

OUTPATIENT MEDICAL VISITS POLICY (CES)

Policy Number: ADMINISTRATIVE 277.1 TO

Effective Date: October 1, 2020

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Related Policies

None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 Health Insurance Claim Form or its electronic equivalent or its successor form. This policy applies to all products, 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.

OVERVIEW

This policy describes how Oxford reimburses UB-04 claims for outpatient medical visits when submitted in addition to other procedure codes and when in circumstances when multiple medical visit codes are submitted. The policy also addresses when trauma activation occurs in addition to critical care services.

REIMBURSEMENT GUIDELINES

According to Centers for Medicare and Medicaid Services (CMS) when distinct and independent medical visits occur on the same date of service under the same revenue code Condition Code G0 must be submitted. Multiple visits meeting these criteria that are submitted without Condition Code G0 are not separately reimbursable.

The CMS Integrated Outpatient Code Editor (IOCE) has established guidelines when medical visits are performed on the same day as a procedure. A separately identifiable evaluation and management (E/M) code can be submitted on the same date of service as a procedure that has a Status Indicator of S or T. In these circumstances it would be appropriate to append modifier 25 to the E/M code to indicate the E/M service performed was separate and distinct.

Trauma Activation

In alignment with CMS guidelines, in order to bill for trauma activation there must have been prehospital notification based on triage information from prehospital caregivers, who meet either local, state or American College of Surgeons field triage criteria, or are delivered by inter-hospital transfers, and are given the appropriate team response.

Trauma activation code G0390 can be submitted separately under Revenue Code 68X (068X) when provided on the same date of service as critical care service 99291. Revenue Code 68X (068X) may only be used by trauma centers/hospitals as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons. Trauma activation is considered a one-time occurrence in association with critical care service. Therefore, only one unit of G0390 is reimbursable per date of service.

DEFINITIONS

Condition Code G0: Distinct Medical Visit

Revenue Code 68X (068X): Trauma Response

Status Indicator S: Procedure or Service, Not Discounted when Multiple

Status Indicator T: Procedure or Service, Multiple Procedure Reduction Applies

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT/HCPCS Codes										
Critical Care and Trauma Activation										
99291	G0390									

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CPT/HCPCS Codes										
Medical Visits										
0362T	90945	92002	92004	92012	92014	95250	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99217	99218	99219	99220	99241
99242	99243	99244	99245	99281	99282	99283	99284	99285	99381	99382
99383	99384	99385	99386	99387	99391	99392	99393	99394	99395	99396
99397	99460	99463	99490	99495	99496	G0101	G0175	G0245	G0246	G0248
G0249	G0380	G0381	G0382	G0383	G0384	G0402	G0463			

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QUESTIONS AND ANSWERS

1	Q:	Should we report condition code G0 if the medical visits were reported under different revenue codes?
	A:	No, it is not appropriate to report condition code G0 unless multiple medical visits occurred on the same day with the same revenue center and the visits were distinct and constituted independent visits. For example, the patient received services in the emergency department twice in the same day, once in the morning and once in the evening.

2	Q:	If critical care services reported by 99291 are not provided can we still submit trauma activation code G0390?
	A:	Trauma activation code G0390 submitted with revenue code 68X (068X) will not be considered for separate reimbursement if it is not performed on the same date of service as critical care service 99291.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2020R6011A]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Center for Medicare and Medicaid Services (CMS) Integrated Outpatient Code Edit (IOCE)

Center for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2020	<ul style="list-style-type: none"> New Reimbursement Policy