NONPHYSICIAN HEALTH CARE PROFESSIONALS BILLING EVALUATION AND MANAGEMENT CODES POLICY

Policy Number: ADMINISTRATIVE 224.10 T0
Effective Date: January 1, 2018

Table of Contents

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS FOR USE</td>
<td>1</td>
</tr>
<tr>
<td>APPLICABLE LINES OF BUSINESS/PRODUCTS</td>
<td>1</td>
</tr>
<tr>
<td>APPLICATION</td>
<td>1</td>
</tr>
<tr>
<td>OVERVIEW</td>
<td>2</td>
</tr>
<tr>
<td>REIMBURSEMENT GUIDELINES</td>
<td>2</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>2</td>
</tr>
<tr>
<td>QUESTIONS AND ANSWERS</td>
<td>2</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td>2</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>3</td>
</tr>
<tr>
<td>POLICY HISTORY/REVISION INFORMATION</td>
<td>3</td>
</tr>
</tbody>
</table>

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 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.

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.

Oxford 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 Attachments section of the policy.

There is a wide variety of Current Procedural Terminology 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.

DEFINITIONS

Physician: A Doctor of Medicine (MD) or Doctor of Osteopathy (DO).

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 Dietitians, 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.

3. Q: Is it appropriate for an Audiologist performing an evaluation to report this service with CPT code 99213?
   A: No. CPT code 99213 is an E/M code, which an Audiologist should not use to report services because they are nonphysician health care professionals. There are more accurate codes that describe evaluation services performed by an Audiologist (e.g., CPT code 92620).

ATTACHMENTS

The following specialties are considered nonphysician health care professionals:

- Addiction Medicine Specialist
- Athletic Trainer Group
- Audiologist
- Behavioral Analyst - Autism Program
- Child Psychology
- Christian Science Practitioner
- Counselor, Alcohol & Drug
- Crisis Diversion
- Doctor of Naprapathy
- Employee Assistance Program (EAP) Counselor
- Empowerment Coach
- Genetic Counselor
- Hearing Instrument Specialist
- Home Health Aide
• Home Health Care Agency
• Home Health/Home Infusion/Home IV Therapy
• Home Health/Private Duty Nurse
• Homeopathic Medicine
• Lactation Specialist
• Licensed Professional Counselor
• Licensed Vocational Nurse
• Marriage & Family Therapy/Licensed Marriage & Family Therapy
• Massage Therapy
• Master of Social Work
• Neuropsychologist
• Nurse, Licensed Practical
• Nutritionist (Registered Dietitian)
• Optician
• Other Mental Health
• Pastoral Counselor
• Pediatric Nutrition
• Personal Care Aide
• Pharmacist
• Psychiatric Social Work
• Psychology, Clinical (Doctor of Psychology)
• Registered Nurse
• Social Worker, Licensed Clinical/Medical
• Social Worker, Marriage & Family
• Social Worker,(Registered Social Worker)
• Substance Abuse Services, Alcohol & Drug
• Surgical Assistant
• Surgical Technician
• Visiting Nurse
• Waiver Nursing

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2017R0112A]

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.

POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>Updated policy application guidelines; added language to indicate this reimbursement policy applies to:</td>
</tr>
<tr>
<td></td>
<td>o Services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form</td>
</tr>
<tr>
<td></td>
<td>o All products</td>
</tr>
<tr>
<td></td>
<td>Reformatted attachment; transferred content to bulleted list</td>
</tr>
<tr>
<td></td>
<td>Archived previous policy version ADMINISTRATIVE 224.9 T0</td>
</tr>
</tbody>
</table>