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PAYMENT POLICY ID NUMBER: 20-068

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Revised: 06/08/2023

Evaluation and Management Services by Physicians in the Same Group Practice

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, 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 FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OF THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

Evaluation and management (E/M) services refer to visits and consultations furnished by physicians or other qualified health care practitioners. Codes are selected that represent the level of E/M service performed and supported in the patient's medical record. Generally, a single E/M code should be used to report all services provided on the same day for the same patient by the same provider.

This policy addresses coverage and reimbursement for multiple E/M services for the same patient reported by physicians in the same group and specialty on the same date of service.

Florida Blue considers physician and/or other qualified health care professionals with the same specialty reporting the same Federal Tax Identification number as providers in the same group.

REIMBURSEMENT INFORMATION:

Florida Blue follows the Centers for Medicare & Medicaid Services (CMS) guidelines documented in the Medicare Claims Processing Manual, Chapter 12, section 30.6.5 which states the following:

Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.

Physicians in the same group practice having different specialties may bill and be paid without regard to their membership in the same group.

For a listing of specialties as defined by Florida Blue and used for application of this policy see the following link: [FB Specialty Listing](#)

In addition, Florida Blue recognizes the following related to critical care services as outlined in Medicare Claims Processing Manual, Chapter 12, section 30.6.12.6. When a patient receives an E/M visit on the same calendar date as critical care services, both may be billed (regardless of practitioner specialty or group affiliation) as long as the medical record documentation supports:

1. The E/M visit was provided prior to the critical care services at a time when the patient did not require critical care,
2. The services were medically necessary, and
3. The services were separate and distinct, with no duplicative elements from the critical care services provided later in the day.

Modifier 25 (same-day significant, separately identifiable evaluation and management service) must be reported for the critical care services, in this situation.

BILLING/CODING INFORMATION:

CPT®/HCPCS Coding/Modifiers:

Refer to the most current version of the American Medical Association's (AMA) CPT® manual for the complete descriptors for E/M services and instructions for selecting a level of service.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

After Hours and Weekend Care – 10-002
Consultation Services 17-055
Evaluation and Management for Office or Other Outpatient Services 21-070
Global Surgery Package – 10-009
Initial Hospital Inpatient or Observation Evaluation & Management Services 16-044
Multiple Visit Reduction 10-013
New Patient Visits 10-018
Standby Services 10-035
Unbundled, Incidental, and Mutually Exclusive Services 18-063

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition
2. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 30.6.5 Physicians in Group Practice and 30.6.12.6 - Critical Care and Other Same-Day Evaluation and Management (E/M) Visits <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>
3. CMS CY 2023 Medicare Physician Fee Schedule (PFS) final rule <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>

GUIDELINE UPDATE INFORMATION:

06/15/2020	New Payment Policy
06/10/2021	Annual Review -- Evaluation and Management for Office or Other Outpatient Services 21-070 added to Related Medical Coverage Guidelines or Payment Policies.
06/16/2022	Annual Review – Language added clarifying E/M services and critical care services billed by providers in same group practice and specialty. References updated.
01/01/2023	Revision – References updated
06/08/2023	Revision – References reviewed and updated.

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