

# Nonphysician Health Care Professionals Billing Evaluation and Management

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## IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. 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, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the

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provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

This policy describes reimbursement for Evaluation and Management (E/M) services (99201–99499) reported by nonphysician health care professionals.

#### Reimbursement Guidelines

CPT guidance instructs that E/M (CPT codes 99201-99499) should only be reported by Physicians or specific non-physician practitioners (NPP). In accordance with CMS guidelines, the only qualified NPP E/M services are nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM) and physician assistants (PA). UnitedHealthcare will not reimburse E/M services (CPT codes 99201-99499) when reported by nonphysician health care professionals not listed above.

The National Correct Coding Initiative Policy Manual gives the following instruction: "Procedures should be reported with the most comprehensive CPT code that describes the services performed." The Current Procedural Terminology (CPT®) book has specific guidelines that give the following instruction: "Select the name of the procedure or service that accurately identifies the service performed." There are a wide variety of CPT and Healthcare Common Procedure Coding System (HCPCS) codes that specifically and accurately identify and describe the services and procedures performed by nonphysician health care professionals.

For evaluation or re-evaluation services, physical and occupational therapists will not be reimbursed for E/M (CPT codes 99201-99499). Consistent with the coding guidelines from the Centers for Medicare and Medicaid Services (CMS), they will only be reimbursed for appropriate use of CPT codes 97001-97004.

Providers are required to use the HCPCS informational modifiers GO (Services delivered under an outpatient occupational therapy plan of care) or GP (Services delivered under an outpatient physical therapy plan of care) when reporting codes 97001-97004 to distinguish procedures provided by different specialists within a multi-specialty group.

### Modifiers

GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care

### References Included (but not limited to):

#### CMS Benefit Policy Manual

Chapter 15; § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance, § 230 Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology

#### CMS Claims Processing Manual

Chapter 26, § 10.8.3 Nonphysician Practitioner, Supplier and Provider Specialty Codes

Chapter 12, § 30.6 Evaluation and Management Service Codes - General (Codes 99201 - 99499)

#### Others

Billing and Coding Guidelines, CMS Website

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### History

Date	Revisions
09/24/2014	New Policy