

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

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 (99201 – 99205) and established patient, office or other outpatient visit (99211 – 99215). Claims for codes 99211 – 99215 must document the following:
 - ❖ The patient was seen on two separate occasions on the same date of service (the patient left the provider’s office and returned for a second visit); and
 - ❖ medical necessity.
- New patient, office or other outpatient visit (99201 – 99205) and new or established patient, office or other outpatient consultation (99241 – 99245). Claims for codes 99241 – 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.
- Established patient, office or other outpatient visit (99211 – 99215) and another established patient, office or other outpatient visit (99211 – 99215). Claims for the second visit must include the following documentation:

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- ❖ The patient was seen on two separate occasions on the same date of service (the patient left the provider's office and returned for a second visit); and
- ❖ medical necessity.

4. E & M Services Not Separately Reimbursable

The following CPT-4 codes for E & M services are not separately reimbursable if billed by the same provider, for the same recipient and same date of service. In such cases, for the following code combinations, reimbursement will be made only for the higher paying of the codes billed.

- New patient, office or other outpatient visit (99201 – 99205) and another new patient, office or other outpatient visit (99201 – 99205).
- New or established patient, subsequent hospital care (99231 – 99233) and new or established patient, initial inpatient consultation (992551 – 99255).
- New or established patient, initial hospital care (99221 – 99223) and new or established patient, subsequent hospital care (99231 – 99233).

5. 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, 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.

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

The CPT and HCPCS codes listed below are restricted to the following Facility Type/Place of Service codes:

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<u>CPT-4 Code</u>	<u>Description</u>	<u>Facility Type UB-04</u>	<u>Place of CMS1500</u>
99201- 99215	Office Services	13, 71, 72, 73, 74, 75, 76, 79, 83	11, 22, 24, 25, 65, 71, 72
99221-99233, 99238, 99239	Hospital Services	11, 12	21, 25
99241 – 99245	Office Consultation	13, 14, 24, 33, 34, 44, 54, 64, 71, 72, 73, 74, 75, 76, 79, 83, 89	11, 12, 22, 23, 24, 25, 53, 55, 62, 65, 71, 81, 99
99251 – 99255	Initial Inpatient Consultation	11, 12, 25, 26, 27, 65, 71, 73, 74, 75, 76, 86	21, 31, 32, 53, 54, 99
99281 – 99285	Emergency Department Services	14*	23
99291 – 99292	Critical Care Services	11, 12, 13, 14*	21, 22, 23
99341 – 99350	Home Services	14, 24, 33, 34, 44, 54, 64	12, 55, 99
99435, 99436	Newborn Care	11, 12	21
99477	Neonate Intensive	13, 14, 24, 34, 44, 54 or 64	21

* Facility type “14” must be billed in conjunction with admit type “1”.

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7. 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.

The physician must include justification in the Remarks Area/Reserved For Local Use field (Box 19) of the claim or on an attachment for any one of the following services billed for the same member:

- Hospital visits (CPT-4 codes 99231 – 99233) exceeding one per day.
- Hospital visits (CPT-4 codes 99221 – 99239) billed on the same day as the consultation (CPT-4 codes 99251 – 99255).
- Higher level hospital visit or consultation (CPT-4 codes 99232, 99233).

8. Pre-Operative Exam Billing by Outpatient Surgery Clinics

Outpatient surgery clinics may not bill PHC 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 provider number. Outpatient surgery clinic’s claims for initial office visit procedure codes (CPT-4 codes 99201 – 99205) will be denied.

9. 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 PHC.

Note: The pre-operative examination by the primary or assistant surgeon in the office is also considered a part of the surgical procedure. Office visits (CPT-4 codes 99201 – 99215) are not separately reimbursable unless medical justification is attached to the claim.

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

Office visits, hospital visits, consultations and ophthalmological exams (CPT-4 codes 99201 – 99215, 99221 – 99239, 99241 – 99275, 92002 –

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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.

11. 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, PHC will reimburse only up to the allowed amount of the higher priced service.

12. 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.

13. 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 99241 – 99245) by the same group or rendering provider are reimbursed at the rate for CPT-4 code 99241.