IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY
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 Community Plan 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. 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 reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid Product.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

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

Reimbursement Guidelines
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.”

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."

CPT guidance instructs that E/M (CPT codes 99201-99499) should only be reported by Physicians or other qualified health care professionals. In accordance with CMS guidelines, the only qualified health care professionals that may report E/M services are nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM) and Physician assistants (PA), none of which are considered nonphysician health care professionals for purposes of this policy.

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UnitedHealthcare Community Plan will not reimburse E/M services (CPT codes 99201-99499) when reported by nonphysician health care professionals reporting under their own individual or group tax identification number (TIN). For purposes of this policy, the specialties that are considered nonphysician health care professionals are listed in the attachment section of the policy.

There is 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 more complete information regarding reporting E/M services from physical or occupational therapists refer to the Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management Policy.

### Definitions

| Physician | A Doctor of Medicine (MD) or Doctor of Osteopathy (DO) |

### State Exceptions

| Nebraska | Per State Regulations, Nebraska Medicaid allows reimbursement of CPT code 99429 with EP modifier for Lactation specialist |
| Washington | Washington Medicaid allows Pharmacists to bill E/M CPT 99211 |

### Questions and Answers

1. **Q:** Is it appropriate for a Registered Dietitian performing Medical Nutrition Therapy to report this service with CPT code 99401?
   **A:** No. CPT code 99401 is an E/M code which Registered Dietitians should not use to report services because they are nonphysician health care professionals. There are more accurate codes that identify and describe Medical Nutrition Therapy to be reported by Registered Dieticians, such as, CPT 97802.

2. **Q:** Is it appropriate for home health specialties performing a service in a patient’s residence to report 99348?
   **A:** No. 99348 is an E/M code which home health specialties should not use to report services because they are nonphysician health care professionals. There are more specific CPT and HCPCS codes that accurately identify and describe the services and procedures performed by home health specialties.

### Attachments

| Medicaid Nonphysician Health Care Professionals List | A list of Nonphysician Health Care Professionals for Medicaid products not allowed to report E&M services |

### Resources

- Individual state Medicaid regulations, manuals & fee schedules
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
<table>
<thead>
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| 12/31/2019 | Policy Version Change  
Attachment Section Updated: Medicaid Nonphysician Health Care Professionals list expanded                                      |
| 5/18/2019  | Title Section Changed. Removed RPOC reference  
State Exceptions Section: Exceptions added for Nebraska and Washington                        |
| 1/1/2019   | Annual Version Change  
History Section: Entries prior to 1/1/2017 archived                                                                                           |
| 11/14/2018 | Policy Version Change  
Application Section updated  
Professional added to the title  
Policy Approval Date Change                                                      |
| 1/1/2018   | Annual Version Change  
Reimbursement Guidelines  
History Section: Entries prior to 1/1/2017 archived                                                                                           |
| 11/8/2017  | Policy Approval Date Change (no new version)                                                                                                      |
| 7/14/2017  | Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies  
Attachments Section: Removed the Medicare List  
Questions and Answers: Removed question regarding Medicare                                |
| 1/1/2017   | Annual Version Change  
History Section: Entries prior to 1/1/2015 archived                                                                                           |
| 5/15/2010  | Policy implemented by UnitedHealthcare Community Plan                                                                                             |