



4350 E. Cotton Center Boulevard • Building D • Phoenix, AZ 85040 • (602) 263-3000 • (800) 624-3879

Provider Notification Update

Date of Notification	8/5/09
Plans Affected	All Lines of Business
Subject	Multiple Evaluation and Management Services Same Day

Mercy Care Plan would like clarify appropriate coding of Evaluation and Management Services conducted on the same day. In the Medicare Claims Processing Manual, CMS clarifies when it is correct to bill multiple evaluation and management services for the same patient on the same day in an office or outpatient setting. The following are general policy guidelines to follow when more than one evaluation and management (face to face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same tax group.

Per the **CMS (Centers for Medicare & Medicaid Services) Medicare Claims Processing Manual, Pub 100-04, Chapter 12, Sections 30.6.5 and 30.6.7**, it states the following:

30.6.5 - Physicians in Group Practice
(Rev. 1, 10-01-03)

Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.

Physicians in the same group practice but who are in different specialties may bill and be paid without regard to their membership in the same group.

*** Example:** A cardiologist provides a low complexity hospital follow up visit to a patient in the hospital for Chest Pain. Another cardiologist from the same group practice sees the patient later that day for another low complexity hospital follow up visit also for Chest Pain. Only one bill should be submitted with a hospital follow up visit that represents the combined services. If both providers submit claims for hospital follow up visits, only one claim will be allowed.



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30.6.7 - Payment for Office or Other Outpatient Evaluation and Management (E/M) Visits (Codes 99201 - 99215)

(Rev. 731, Issued: 10-28-05, Effective: 01-01-04 Chemotherapy and Non-Chemotherapy drug infusion codes/01-01-05 Therapeutic and Diagnostic injection codes, Implementation: 01-03-06)

B Office/Outpatient E/M Visits Provided on Same Day for Unrelated Problems

As for all other E/M services except where specifically noted, carriers may not pay two E/M office visits billed by a physician (or physician of the same specialty from the same group practice) for the same beneficiary on the same day unless the physician documents that the visits were for unrelated problems in the office or outpatient setting which could not be provided during the same encounter (e.g., office visit for blood pressure medication evaluation, followed five hours later by a visit for evaluation of leg pain following an accident).

***Example:** Office visit for hypertension and medication change, followed four hours later by a visit for the evaluation of elbow pain following an accident. List the E/M code and the specific diagnosis code for the second unrelated E/M service for the same date. In this situation, modifier 25 should be appended to signify a separate and distinct service.

30.6.9.1 - Payment for Initial Hospital Care Services (Codes 99221 - 99223) and Observation or Inpatient Care Services (Including Admission and Discharge Services) (Codes 99234 – 99236)

(Rev. 1465, Issued: 02-22-08, Effective: 04-01-08, Implementation: 04-07-08)

A. Initial Hospital Care From Emergency Room

*Contractors pay for an initial hospital care service or an initial inpatient consultation if a physician sees his/her patient in the emergency room and decides to admit the person to the hospital. They do not pay for both E/M services. Also, they do not pay for an emergency department visit by the same physician on the same date of service. When the patient is admitted to the hospital via another site of service (e.g., hospital emergency department, physician's office, nursing facility), all services provided by the physician in conjunction with that admission are considered part of the initial hospital care when performed on the **same date** as the admission.*

***Example:** The patient is seen in the office for severe hypertension. The patient is then admitted on the same date by the same physician to the hospital for Uncontrolled Hypertension. The office service is then combined into the admission E/M code for billing of the service. **Only** the admission E/M is reported.