

Reimbursement Policy:

Facility Fees for E&M Services on Outpatient Facility Claims (Commercial & Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20230038	3/1/2024	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Policy Statement:

EmblemHealth and ConnectiCare will not reimburse E&M codes **on outpatient facility claims**. **Effective 3/1/2024**, EmblemHealth / ConnectiCare will deny services on outpatient facility claims with evaluation and management codes billed on a UB-04 claim form.

EmblemHealth / ConnectiCare, will not allow reimbursement for clinic services when they are rendered to a covered individual at any clinic that is owned, operated, or controlled by a facility or health system when billed on a UB-04 claim form; unless provider, state, or federal contracts and/or mandates indicate otherwise.

Clinic services must be billed on a CMS-1500 claim form if rendered in:

- An office
- A professional building
- A medical office building
- A free-standing clinic
- Any space (including the primary structure located on the campus of the facility) that is:
 - owned by a hospital, other institutional provider, or health system; or
 - rented by a professional from the hospital, institution, or health-system provider

Such services are not reimbursable if billed on a UB-04 claim form.

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Facility providers should not bill the Health Plan for off-campus clinic charges for any technical component or overhead expenses of a covered service, including use of the space the professional services are provided in.

The professional provider should be instructed to bill place of service “office” when these services are essentially office visits and the hospital, institution, or health system should seek reimbursement from the professional provider.

In addition, the covered individual will not be responsible for such clinic charges.

Applicable Codes:

CPT / HCPC	Description/ Type
92004	Eye exam with new doctor
92012	Eye exam by physician
92014	Eye exam by a doctor (ophthalmologist) with a plan of care established.
92020	Gonioscopy (separate procedure)
92060	Test for crossed eyes (strabismus) where eyes do not look together in the same direction
92082	Exam to check field of vision
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
99202	Office / outpatient new
99203	Office / outpatient new
99204	Office / outpatient new
99205	Office / outpatient new
99211	Office / outpatient established

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CPT / HCPC	Description/ Type
99212	Office / outpatient established
99213	Office / outpatient established
99214	Office / outpatient established
99215	Office / outpatient established
99221	Inpatient Hospital Care
99222	Inpatient Hospital Care
99223	Inpatient Hospital Care
99231	Subsequent hospital inpatient or observation care
99232	Subsequent hospital inpatient or observation care
99233	Subsequent hospital inpatient or observation care
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date
99238	Hospital Discharge
99239	Hospital Discharge
99242	Office Consult- new or established
99243	Office Consult- new or established
99244	Office Consult- new or established
99245	Office Consult- new or established
99252	Inpatient Consult- new or established
99253	Inpatient Consult- new or established

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CPT / HCPC	Description/ Type
99254	Inpatient Consult- new or established
99255	Inpatient Consult- new or established
99291	Critical Care
99292	Critical Care
99304	Initial nursing facility care
99305	Initial nursing facility care
99306	Initial nursing facility care
99307	Subsequent nursing facility care
99308	Subsequent nursing facility care
99309	Subsequent nursing facility care
99310	Subsequent nursing facility care
99315	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; more than 30 minutes
99341	Home or residence visit for the evaluation and management of a new patient
99342	Home or residence visit for the evaluation and management of a new patient
99344	Home or residence visit for the evaluation and management of a new patient
99345	Home or residence visit for the evaluation and management of a new patient
99347	Home or residence visit for the evaluation and management of an established patient
99348	Home or residence visit for the evaluation and management of an established patient
99349	Home or residence visit for the evaluation and management of an established patient
99350	Home or residence visit for the evaluation and management of an established patient
99381	Initial comprehensive preventive
99382	Initial comprehensive preventive
99383	Initial comprehensive preventive

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CPT / HCPC	Description/ Type
99384	Initial comprehensive preventive
99385	Initial comprehensive preventive
99386	Initial comprehensive preventive
99387	Initial comprehensive preventive
99391	Periodic comprehensive preventive reevaluation
99392	Periodic comprehensive preventive reevaluation
99393	Periodic comprehensive preventive reevaluation
99394	Periodic comprehensive preventive reevaluation
99395	Periodic comprehensive preventive reevaluation
99396	Periodic comprehensive preventive reevaluation
99397	Periodic comprehensive preventive reevaluation
99401	Preventive medicine counseling
99402	Preventive medicine counseling
99403	Preventive medicine counseling
99404	Preventive medicine counseling
99421	Online digital evaluation and management service
99422	Online digital evaluation and management service
99423	Online digital evaluation and management service
99424	Principal care management services
99425	Principal care management services
99426	Principal care management services
99427	Principal care management services
99429	Unlisted preventive medicine service
99450	Basic life or disability examination that includes: Measuring height, weight, and blood pressure; completing a medical history following a life insurance pro forma; collecting a blood sample and/or performing a urinalysis to comply with "chain of custody" protocols; and completing necessary documentation and certificates.

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CPT / HCPC	Description/ Type
99455	Work-related or medical disability examination by the treating physician that includes: Completing a medical history commensurate with the patient's condition, performing an examination commensurate with the patient's condition, formulating a diagnosis, assessing capabilities and stability, calculating impairment; developing a future medical treatment plan, and completing necessary documentation, certificates, and reports.
99456	Work-related or medical disability examination by other than the treating physician that includes: Completing a medical history commensurate with the patient's condition, performing an examination commensurate with the patient's condition, formulating a diagnosis, assessing capabilities and stability, calculating impairment, developing a future medical treatment plan, and completing necessary documentation, certificates, and reports.
99460	Initial hospital or birthing center
99461	Initial care in other than hospital or birthing center
99462	Subsequent hospital care normal newborn
99463	Initial hospital or birthing center normal newborn admission and discharge
99464	Attendance at delivery
99465	Delivery birthing room resuscitation
99466	Critical care face-to-face services, during an interfacility transport of a critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
99467	Critical care face-to-face services, during an interfacility transport of a critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (list separately in addition to code for primary service)
99468	Initial inpatient neonatal critical care
99469	Subsequent inpatient neonatal critical care
99471	Initial inpatient pediatric critical care
99472	Subsequent inpatient pediatric critical care
99475	Initial inpatient pediatric critical care
99476	Subsequent inpatient pediatric critical care
99477	Initial hospital care
99478	Subsequent intensive care
99479	Subsequent intensive care
99480	Subsequent intensive care
99499	Unlisted evaluation and management service

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CPT / HCPC	Description/ Type
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0425	Telehealth consultation, emergency department, or initial inpatient; typically, 30 minutes are spent communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department, or initial inpatient; typically, 50 minutes are spent communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department, or initial inpatient; typically, 70 minutes are spent communicating with the patient via telehealth
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit; includes a personalized PPS, subsequent visit
G0463*	Hospital outpatient clinic visit for assessment and management of a patient
G2212	Extended time for clinical staff or other services during an evaluation

** Note: HCPCS Code G0463 is reimbursable for Medicare only and must be reported with either modifier PN or modifier PO as required by CMS.*

For further information, please see EmblemHealth/ConnectiCare Modifiers PN & PO for Clinic Visit Services (G0463) Reimbursement policy

References:

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. CMS. "Off-Campus Provider Based Department "PO" Modifier Frequently Asked Questions." January 19, 2016; February 12, 2019. <https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/HospitalOutpatientPPS/Downloads/PO-Modifier-FAQ-1-19-2016.pdf>.

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Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	2/19/2025	<ul style="list-style-type: none"> Medicaid removed as applicable line of business
EmblemHealth ConnectiCare	6/21/2024	<ul style="list-style-type: none"> Updated to clarify that EmblemHealth/ConnectiCare follow CMS guidelines regarding off-campus provider-based department/clinic reporting requirements for G0463 (Clinic Visit Services) Added link to EmblemHealth/ConnectiCare Modifiers PN & PO for Clinic Visit Services (G0463) Reimbursement Policy
EmblemHealth ConnectiCare	9/11/2023	<ul style="list-style-type: none"> New Policy