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PAYMENT POLICY ID NUMBER: 16-047

Original Effective Date - 10/01/2016

Revised: 07/14/2022

Initial Hospital Care Evaluation & Management Services

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

According to Current Procedure terminology (CPT®) instructions, Initial Hospital Care codes 99221, 99222 and 99223 are used to report the first hospital inpatient encounter of a new or established patient by the admitting physician. These codes are used per day and require three key components: detailed/comprehensive history, detailed/comprehensive examination and medical decision making of straightforward, low, moderate, or high complexity. For initial inpatient encounters by physicians other than the admitting physician, initial inpatient consultation codes (99251-99255) or subsequent hospital care codes (99231-99233), as appropriate, should be reported. Only one initial hospital care service is payable per patient per hospital stay.

REIMBURSEMENT INFORMATION:

Florida Blue allows payment for one initial hospital care service per hospital stay per patient. If multiple claims are received with one of the initial hospital care service CPT® codes, the first claim received will be allowed and the subsequent claim(s) will be denied with instruction to rebill with the appropriate subsequent hospital care code. If, however, it is determined that the subsequent claim was the proper claim for the initial hospital care, then recovery of the first submission will be initiated with a request for such claim to be rebilled with the appropriate subsequent hospital care procedure.

Providers who are the admitting physician may bill modifier AI (Principal Physician of Record) to note they are the admitting physician.

Special note for Florida Blue Medicare Advantage products: Consistent with the Centers for Medicare & Medicaid Services (CMS) guidelines, Florida Blue does not recognize consultation procedure codes

99251-99255 for our Medicare Advantage products. For initial inpatient encounters by physicians other than the admitting physician, providers may code initial hospital care codes 99221, 99222 or 99223 to report a consultation service.

BILLING AND CODING:

CPT® Codes:

The following codes may be used to describe Initial Hospital Care Evaluation & Management services:

99221	Initial Hospital Care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.
99222	Initial Hospital Care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.
99223	Initial Hospital Care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.

The following codes may be used to describe Initial Inpatient Consultation services:

99251	Inpatient Consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.
99252	Inpatient Consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.
99253	Inpatient Consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity.
99254	Inpatient Consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.
99255	Inpatient Consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.

The following codes may be used to describe Subsequent Hospital Care Services:

99231	Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity.
99232	Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity.

99233	Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity.
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RELATED PAYMENT POLICIES:

Consultation Services 17-055

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition

GUIDELINE UPDATE INFORMATION:

06/16/2016	Payment Policy Approved by Payment Policy Committee
07/13/2017	Reimbursement Information updated to include how inappropriately submitted initial hospital E&M procedures will be handled.
07/19/2018	Annual Review
07/18/2019	Annual Review, no changes
07/09/2020	Annual Review, no changes
07/15/2021	Annual Review, no changes
07/14/2022	Annual Review, no changes

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