

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Clinic and E&M Visits: Same Date/Same Diagnosis

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	6/17/2008	Policy Last Updated:	6/17/2008
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

This policy is considered final and will no longer undergo annual literature review. Future changes may occur based upon available scientific evidence and/or procedure coding changes.

Description:

Evaluation and Management services will be denied when filed by both the clinic and a physician affiliated with the clinic, for the same date of service and the same diagnosis. When claim is filed, the denial will read: "clinic/office visit same date of service."

Evaluation and Management services (for the same date of service and the same diagnosis) will be paid **only** when filed by a physician who is **not** affiliated with the clinic.

Medical Criteria:

Not applicable as this is a reimbursement policy.

Policy:

Evaluation and Management services performed in a clinic filed by both the clinic and the physician affiliated with the clinic on the same date of service, with the same diagnosis, will not be paid to the physician. Only a physician **not** affiliated with the clinic will be paid.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member booklet/subscriber agreement/Rite Care contract for applicable coverage/benefits.

Codes:

CPT codes 99201-99215

Related topics:

N/A

Published:

Provider Update, August 2008

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.