



## **Evaluation and Management Services**

In an ongoing effort to ensure accurate claims processing and payment, Molina Healthcare is taking additional steps to verify the accuracy of payments made to professional providers.

Beginning August 1, 2020, as part of our claims process, Molina Healthcare will be reviewing select claims for evaluation and management (E&M) services to better ensure that payments are aligned with national industry coding standards.

Providers should report E&M services in accordance with the American Medical Association's (AMA's) CPT Manual and the Centers for Medicare and Medicaid Services (CMS') guidelines for billing E&M service codes: Documentation Guidelines for Evaluation and Management. The level of service for E&M service codes is based primarily on the member's medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem, and face-to-face time are considered contributing factors.

CMS and the Office of Inspector General (OIG) have documented that E/M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG has also recommended that payers continue to help to educate practitioners on coding and documentation for E/M services, and to develop programs to review E/M services billed for by high-coding practitioners.

The following are example remittance messages which may be included on future E&M claims processed:

- Line (X) Service Code '99204, 99205, 99215, 99214' visit level lowered to "99203, 99204. 99213, 99214"
- This claim line was processed using a code that more accurately represents the treatment received.
- The information submitted on the claim does not support the code originally billed. The provider has been reimbursed using the level (insert level) evaluation and management code which more appropriately supports the information submitted on the claim
- Payer deems the information submitted does not support this level of service.
- Alert: Payment based on an appropriate level of care



If you do not agree with a payment determination, you have the right to file an appeal by following the standard appeal process outlined in your provider manual. Please submit the portion of the medical record that supports additional reimbursement with your appeal.

If you have questions, you can call Molina's Provider Services team at (855) 322-4080. We can take your call Monday to Friday from 8:00 a.m. – 5:00 p.m., central time.

Thank you for your participation with Molina.