

# Evaluation and Management Services

Policy Number: MCS032.01  
Approval Date: February 16, 2021

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Guidelines</a> .....	1
• <a href="#">Physician Office in a Facility</a> .....	1
• <a href="#">Physician Consultation with a Patient's Family and Associates</a> .....	1
• <a href="#">Pronouncement of Death</a> .....	2
• <a href="#">Podiatrist Consultation in a Skilled Nursing Facility</a> .....	2
• <a href="#">Hospital and Skilled Nursing Facility Admission Diagnostic Procedures</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policies
None

## Coverage Guidelines

Evaluation and management services are covered when Medicare coverage criteria are met.

### Physician Office in a Facility

Physicians may have an office within a nursing home or other institution. Where a physician establishes an office within a nursing home or other institution, coverage of services and supplies furnished in the office must be determined in accordance with the "incident to a physician's professional service" provision, as in any physician's office. A physician's office within an institution must be confined to a separately identified part of the facility which is used solely as the physician's office and cannot be construed to extend throughout the entire institution. Thus, services performed outside the "office" area would be subject to the coverage rules applicable to services furnished outside the office setting.

For full description, refer to the [National Coverage Determination \(NCD\) for Physician's Office Within an Institution – Coverage of Services and Supplies Incident to Physician's Services \(70.3\)](#). (Accessed February 8, 2021)

Incident to a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

### Physician Consultation with a Patient's Family and Associates

In certain types of medical conditions, including when a patient is withdrawn and uncommunicative due to a mental disorder or comatose, the physician may contact relatives and close associates to secure background information to assist in diagnosis and treatment planning. When a physician contacts his patient's relatives or associates for this purpose, expenses of such interviews are properly chargeable as physician's services to the patient on whose behalf the information was secured. If the member is not an inpatient of a hospital, reimbursement for such an interview is subject to the special limitation on payments for physicians' services in connection with mental, psychoneurotic, and personality disorders.

In some cases, the physician will provide counseling to members of the household. Family counseling services are covered only where the primary purpose of such counseling is the treatment of the patient's condition.

- For example, two situations where family counseling services would be appropriate are as follows: (1) where there is a need to observe the patient's interaction with family members; and/or (2) where there is a need to assess the capability of and assist the family members in aiding in the management of the patient.
- Counseling principally concerned with the effects of the patient's condition on the individual being interviewed would not be reimbursable as part of the physician's personal services to the patient. While to a limited degree, the counseling described in the second situation may be used to modify the behavior of the family members, such services nevertheless are covered because they relate primarily to the management of the patient's problems and not to the treatment of the family member's problems.

Refer to the [NCD for Consultation Services with a Beneficiary's Family and Associates \(70.1\)](#). (Accessed February 8, 2021)

## Pronouncement of Death

Physician services for the pronouncement of death are covered. Refer to the [NCD for Pronouncement of Death \(70.4\)](#). (Accessed February 8, 2021)

## Podiatrist Consultation in a Skilled Nursing Facility

Podiatrist consultant services are covered in a skilled nursing facility if the signs and symptoms meet coverage criteria for foot care. Refer to the [NCD for Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility \(70.2\)](#). (Accessed February 8, 2021)

## Hospital and Skilled Nursing Facility Admission Diagnostic Procedures

Hospital and skilled nursing facility (SNF) admission diagnostic procedures are covered when the diagnostic procedures are reasonable and necessary. The major factors which support a determination that a diagnostic procedure performed as part of the admitting procedure to a hospital or skilled nursing facility is reasonable and necessary are:

- The test is specifically ordered by the admitting physician (or a hospital or skilled nursing facility staff physician having responsibility for the patient where there is no admitting physician): i.e., it is not furnished under the standing orders of a physician for his patients;
- The test is medically necessary for the diagnosis or treatment of the individual patient's condition; and
- The test does not unnecessarily duplicate the same test performed on an outpatient basis prior to admission or performed in connection with a recent hospital or skilled nursing facility admission.

Refer to the [NCD for Hospital and Skilled Nursing Facility Admission Diagnostic Procedures \(70.5\)](#). (Accessed February 8, 2021)

Also refer to the Coverage Summaries titled [Physician Services](#), [Skilled Nursing Facility \(SNF\) Care and Exhaustion of SNF Benefits](#) and [Hospital Services \(Inpatient and Outpatient\)](#).

## Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>• Reformatted policy; transferred content to new template</li> </ul>
02/16/2021	<ul style="list-style-type: none"> <li>• Routine review; no change to coverage guidelines</li> </ul>

## Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy

and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

CPT® is a registered trademark of the American Medical Association.