims for code combinations 99231 thru 99233 and 99252 thru 99255 may be reimbursed when:
  - ❖ Two different physicians provide inpatient services to the same recipient on the same date of service with the same group provider number. Documentation must be submitted with the claim to medically justify two services on the same day.
  - ❖ One physician provides inpatient services to a recipient twice on the same date of service. Documentation must be submitted with the claim to medically justify two services on the same day.

4. Emergency Department Services

Providers must use CPT-4 codes 99281 – 99285 when billing for emergency department services, whether the patient is new or established.

If a member visits the emergency department more than once on the same date of service, the provider should use the member's records from the first visit instead of completing a new evaluation. Claims for E & M services rendered more than once in the emergency department by the same provider, for the same recipient and date of service are reimbursable only if they contain medical justification or an indication from the provider that the recipient came to the emergency department more than once in the same day.

E & M codes 99284 and 99285 are not reimbursable together or more than once to the same provider, for the same member and date of service. Instead, providers should use code 99283 to bill for the second and subsequent visits on the same date of service.

5. E & M: Place of Service/Facility Type Codes

Please reference the State of California Medi-Cal Provider Manual for the list of Place of Service/Facility Type Codes at:

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/5EF3476E-5DF4-4512-822F-22660D31FA4B/eval.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

6. Hospital Visits

Physicians submitting claims for hospital visits and consultations are reminded that each physician is limited to one initial hospital visit (CPT-4 codes 99221 – 99223) during the member's hospital stay.

7. Pre-Operative Exam Billing by Outpatient Surgery Clinics

Outpatient surgery clinics may not bill Partnership for E & M of a new patient in addition to the surgical procedure performed since this service has already been provided by an attending physician who may bill for this service under his/her own National Provider Identifier (NPI). Outpatient surgery clinic's claims for initial office visit procedure codes (CPT-4 codes 99202 – 99205) will be denied.

8. Pre-Operative Exam Not Separately Reimbursable From Surgery

Under most circumstances, the pre-operative examination by the operating surgeon or assistant surgeon in the emergency room, hospital or elsewhere on the day of surgery, or one day prior to the day of surgery, is considered a part of the surgical procedure and is not separately reimbursable by Partnership.

Note: CPT codes 99202 thru 99215 and 99417 rendered by the primary or assistant surgeon are not separately reimbursable unless medical justification is attached to the claim. He/She must document medical justification in the remarks section of the claim when a pre-operative visit is performed on the day before or day of surgery.

9. Post-Operative Services Not Separately Reimbursable When Billed Within Surgery Follow-up Period

Office visits, hospital visits, consultations and ophthalmological exams (CPT-4 codes 99202 – 99215, 99417, 99221 – 99239, 99242 – 99275, 92002 – 92014) related to a surgery and billed during the follow-up period of the surgery, are not separately reimbursable if billed by the surgeon or assistant surgeon.

10. Emergency Room Visits and Critical Care Not Separately Reimbursable

Emergency room E & M CPT-4 codes 99281 – 99285 and critical care and E & M codes 99291 and 99292 are not separately reimbursable if billed by the same provider for the same member and date of services. Because emergency room services and critical care E & M require the same three key components (a patient history, examination of the patient and medical decision-making), submitting claims for both constitutes double billing.

If emergency room and critical care E & M services are both billed, Partnership will reimburse only up to the allowed amount of the higher priced service.

11. Initial Inpatient Consultations

Claims billed with CPT-4 code 99253, 99254, or 99255 (initial inpatient consultation visits) are reimbursable more than once every six months when billed by the same provider for the same member, when medically necessary. Justification must be documented in the *Remarks* area/*Reserved For Local Use* field (Box 19) or on an attachment included with the claim.

Note: This policy also applies to claims billed with a group provider number.

12. Physician Office/Outpatient Consultations

A physician consultation billed with CPT-4 code 99243, 99244, or 99245 performed within six (6) months of a previous consultation (CPT-4 codes 99242 – 99245) by the same group or rendering provider are reimbursed at the rate for CPT-4 code 99241.

Note: This policy also applies if the claims for the initial and subsequent consultations have the same group number but different rendering provider numbers.