

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-057
Subject: Evaluation & Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: April 22, 2024 **Revised Date:** April 2024
Date Reviewed: April 2024
Source: Reimbursement Policy

| | | | | | | | | |
|---|-----------|-------------------------------------|-------------|-------------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|
| Applicable Commercial Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Medicare Advantage Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Claim Type | UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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:

This policy addresses the Plan's requirements (which may differ from CMS requirements) for selecting the level of a reported Evaluation and Management (E/M) service and the eligibility for E/M reimbursement based on the fulfillment of the required criteria.

REIMBURSEMENT GUIDELINES:

As of January 1, 2023, all Evaluation and Management services are now selected and scored based on medical decision-making (MDM) or time. Since January of 2021, this change has been in effect for New Patient or Other Outpatient Services, and Established Patient or Other Outpatient Services. Therefore, the following code sets will follow selecting the level of service based on Time or MDM:

- New Patient or Other Outpatient Services (99202 - 99205)
- Established Patient or Other Outpatient Services (99211 - 99215)
- Non-Office E/M codes (99221 - 99223, 99231 - 99239)
- Emergency Department codes (99281 - 99285)
- Nursing Facility service codes (99304 - 99310, 99315, 99316)
- Home or Residence Service codes (99341, 99342, 99344, 99345, 99347 - 99350)

Note: Emergency Department codes (99281 - 99285) use only MDM to determine level of care.

Level based on Time

Time documentation criteria for time spent face-to-face or non-face-to-face may include, but not limited to:

- Examination/Evaluation
- Counseling/Education
- Prep time for patient history/test reviews
- Documentation/Interpretation
- Care Coordination/Referring and Communication with other health care providers
- Orders for tests, procedures, and medication

Note: Time spent by clinical staff, Patient wait time for physician or other health care providers, and additional distinct service procedures provided the same day as the evaluation and management service cannot be counted towards the selection of level of service based on time.

Level based on Medical Decision Making (MDM)

- Number and complexity of problem(s) addressed
- Amount and/or complexity of data reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management

Note: The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified health care professional reporting the E/M service. Tests that do not require separate interpretation (eg, tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation but may be counted as ordered or reviewed for selecting an MDM level.

For purposes of the medical record audits of E/M coding levels, the Plan's position is that the complexity of the presenting complaint and medical decision making (MDM) should align with the complexity of the patient history and physical examination. Also, when determining the level of MDM, two of the three elements for that level must be met or exceeded.

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 |

Non-Office E/M Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99221 | Medically appropriate History and/or exam | Straightforward or Low | 40 minutes must be met or exceeded |
| 99222 | Medically appropriate History and/or exam | Moderate | 55 minutes must be met or exceeded |
| 99223 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99231 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99232 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99233 | Medically appropriate History and/or exam | High | 50 minutes must be met or exceeded |
| 99234 | Medically appropriate History and/or exam | Straightforward or Low | 45 minutes must be met or exceeded |
| 99235 | Medically appropriate History and/or exam | Moderate | 70 minutes must be met or exceeded |
| 99236 | Medically appropriate History and/or exam | High | 85 minutes must be met or exceeded |
| 99238 | N/A | N/A | 30 minutes or less |
| 99239 | N/A | N/A | More than 30 minutes |

Nursing Facility Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|------|--------------|-------------------------|---------------|
|------|--------------|-------------------------|---------------|

| | | | |
|-------|---|------------------------|------------------------------------|
| 99304 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99305 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99306 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99307 | Medically appropriate History and/or exam | Straightforward | 10 minutes must be met or exceeded |
| 99308 | Medically appropriate History and/or exam | Low | 15 minutes must be met or exceeded |
| 99309 | Medically appropriate History and/or exam | Moderate | 30 minutes must be met or exceeded |
| 99310 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99315 | N/A | N/A | 30 minutes or less |
| 99316 | N/A | N/A | More than 30 minutes |

Home or Residence Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99341 | Medically appropriate History and/or exam | Straightforward | 15 minutes must be met or exceeded |
| 99342 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99344 | Medically appropriate History and/or exam | Moderate | 60 minutes must be met or exceeded |
| 99345 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99347 | Medically appropriate History and/or exam | Straightforward | 20 minutes must be met or exceeded |
| 99348 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99349 | Medically appropriate History and/or exam | Moderate | 40 minutes must be met or exceeded |
| 99350 | Medically appropriate History and/or exam | High | 60 minutes must be met or exceeded |

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan follows Centers for Medicare and Medicaid Services (CMS) guidelines for Evaluation and Management services.

REFERENCES:

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

- American Medical Association; CPT® Evaluation and Management (E/M) Code and Guideline Changes
- Centers For Medicare and Medicaid Services; MLN Network: MLN 006764 January 2022

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 POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-020: Preventive Medicine and Office/Outpatient Evaluation and Management Services
- RP-037: Emergency Evaluation and Management Coding Guidelines

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 1 / 2021 | Implementation |
| 4 / 2021 | Added note for G2211 |
| 11 / 2021 | Added NY region applicable to the policy |
| 5 / 2023 | Updated with CMS 2023 changes to Evaluation and Management direction |
| 1 / 2024 | Updated note on Level Based on MDM and removed note for G2211 |
| 4 / 2024 | Updated policy to clarify Medicare Advantage section and direction |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 057
Subject: Evaluation & Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: January 15, 2024 **Revised Date:** January 2024
Date Reviewed: January 2024
Source: Reimbursement Policy

| | | | | | | | | |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| Applicable Commercial Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Medicare Advantage Market | PA | <input type="checkbox"/> | WV | <input type="checkbox"/> | DE | <input type="checkbox"/> | NY | <input type="checkbox"/> |
| Applicable Claim Type | UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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:

This policy addresses the Plan's requirements (which may differ from CMS requirements) for selecting the level of a reported Evaluation and Management (E/M) service and the eligibility for E/M reimbursement based on the fulfillment of the required criteria.

REIMBURSEMENT GUIDELINES:

As of January 1, 2023, all Evaluation and Management services are now selected and scored based on medical decision-making (MDM) or time. Since January of 2021, this change has been in effect for New Patient or Other Outpatient Services, and Established Patient or Other Outpatient Services. Therefore, the following code sets will follow selecting the level of service based on Time or MDM:

- New Patient or Other Outpatient Services (99202 - 99205)
- Established Patient or Other Outpatient Services (99211 - 99215)
- Non-Office E/M codes (99221 - 99223, 99231 - 99239)
- Emergency Department codes (99281 - 99285)
- Nursing Facility service codes (99304 - 99310, 99315, 99316)
- Home or Residence Service codes (99341, 99342, 99344, 99345, 99347 - 99350)

Note: Emergency Department codes (99281 - 99285) use only MDM to determine level of care.

Level based on Time

Time documentation criteria for time spent face-to-face or non-face-to-face may include, but not limited to:

- Examination/Evaluation
- Counseling/Education
- Prep time for patient history/test reviews
- Documentation/Interpretation
- Care Coordination/Referring and Communication with other health care providers
- Orders for tests, procedures, and medication

Note: Time spent by clinical staff, Patient wait time for physician or other health care providers, and additional distinct service procedures provided the same day as the evaluation and management service cannot be counted towards the selection of level of service based on time.

Level based on Medical Decision Making (MDM)

- Number and complexity of problem(s) addressed
- Amount and/or complexity of data reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management

Note: The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified health care professional reporting the E/M service. Tests that do not require separate interpretation (eg, tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation but may be counted as ordered or reviewed for selecting an MDM level.

For purposes of the medical record audits of E/M coding levels, the Plan's position is that the complexity of the presenting complaint and medical decision making (MDM) should align with the complexity of the patient history and physical examination. Also, when determining the level of MDM, two of the three elements for that level must be met or exceeded.

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 |

Non-Office E/M Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99221 | Medically appropriate History and/or exam | Straightforward or Low | 40 minutes must be met or exceeded |
| 99222 | Medically appropriate History and/or exam | Moderate | 55 minutes must be met or exceeded |
| 99223 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99231 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99232 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99233 | Medically appropriate History and/or exam | High | 50 minutes must be met or exceeded |
| 99234 | Medically appropriate History and/or exam | Straightforward or Low | 45 minutes must be met or exceeded |
| 99235 | Medically appropriate History and/or exam | Moderate | 70 minutes must be met or exceeded |
| 99236 | Medically appropriate History and/or exam | High | 85 minutes must be met or exceeded |
| 99238 | N/A | N/A | 30 minutes or less |
| 99239 | N/A | N/A | More than 30 minutes |

Nursing Facility Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|------|--------------|-------------------------|---------------|
|------|--------------|-------------------------|---------------|

| | | | |
|-------|---|------------------------|------------------------------------|
| 99304 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99305 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99306 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99307 | Medically appropriate History and/or exam | Straightforward | 10 minutes must be met or exceeded |
| 99308 | Medically appropriate History and/or exam | Low | 15 minutes must be met or exceeded |
| 99309 | Medically appropriate History and/or exam | Moderate | 30 minutes must be met or exceeded |
| 99310 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99315 | N/A | N/A | 30 minutes or less |
| 99316 | N/A | N/A | More than 30 minutes |

Home or Residence Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99341 | Medically appropriate History and/or exam | Straightforward | 15 minutes must be met or exceeded |
| 99342 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99344 | Medically appropriate History and/or exam | Moderate | 60 minutes must be met or exceeded |
| 99345 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99347 | Medically appropriate History and/or exam | Straightforward | 20 minutes must be met or exceeded |
| 99348 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99349 | Medically appropriate History and/or exam | Moderate | 40 minutes must be met or exceeded |
| 99350 | Medically appropriate History and/or exam | High | 60 minutes must be met or exceeded |

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.

- American Medical Association; CPT® Evaluation and Management (E/M) Code and Guideline Changes
- Centers For Medicare and Medicaid Services; MLN Network: MLN 006764 January 2022

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 POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-037: Emergency Evaluation and Management Coding Guidelines

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 1 / 2021 | Implementation |
| 4 / 2021 | Added note for G2211 |
| 11 / 2021 | Added NY region applicable to the policy |
| 5 / 2023 | Updated with CMS 2023 changes to Evaluation and Management direction |
| 1 / 2024 | Updated note on Level Based on MDM and removed note for G2211 |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 057
Subject: Evaluation & Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: May 29, 2023 **Revised Date:** May 2023
Date Reviewed: January 2023
Source: Reimbursement Policy

| | | | | | | | | |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| Applicable Commercial Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Medicare Advantage Market | PA | <input type="checkbox"/> | WV | <input type="checkbox"/> | DE | <input type="checkbox"/> | NY | <input type="checkbox"/> |
| Applicable Claim Type | UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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:

This policy addresses the Plan's requirements (which may differ from CMS requirements) for selecting the level of a reported Evaluation and Management (E/M) service and the eligibility for E/M reimbursement based on the fulfillment of the required criteria.

REIMBURSEMENT GUIDELINES:

As of January 1, 2023, all Evaluation and Management services are now selected and scored based on medical decision-making (MDM) or time. Since January of 2021, this change has been in effect for New Patient or Other Outpatient Services, and Established Patient or Other Outpatient Services. Therefore, the following code sets will follow selecting the level of service based on Time or MDM:

- New Patient or Other Outpatient Services (99202 - 99205)
- Established Patient or Other Outpatient Services (99211 - 99215)
- Non-Office E/M codes (99221 - 99223, 99231 - 99239)
- Emergency Department codes (99281 - 99285)
- Nursing Facility service codes (99304 - 99310, 99315, 99316)
- Home or Residence Service codes (99341, 99342, 99344, 99345, 99347 - 99350)

Note: Emergency Department codes (99281 - 99285) use only MDM to determine level of care.

Level based on Time

Time documentation criteria for time spent face-to-face or non-face-to-face may include, but not limited to:

- Examination/Evaluation
- Counseling/Education
- Prep time for patient history/test reviews
- Documentation/Interpretation
- Care Coordination/Referring and Communication with other health care providers
- Orders for tests, procedures, and medication

Note: Time spent by clinical staff, Patient wait time for physician or other health care providers, and additional distinct service procedures provided the same day as the evaluation and management service cannot be counted towards the selection of level of service based on time.

Level based on Medical Decision Making (MDM)

- Number and complexity of problem(s) addressed
- Amount and/or complexity of data reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management

Note: Orders for, and interpretation of data from a test or image cannot be included when determining the E/M level of service if the test or image interpretation is billed separately.

For purposes of the medical record audits of E/M coding levels, the Plan's position is that the complexity of the presenting complaint and medical decision making (MDM) should align with the complexity of the patient history and physical examination. Also, when determining the level of MDM, two of the three elements for that level must be met or exceeded.

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 |

Non-Office E/M Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99221 | Medically appropriate History and/or exam | Straightforward or Low | 40 minutes must be met or exceeded |
| 99222 | Medically appropriate History and/or exam | Moderate | 55 minutes must be met or exceeded |
| 99223 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99231 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99232 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99233 | Medically appropriate History and/or exam | High | 50 minutes must be met or exceeded |
| 99234 | Medically appropriate History and/or exam | Straightforward or Low | 45 minutes must be met or exceeded |
| 99235 | Medically appropriate History and/or exam | Moderate | 70 minutes must be met or exceeded |
| 99236 | Medically appropriate History and/or exam | High | 85 minutes must be met or exceeded |
| 99238 | N/A | N/A | 30 minutes or less |
| 99239 | N/A | N/A | More than 30 minutes |

Nursing Facility Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99304 | Medically appropriate History and/or exam | Straightforward or Low | 25 minutes must be met or exceeded |
| 99305 | Medically appropriate History and/or exam | Moderate | 35 minutes must be met or exceeded |
| 99306 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99307 | Medically appropriate History and/or exam | Straightforward | 10 minutes must be met or exceeded |
| 99308 | Medically appropriate History and/or exam | Low | 15 minutes must be met or exceeded |
| 99309 | Medically appropriate History and/or exam | Moderate | 30 minutes must be met or exceeded |

| | | | |
|-------|---|------|------------------------------------|
| 99310 | Medically appropriate History and/or exam | High | 45 minutes must be met or exceeded |
| 99315 | N/A | N/A | 30 minutes or less |
| 99316 | N/A | N/A | More than 30 minutes |

Home or Residence Services

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
|-------|---|-------------------------|------------------------------------|
| 99341 | Medically appropriate History and/or exam | Straightforward | 15 minutes must be met or exceeded |
| 99342 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99344 | Medically appropriate History and/or exam | Moderate | 60 minutes must be met or exceeded |
| 99345 | Medically appropriate History and/or exam | High | 75 minutes must be met or exceeded |
| 99347 | Medically appropriate History and/or exam | Straightforward | 20 minutes must be met or exceeded |
| 99348 | Medically appropriate History and/or exam | Low | 30 minutes must be met or exceeded |
| 99349 | Medically appropriate History and/or exam | Moderate | 40 minutes must be met or exceeded |
| 99350 | Medically appropriate History and/or exam | High | 60 minutes must be met or exceeded |

Note: Medicare Advantage would follow CMS published guidelines.

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.

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.
- American Medical Association; CPT® Evaluation and Management (E/M) Code and Guideline Changes
- Centers For Medicare and Medicaid Services; MLN Network: MLN 006764 January 2022

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-037: Emergency Evaluation and Management Coding Guidelines
- RP-041: Services Not Separately Reimbursed

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 1 / 2021 | Implementation |
| 4 / 2021 | Added note for G2211 |
| 11 / 2021 | Added NY region applicable to the policy |
| 5 / 2023 | Updated with CMS 2023 changes to Evaluation and Management direction |

HISTORY

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

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

End Date:
Revised Date: July 2021

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:

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

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



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

End Date:
Revised Date: April 2021

Applicable Commercial Market

PA WV DE

Applicable Medicare Advantage Market

PA WV

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is respective to 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.

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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.

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| 99213 | Medically appropriate History and exam | Low | 20-29 |
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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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Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-057
Subject: Evaluation & Management Services
Effective Date: January 1, 2021 **End Date:**
Issue Date: November 1, 2020 **Revised Date:**
Date Reviewed:
Source: Reimbursement Policy

| | | | | | | |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| Applicable Commercial Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| Applicable Medicare Advantage Market | PA | <input type="checkbox"/> | WV | <input type="checkbox"/> | | |
| Applicable Claim Type | UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | |

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

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| 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 medical appropriate history and/or examination, code selection will be based on the (MDM) or total time spent with the patient for that date of service.

| CODE | MEDICAL EXAM | MEDICAL DECISION MAKING | TOTAL MINUTES |
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| 99211 | Minimal problem that may not require the presence of a physician or other qualified health care professional | N/A | N/A |
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- *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 |
|-----------|----------------|

HISTORY