# Highmark Reimbursement Policy Bulletin

HISTORY VERSION

| | | | |
|---|---|---|---|
| **Bulletin Number:** | RP-057 | | |
| **Subject:** | Evaluation & Management Services | | |
| **Effective Date:** | January 1, 2021 | **End Date:** | |
| **Issue Date:** | November 1, 2021 | **Revised Date:** | July 2021 |
| **Date Reviewed:** | July 2021 | | |
| **Source:** | Reimbursement Policy | | |

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|---|---|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** | ☒ | **DE** | ☒ | **NY** ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☐ | **WV** | ☐ | **DE** | ☐ | **NY** ☐ |
| **Applicable Claim Type** | **UB** | ☐ | **1500** | ☒ | | | |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) published evaluation and management (E/M) documentation guidelines in 1995 and 1997. The Plan allows providers to use either set of these guidelines, however, the provider shall not mix the two sets of guidelines for a single encounter. This policy addresses The Plan's requirements (which may differ from CMS requirements) for selecting the level of a reported E/M service and the eligibility for E/M reimbursement based on the fulfillment of the required criteria.

## REIMBURSEMENT GUIDELINES:

CPT guidelines do not specify which two out of the three key components must meet or exceed the stated requirements to qualify for reporting a particular level of E/M for new and established patient visits, the Plan's position is the complexity of the presenting complaint and medical decision making (MDM) should align with the complexity of the patient history and physical examination.

For purposes of the medical record audits of E/M coding levels, the Plan expects the medical records will reflect the MDM component is aligned with the complexity of the patient history and examination. The Plan considers MDM as one of the key parameters in determining whether up coding has occurred when auditing E/M services. This position is based on the Plan's interpretation of the 1995 and/or 1997 E/M documentation guidelines found in the Medicare Claims Processing Manual, Chapter 12; section 30.6.1.

The American Medical Association (AMA) and (CMS) have established revisions to office and outpatient visit codes.

- New Patient or Other Outpatient Services code range: 99202 - 99205
- Established Patient or Other Outpatient Services code range: 99211 - 99215

**New Patient Services**

The Plan will no longer require the 3 components or reference face to face time when reporting New Patient Services. Each service must include a medically appropriate history and/or examination, the code selection will be based on the (MDM) level or time spent with the patient for that date of service.

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|---|---|---|---|
| 99202 | Medically appropriate History and exam | Straightforward | 15 - 29 |
| 99203 | Medically appropriate History and exam | Low | 30 - 44 |
| 99204 | Medically appropriate History and exam | Moderate | 45 - 59 |
| 99205 | Medically appropriate History and exam | High | 60 - 74 |

**Established Patient Services**

The Plan will no longer require 2 of 3 components or reference face to face time when reporting Established Patient Services. Each service must include a medically appropriate history and/or examination, the code selection will be based on the (MDM) level or time spent with the patient for that date of service.

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|---|---|---|---|
| 99211 | Minimal problem that may not require the presence of a physician or other qualified health care professional | N/A | N/A |
| 99212 | Medically appropriate History and exam | Straightforward | 10 - 19 |
| 99213 | Medically appropriate History and exam | Low | 20 - 29 |
| 99214 | Medically appropriate History and exam | Moderate | 30 - 39 |
| 99215 | Medically appropriate History and exam | High | 40 - 54 |

**Note**: See Reimbursement Policy RP-041 for coverage status on related add-on code G2211 for visit complexity inherent to an evaluation and management service.

**Note:** Medicare Advantage would follow CMS published guidelines.

## REFERENCES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6.1. Refer to Selection of Level of Evaluation and Management Service Based on Duration of Coordination or Care and/or Counseling.

## ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- *Highmark Provider Manual*, Chapter 6; Unit 4: Selecting a Level of Medical Decision Making for Coding and Evaluation and Management Service.

## RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-041: Services Not Separately Reimbursed

## POLICY UPDATE HISTORY INFORMATION:

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|---|---|
| 1 / 2021 | Implementation |
| 4 / 2021 | Added note for G2211 |
| 11 / 2021 | Added NY region applicable to the policy |

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| **Bulletin Number:** | RP-057 | | |
| **Subject:** | Evaluation & Management Services | | |
| **Effective Date:** | January 1, 2021 | **End Date:** | |
| **Issue Date:** | April 5, 2021 | **Revised Date:** April 2021 | |
| **Date Reviewed:** | March 2021 | | |
| **Source:** | Reimbursement Policy | | |

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|---|---|---|---|---|---|
| **Applicable Commercial Market** | **PA** | ☒ | **WV** ☒ | **DE** | ☒ |
| **Applicable Medicare Advantage Market** | **PA** | ☐ | **WV** ☐ | | |
| **Applicable Claim Type** | **UB** | ☐ | **1500** ☒ | | |

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## REIMBURSEMENT GUIDELINES:

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The American Medical Association (AMA) and (CMS) have established revisions to office and outpatient visit codes.

- New Patient or Other Outpatient Services code range: 99202-99205
- Established Patient or Other Outpatient Services code range: 99211-99215

New Patient Services

The Plan will no longer require the 3 components or reference face to face time when reporting New Patient Services. Each service must include a medically appropriate history and/or examination, the code selection will be based on the (MDM) level or time spent with the patient for that date of service.

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|---|---|---|---|
| 99202 | Medically appropriate History and exam | Straightforward | 15-29 |
| 99203 | Medically appropriate History and exam | Low | 30-44 |
| 99204 | Medically appropriate History and exam | Moderate | 45-59 |
| 99205 | Medically appropriate History and exam | High | 60-74 |

Established Patient Services

The Plan will no longer require 2 of 3 components or reference face to face time when reporting Established Patient Services. Each service must include a medically appropriate history and/or examination, the code selection will be based on the (MDM) level or time spent with the patient for that date of service.

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|---|---|---|---|
| 99211 | Minimal problem that may not require the presence of a physician or other qualified health care professional | N/A | N/A |
| 99212 | Medically appropriate History and exam | Straightforward | 10-19 |
| 99213 | Medically appropriate History and exam | Low | 20-29 |
| 99214 | Medically appropriate History and exam | Moderate | 30-39 |
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**Note:** See Reimbursement Policy RP-041 for coverage status on related add on code G2211 for visit complexity inherent to an evaluation and management service.

**Note:** Medicare Advantage would follow CMS published guidelines.

## ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

- *Medicare Claims Processing Manual*, Chapter 12; section 30.6.1. Refer to Selection of Level of Evaluation and Management Service Based on Duration of Coordination or Care and/or Counseling.
- *Highmark Provider Manual*, Chapter 6; Unit 4: Selecting a Level of Medical Decision Making for Coding and Evaluation and Management Service.
- RP-041 *Services Not Separately Reimbursed.*

## POLICY UPDATE HISTORY INFORMATION:

| | |
|---|---|
| 01 / 2021 | Implementation |
| 04 / 2021 | Added note for G2211 |

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- Established Patient or Other Outpatient Services code range: 99211-99215

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**POLICY UPDATE HISTORY INFORMATION:**

| | |
|---|---|
| 01 / 2021 | Implementation |