CHAPTER 1
SECTION 2.2

OFFICE VISITS - GENERAL

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I. PROCEDURE CODE RANGE

99201 - 99215

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for claims processing for claims submitted on or after January 1, 1992.

II. POLICY

A. Office visits are covered when provided by an individual professional provider for the diagnosis or treatment of a specific illness or condition or set of symptoms. Visits are classified according to the following factors:

1. Approach and detail of the medical history;

2. Extent of the examination;

3. Complexity of the decision making process;

4. Severity of the presenting problem; and

5. Time spent with the patient and/or family.

B. Visits are also classified according to whether the patient is new or is an established patient. Only one new patient visit for a beneficiary to a provider is covered.

C. If the claim does not specify the level of the visit, the service will be processed and paid under CPT procedure code 99202 for a new patient and 99213 for an established patient. If the claim does not specify whether the patient is new or established, the patient will be considered to be an established patient.

D. Eye examinations (refer to Chapter 1, Section 16.1) for guidelines on reimbursement of eye exams billed with office visits.

III. POLICY CONSIDERATIONS

A. No additional payment will be allowed when any of the services listed below are billed in conjunction with an office visit. Reimbursement will be limited to the allowable charge for the office visit only (combine the charges and base payment on the maximum allowable charge for the office visit.) If the level of the visit is not specified, the service will be processed and paid under CPT procedure code 99202 for a new patient and 99213 for an established patient.

1. Minor dressing
2. Oscillometric testing
3. Ostomy care
4. Prostate massage
5. Blood pressure determination
6. Topical 5 FU treatment
7. Eye washing
8. Ear irrigation
9. Pelvic examination
10. Rectal examination
11. Urethral catheterization
12. Removal of fecal impaction
13. Removal of cerumen

IV. EXCEPTIONS

A. Office visits for the purpose of a routine physical examination are not covered. See Chapter 1, Section 10.5.

B. For patients who have been determined to be receiving custodial care, office visits related to the custodial condition are not covered.

C. If an office visit and a hospital visit are billed on the same day by the same provider, only the visit with the higher prevailing charge is payable. If billed by different professional providers, each service is payable.

D. For office visits billed in conjunction with PUVA therapy see Chapter 1, Section 24.3.

E. Procedure codes 99050, 99052, 99054, 99056, 99058, 99358, and 99359 are not reimbursed separately as payments for these services are included in the payment for other services.

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