Evaluation and Management

Policy
Harvard Pilgrim reimburses contracted providers for the provision of evaluation and management (E&M) services.

Policy Definition
Evaluation and Management (E&M) — Harvard Pilgrim follows the CMS 1995/1997 and AMA 2021 documentation guidelines for E&M services. Medical records must support reported levels of service based on these guidelines. Medical records may be requested for review to ensure appropriate documentation of services rendered and accuracy of coding. Refer to the most current version of the American Medical Association’s (AMA) CPT-4 manual for the complete descriptors for E&M services and instructions for selecting a level of service.

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Authorization for more information.

HMO/POS/PPO
A referral is required for specialist services (including E&M services), for HMO and in-network POS members.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses
HMO/POS/PPO
Multiple E&M Services — Same Day
When multiple providers within the same billing group (using the same federal tax identification number) perform evaluation and management (E&M) services on the same patient, on the same day, Harvard Pilgrim will reimburse only the E&M service with the highest allowable amount.

Only one E&M service (outpatient or inpatient) will be reimbursed per date of service when providers using the same federal tax identification number and of the same specialty/subspecialty, regardless of whether the visits are related or not.

• Example: A member is seen in the hospital by internal medicine physician with a subspecialty of gastroenterology for hypovolemia and is also seen for septicemia by another internal medicine physician with a subspecialty of infectious disease within the same group.

Preventive Visit and Problem-Oriented Visit — Same Day
Harvard Pilgrim will reimburse a preventive visit and a problem-oriented visit when the 25 modifier is applied to the problem-oriented visit. Reimbursement for the higher valued service will be made at 100% of the contracted allowable rate, and reimbursement for the lower valued service will be made at 50% of the contracted allowable rate.

Addressing a problem or abnormality during a preventive visit is considered part of the preventive visit, a problem-oriented visit should only be reported when there is a significant problem or abnormality addressed and there is additional work required to perform the key components of a problem-oriented E&M service. The medical record documentation must support both services.
PAYMENT POLICIES

• If both the preventative and problem-oriented visit is provided to a new patient (as defined by CPT), bill the preventive service with the age appropriate “new patient” CPT code, and the problem-oriented visit as “established patient.”

Significant, Separately, Identifiable E&M with Global Day Service — Same Day
Policy applies to all professional services performed in an office place of service - when significant, separately identifiable E/M service (appended with 25 modifier) and any service that has a global period indicator as designated by CMS of 0, 10, 90 or YYY is performed on the same day, the E&M service will be reimbursed at 50% of the contracted allowable. When the E&M RVU value is greater than the procedure, the reduction will be applied to the global procedure code.

New Patient Visits
New patient visits are reimbursed when the physician/qualified health care professional, or another physician of the same specialty within the same group, has not seen the patient for three years.

Certification of Home Health Services
Physician certification and recertification of home health services are reimbursed for Medicare covered services provided by a home health agency.

Consultations
Physician consultation services are for an opinion or advice relating to evaluation of a known or suspected problem.
• For dates of service on or after November 1, 2021, Harvard Pilgrim will no longer reimburse consultation services (CPT 99241-99245 or 99251-99255). Consultations should be reported with an appropriate outpatient or inpatient E&M code representing the level of complexity based on MDM or time based on the 2021 CPT guidelines

Genetic Counseling (when medically necessary)
Genetic counseling requires a referral from the member’s PCP. The PCP should always refer the member to a Harvard Pilgrim–contracted provider for services.

Emergency Department Care
E&M services rendered at a hospital for unscheduled episodic care to patients who present for immediate medical attention. (The facility must be open 24 hours a day.)

Critical Care
Critical care services are reimbursed in accordance with, but not limited to, the CPT definition.
• Consistent with the total duration of time the physician spends providing his/her full attention to a critically ill or injured patient and the work directly related to the patient’s care.

Services rendered to a non-critical patient located in a critical care unit will be reimbursed using the appropriate E&M code.

Pediatric and Neonatal Intensive Care
Pediatric and neonatal intensive care services are reimbursed in accordance with CPT definition.

Patient Transport
Attendance and direct face-to-face care by a physician during an inter-facility transport of a critically ill or critically injured child, if the total time is greater than 30 minutes.

Nursing Facility Services
Nursing home E&M visits inclusive of services related to the admission and other related services when provided by the same physician (e.g., emergency room, doctor’s office).
**Physician Home Visit**

Harvard Pilgrim reimburses physician home visits.

**Services Rendered on Sunday and Holidays**

CPT code 99050 will only be reimbursed when provided in addition to basic services, on Sundays and the following holidays; New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, and Christmas Day.

**Telemedicine Services**

Telemedicine is the use of interactive audio, interactive video or interactive data communication in the delivery of medical advice, diagnosis, and care or treatment. Telemedicine does not typically include the use of facsimile or audio-only telephone.

**Harvard Pilgrim Does Not Reimburse**

**HMO/POS/PPO**

- Adjunct codes reported in addition to basic services CPT codes 99051-99060.
- After-hours services provided in the office during regularly scheduled evening, weekend, or holiday office hours.
- Airway inhalation treatment when billed with inpatient E&M codes.
- Analysis of data stored in a computer.
- A non-direct patient service or a service where the patient is not present.
- Consultations (CPT 99241-99245) if the same provider has billed any other E/M service, in any place of service, for the same member in the previous 12 months. As of dates of service on or after November 1, 2021 Harvard Pilgrim will no longer reimburse consultation services.
- CPT 99211, with or without a modifier 25 when billed on the same day as a chemotherapy administration service, a non-chemotherapy drug infusion or a drug injection service.
- Electronic visits (e-visits).
- E&M services on the same day as a surgical procedure unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure and the correct modifier is appended.
- Generic supplies (A specific HCPCS code must be submitted for reimbursement consideration.)
- Handling fees, device handling, or telephone E&M services.
- Hospital-mandated on call service, in hospital or out of hospital.
- Medical conferences by a physician with an interdisciplinary team of health professionals to coordinate care of a patient when the patient is not present.
- Medical and surgical supplies and/or items, such as, but not limited to, syringes, needles, local anesthetic, saline irrigation, dressings or gloves when billed in the office location.
- Medical testimony.
- Physician standby services.
- Pre-operative surgery clearance if the same PCP has been reimbursed for a consult to his/her own patient for the same or related condition or diagnosis. Medical records must support reported level of service. Consultation services will be monitored to ensure appropriate documentation and billing (may be subject to random post-payment audit and retraction). As of dates of service on or after November 1, 2021, Harvard Pilgrim will no longer reimburse consultation services.
- Prolonged service. (This may be reimbursed only after individual consideration which is based on the medical documentation).
- Provider travel time and/or expenses.
- Venipuncture charges (collection of blood) made in conjunction with blood or related laboratory services or evaluation and management service when reported on the same day by any provider reporting the same Federal Tax ID Number (TIN).
- Services defined by CPT as included in the definition of patient transport codes.
- Telephone or Online digital E&M services submitted by the same provider group on the same date of service as an office visit/evaluation and management service.
## Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

## Provider Billing Guidelines and Documentation

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>36405, 36406, 36410, 36415, 36416, 36420, 36591, 36592</td>
<td>Venipuncture</td>
<td>Not reimbursed separately when billed with blood or related laboratory services or with E&amp;M services</td>
</tr>
<tr>
<td>36620</td>
<td>Insertion of an arterial catheter</td>
<td>Separately reimbursed when billed with an emergency department E&amp;M code</td>
</tr>
<tr>
<td>94640</td>
<td>Airway inhalation treatment</td>
<td>Not reimbursed when billed with an inpatient E&amp;M service</td>
</tr>
<tr>
<td>99000, 99001</td>
<td>Handling fees</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99002</td>
<td>Device handling</td>
<td></td>
</tr>
<tr>
<td>99013, 99027</td>
<td>Hospital-mandated on-call service, in or out of hospital</td>
<td></td>
</tr>
<tr>
<td>99050</td>
<td>After-hours services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday) in addition to basic service</td>
<td>Reimbursed when provided in addition to basic services, on Sundays and the following holidays; New Years Day, President’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, and Christmas Day.</td>
</tr>
<tr>
<td>99051</td>
<td>Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99053</td>
<td>Services provided between 10 p.m. and 8 a.m. at a 24-hour facility in addition to basic service</td>
<td></td>
</tr>
<tr>
<td>99056</td>
<td>Services typically provided in the office, provided out of the office at the request of the patient, in addition to basic service</td>
<td></td>
</tr>
<tr>
<td>99058, 99060</td>
<td>Office services provided on an emergency basis in or out of the office which disrupts other scheduled office services, in addition to basic service</td>
<td></td>
</tr>
<tr>
<td>99070</td>
<td>Materials charges; generic supplies</td>
<td>Not reimbursed; a specific HCPCS code is required for reimbursement consideration</td>
</tr>
<tr>
<td>99075</td>
<td>Medical testimony</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99080</td>
<td>Special reports</td>
<td></td>
</tr>
<tr>
<td>99082</td>
<td>Unusual travel</td>
<td></td>
</tr>
<tr>
<td>99173</td>
<td>Screening for visual acuity</td>
<td>Not reimbursed with E&amp;M</td>
</tr>
</tbody>
</table>
### Code | Description | Comments |
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99241-99245 or 99251–99255 | Consultation E&M service codes | As of dates of service on or after November 1, 2021, Harvard Pilgrim will no longer reimburse consultation services. Prior to November 1, 2021, reimbursable to PCPs for pre-operative surgery clearance consults only when submitted with primary diagnosis codes. **ICD-10 Covered Indications** |
99281–99285 | Emergency department services | Bill for unscheduled episodic emergency medical care performed in an emergency department |
99288 | Physician direction of emergency medical systems (EMS) emergency care, advanced life support (ALS) | Not reimbursed |
99291, 99292 | Critical care | Bill initial critical services (first 30–74 minutes) on one line with a count of one; bill each additional 30 minutes segment on one line with the applicable count |
99354-99357 | Prolonged services | Not reimbursed; may be appealed for reimbursement after individual consideration of medical record documentation |
99358, 99359 | Prolonged services (no direct patient contact) | Not reimburred |
99360 | Physician standby services | Not reimburded |
99366–99368 | Team conference with and without patient by physician or non-physician | Not reimburded |
99401–99404, 99411–99412 | Preventive medicine counseling (separate procedure) | Not separately reimburded when billed with a preventive exam or a problem-oriented E/M visit. |
99415 | Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour | Not reimburded |
99416 | Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes | Not reimburded |
99417 | Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) | Not reimburded; may be appealed for reimbursement after individual consideration of medical record documentation |
99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | Not reimburded, provider is liable |
<table>
<thead>
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<tbody>
<tr>
<td>99422</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes</td>
<td>Not reimbursed, provider is liable</td>
</tr>
<tr>
<td>99423</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 21 or more minutes</td>
<td>Not reimbursed, provider is liable</td>
</tr>
<tr>
<td>99439</td>
<td>Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99466, 99467</td>
<td>Critical care services delivered by a physician during an interfacility transport of a critically ill or injured patient 24 months or less</td>
<td>Use 99467 in conjunction with 99466</td>
</tr>
<tr>
<td>99468, 99469</td>
<td>Initial subsequent inpatient neonatal critical care</td>
<td>Bill for critically ill neonates age 28 days or less</td>
</tr>
<tr>
<td>99471, 99472</td>
<td>Initial subsequent inpatient pediatric critical care</td>
<td>Bill for critically ill infants 29 days through 24 months of age</td>
</tr>
<tr>
<td>99475, 99476</td>
<td>Initial subsequent inpatient pediatric critical care</td>
<td>Bill for critically ill children 2 through 5 years of age</td>
</tr>
<tr>
<td>99478-99480</td>
<td>Subsequent intensive care per day for the recovering very low birth weight infant</td>
<td>Bill with appropriate code by infant weight</td>
</tr>
<tr>
<td>99487, 99489</td>
<td>Complex chronic care coordination services</td>
<td>Reimbursed for facility only</td>
</tr>
<tr>
<td>99490</td>
<td>Chronic care management services, at least 20 mins of clinical staff time directed by a physician or other qualified health care professional, per calendar month</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99497, 99498</td>
<td>Advance care for planning</td>
<td>Reimbursed</td>
</tr>
<tr>
<td>A4649</td>
<td>Surgical supply miscellaneous</td>
<td>Not reimbursed; a specific HCPC code is required for reimbursement consideration</td>
</tr>
<tr>
<td>G0102</td>
<td>Prostate cancer screening; digital rectal examination</td>
<td>Not separately reimbursed when billed with an E&amp;M service or when billed by a facility as of dates of service on or after 5/1/2021</td>
</tr>
<tr>
<td>G0372</td>
<td>Physician services required to establish and document the need for a power mobility device (PMD)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>G2211</td>
<td>Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related</td>
<td>Not reimbursed; may be appealed for reimbursement after individual consideration of medical record documentation which must reflect the total time spent with the patient</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Comments</td>
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<tr>
<td>G2212</td>
<td>Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99205, 99215 for office or other outpatient evaluation and management services) (do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (do not report G2212 for any time unit less than 15 minutes)</td>
<td>Not reimbursed; may be appealed for reimbursement after individual consideration of medical record documentation</td>
</tr>
</tbody>
</table>

**Other Information**

When the patient’s condition requires a significant, separately identifiable E&M service modifier 25 should be appended/reported. The E&M service must be above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure performed.

For E&M services that are unrelated to the original procedure during the postoperative period modifier 24 should be appended/reported.

Modifiers should only be appended/reported when the medical record documentation clearly supports the use of the modifier.

For time-based services, including prolonged services, medical record documentation must include total time. This includes face-to-face time and non-face-to-face time. If there is face-to-face time and non-face-to-face time that occurs several times during the same date of service for the same member, total time needs to be clearly documented.

**Related Policies**

Payment Policies
- Anesthesia
- CPT & HCPCS Level II Modifiers
- Home Health Care
- Hospital-based Clinic
- Surgery
- Telemmedicine/Telehealth

Clinical/Authorization Policies
- Home Health Care
- Genetic and Molecular Diagnostic Testing Prior Authorization

**PUBLICATION HISTORY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/01</td>
<td>original documentation</td>
</tr>
<tr>
<td>10/01/01</td>
<td>added PCP may bill consultations</td>
</tr>
<tr>
<td>01/01/02</td>
<td>added patient transport reimbursement</td>
</tr>
<tr>
<td>04/01/03</td>
<td>2003 coding update; pediatric reimbursement clarification; after hours clarification; added separate reimbursement for insertion of an arterial catheter in the ER; added airway treatment with inpatient E&amp;M not separately reimbursed</td>
</tr>
</tbody>
</table>
PAYMENT POLICIES

01/01/04 clarified “does not reimburse” vs. “does not separately reimburse;” starred surgical procedures removed
10/31/04 added CPT codes and definition section; routine blood draws not separately reimbursed
01/31/06 annual review and coding update; clarified reimbursement and billing for a preventive E&M billed with a problem-oriented E&M and the modifier 25
08/01/06 effective 10/01/06, HPHC will be reimbursing PCPs for outpatient consultation visit to his/her own patients for pre-operative surgery clearance only submitted with primary diagnosis code V72.81–V72.84
10/31/06 annual review, further clarification of new patient well and sick E&M services, and E&M services on the same day as a surgical procedure
01/31/07 coding update, well and sick reimbursement information added
10/31/07 annual review; added under HP reimburses simple telephone E&M services as of 01/01/08 for members with specific behavioral health diagnoses, added modifier 25 information
01/31/08 annual coding update
10/31/08 annual review, minor edits for clarity, update to billing guideline and documentation
01/31/09 annual coding update
02/15/09 effective 04/01/09, CPT code 99050 reimbursed on Sundays and holidays only
10/15/09 annual review; added telemedicine services for NH and ME under reimbursement section, and does not reimburse section
01/15/10 clarification of multiple E&M same day and providers reporting the same TIN
10/15/10 annual review; policy update—same day significant, separately identifiable E&M service with surgery/diagnostic procedure
04/15/11 clarification of same day- significant, separately identifiable E/M service with global day service
08/15/11 annual review; minor edits
01/01/12 removed First Seniority Freedom information from header
09/15/12 annual review; updated 99050 to include Columbus Day holiday
01/15/13 annual coding update; E&M and global px policy update; added clarification to E&M service with global day service, same day
10/15/13 annual review; updated telemedicine
01/15/14 annual coding update; added new codes 99446-99449, effective 01/01/14; narrative correction for code definition 99444
06/15/14 added Connecticut Open Access HMO referral information to Prerequisites
10/15/14 annual review; added telemedicine definition
01/05/15 annual coding update
07/15/15 added effective dos 10/01/15, CPT 99211 will no longer be reimbursed with chemotherapy administration, non-chemotherapy drug infusion, and/or drug injection services; added to coding grid, preventive medicine counseling will no longer be reimbursed when billed with preventive or problem oriented E/M visit; ICD-10 coding update
10/15/15 annual review; administrative edits
01/15/16 annual coding update
06/15/16 added GT modifier billing information to telemedicine services
07/15/16 updated 99497 and 99498 reimbursed as of dates of service 01/01/16
10/15/16 annual review; clarified 99050 is only reimbursed for Sundays and holidays; administrative edits
01/15/17 annual coding update
02/15/17 removed moderate sedation, added Anesthesia as a related payment policy
04/15/17 added to Harvard Pilgrim WILL NOT Reimburse CPT 99241-99245 as of dos 06/15/17 if the same provider has billed any E/M service in the previous 12 months
10/15/17 annual review; no changes
11/15/17 updated multiple E&M services as of dates of service 12/15/17 will be reimbursed when providers have different specialties; administrative edits for clarity, added Telemedicine/Telehealth Payment Policy as related policy
02/01/18 annual coding update; updated Open Access Product referral information under Prerequisites
11/01/18 annual review; removed references to ICD-9
02/01/19 annual coding update
05/01/19 added Hospital-based Clinic as related policy
10/01/19 annual review; added office supplies will not be reimbursed; added Home Health Care Payment Policy to Related Policies section; added Home Health Care Medical Review Criteria Policy and Molecular Diagnostic Management Medical Review Criteria Policy to Related Policies section; added office supplies will not be reimbursed
02/03/20 annual coding update
08/03/20 added codes as venipuncture in coding grid, not reimbursed when reported by same TIN
11/02/20 annual review; administrative edits; removed codes associated with telemedicine and telemedicine E&M services
02/01/21 annual coding update; updated policy definition, revised language when addressing a problem or abnormality during a preventive visit, administrative changes to HP does not reimburse, updated “other information”
03/01/21 added G0102 not reimbursed when billed by a facility as of date of service 5/1/2021
04/01/21 added requirements for time-based coding, removed reference to total time for prolonged codes
04/09/21 updated information on time documentation
09/01/21 added consultation services as of dates of service on or after November 1, 2021 will no longer be reimbursed
11/01/21 annual review; no changes
This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

The table may not include all provider claim codes related to E&M services.