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PAYMENT POLICY ID NUMBER 21-073

Original Effective Date: 01/14/2021

Revised: 01/11/2024

Nonphysician Health Care Professionals Billing Evaluation and Management Codes

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OF THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

The Evaluation and Management (E/M) Service Code Section of the *Current Procedural Terminology* (CPT®) codebook describes patient encounters with a physician or other qualified health care professional for the evaluation and management of a health problem. The E/M code section is divided based on broad categories. Most categories or subcategories include a specific set of criteria for selection.

As stated in CPT®, a physician or other qualified health care professionals is an individual who is qualified by education, training, and licensure/regulation and/or facility privileges (when applicable) who performs a professional service within his or her scope of practice, and independently reports that professional service. Other qualified health care professionals are professionals who have demonstrated skills, education, and regulatory requirements, to obtain licensure with their respective licensing board (e.g., physician assistants, nurse practitioners, physical therapists, speech-language pathologist (speech therapist), occupational therapists, and massage therapists).

Nonphysician health care professionals' scope of practice varies by state, training, and licensure. E/M services may be reported by other qualified health care professionals who are authorized to perform such services within their scope of practice. For other nonphysician health care professionals, who do not have E/M within their scope of practice, there are more specific CPT® codes that accurately describe their services.

This policy is intended to address E/M services (CPT® codes 99202-99499) reported by nonphysician health care professionals and applies to all services reported on a CMS-1500 form or its electronic equivalent. Services and subsequent payment are pursuant to the member's benefit plan document, medical necessity review, where applicable, and provider contract.

REIMBURSEMENT INFORMATION:

E/M services provided by a physician or other qualified health care professional are, as the codes imply, services for evaluating and managing patient health. E/M coding is the use of CPT® codes from the range 99202-99499. Examples of E/M services within the 99202-99499 range include office visits, hospital visits, home services, and preventive medicine services.

In accordance with Centers for Medicare & Medicaid Services (CMS) guidelines, Florida Blue considers the only other qualified health care professionals that may report E/M services as nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM) and physician assistants (PA).

Florida Blue will not reimburse nonphysician health care professionals such as registered nurses, and physical, speech, occupational, and massage therapists for E/M services (CPT® codes 99202-99499), because these codes are intended for use by physicians and other qualified health care professionals who have E/M within their scope of practice (i.e., NPP, CNS, CNM, and PA). There are more specific codes that accurately describe the services performed by nonphysician health care professionals who do not have E/M within their scope of practice.

For purposes of this policy, the specialties that are considered nonphysician health care professionals are listed in the link below.

[List of Nonphysician Health Care Professionals](#)

The American Medical Association (AMA) CPT® codebook includes specific codes for nonphysician health care professionals who are not qualified to report E/M services. Below are reporting guidelines for some nonphysician health care professionals.

- There are specific CPT® codes that describe evaluation services for physical therapy (PT) providers: 97161-97164, occupational therapy (OT) providers: 97165- 97168, and speech language pathology (SLP) providers 92521-92524. Consistent with CMS, Florida Blue will not reimburse physical, speech, and occupational therapists for E/M codes 99202-99499.
- Registered dietitians provide nutrition care through assessment, nutrition diagnosis, intervention, monitoring, and evaluation. There are specific CPT® and Healthcare Common Procedure Coding System (HCPCS) codes that describe services performed by registered dietitians (e.g., 97802-97803, G0108-G0109 and G0270). Florida Blue will not reimburse registered dietitians for E/M service codes (99202-99499).
- CMS defines audiology services as hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law. In alignment with CMS, Florida Blue considers E/M services not payable to audiology specialists, including audiologists.
- As stated in CPT®, qualified health care professionals are separate from “clinical staff.” Clinical staff is defined as someone working under the supervision of the physician or other qualified health care professional, who is allowed by law, regulation, and facility policies to perform (and/or, to assist in the performance of) a specific service, but who does not separately report that professional service. E/M and other services should not be reported by clinical staff.

BILLING/CODING INFORMATION:

CPT/HCPCS Codes

Evaluation and Management Services CPT® Code range 99202- 99499

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Prolonged Services 16-048
Evaluation and Management Services by Physicians in the Same Group Practice 20-068
Evaluation and Management for Office or Other Outpatient Services 21-070

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition 2024*
2. Centers for Medicare & Medicaid Services website. Internet Only Manual, Pub. 100-04 *Medicare Claims Processing Manual*, Chapter 12, Section 30.6 - E/M Service Codes
3. Centers for Medicare & Medicaid Services website. Internet Only Manual, Pub. 100-04 *Medicare Claims Processing Manual*, Chapter 4, Section 300 - Medical Nutrition Therapy (MNT) Services
4. Centers for Medicare & Medicaid Services website, Audiology Services.
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Audiology>
5. CMS Evaluation and Management Guide (2020), <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf>
6. Centers for Medicare and Medicaid Services (CMS), *Final Rule with Comment Period, Payment Policies under the Physician Fee Schedule and Other Revisions to Part B*
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice>

GUIDELINE UPDATE INFORMATION:

01/14/2021	New policy established
01/13/2022	Annual Review – no changes
01/12/2023	Annual Review – Provider type 84 – Nutrition Counselor added to the List of Nonphysician Health Care Professionals. References reviewed and updated.
01/01/2024	Annual Review – References reviewed and updated.

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