



## AETNA BETTER HEALTH® of Illinois Policy

Policy Name:	Evaluation and Management (E&M) Policy	Page:	1 of 5
Department:	Medical Payment Policy	Policy Number:	XXXX.XX
Subsection:		Effective Date:	6/1/2024
Applies to:	■ Medicaid Health Plans		

**PURPOSE:** This policy provides guidance on billing certain E&M codes

**STATEMENT OF objective:** The policies below are based on AMA and CMS Guidelines

### DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).



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Evaluation and management (E&M) services	Evaluation and management (E&M) are clinical services provided by healthcare professionals to review a patient's health status and manage their conditions.
Evaluation and Management Services Policy Transitional Care Management (TCM) Services	Care for our patients after hospital discharge, beginning the day of discharge and continuing for 29 days, this is guided by the AMA CPT Manual and CMS policy. This entails non-face-to-face work contacting the patient or caregiver within two business days, and a face-to-face visit within 14 or 7 days to reduce readmissions and improve outcomes.
E/M CPT codes 99212-99215 & 99415-99417 will deny when billed with G2082/G2083 (Esketamine includes E&M services)	The evaluation and management (E/M) codes are for established patients in an in office and other outpatient setting by complexity. The G2082/G2083 codes are usually denied, because the administration of esketamine are already included in the professional services and post-administration monitoring. E/M codes 99212-99215 are codes that use the amount of time used to evaluate patient. E/M codes 99415-99417 are codes prolonged clinical staff use for a face-to-face time in an office or outpatient setting. These codes are used in addition to E/M code 99211-99215
E/M codes	
99212	Established patient office or other outpatient visit, 10-19 minutes
99213	Established patient office or other outpatient visit, 20-29 minutes
99214	Established patient office or other outpatient visit, 30-39 minutes
99215	Established patient office or other outpatient visit, 40 minutes or higher
99415	Prolonged clinical staff face-to-face time in an office setting, reporting the first hour of time beyond the E/M service time. This code is used with code 99415
99416	Prolonged clinical staff services beyond the first hour, for each additional 30 minutes of direct patient contact under the supervision of a physician or qualified healthcare professional
99417	Prolonged outpatient evaluation and management (E/M) service, which is an add-on code for time spent beyond the required duration of a primary E/M service (like 99215)



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G2082	An office or outpatient visit for the evaluation and management of an established patient who receives up to 56 mg of esketamine nasal spray self-administration, including two hours of post-administration observation.
G2083	administration of esketamine nasal spray for the treatment of treatment-resistant depression (TRD)

### ***REIMBURSEMENT GUIDELINES:***

#### Evaluation and Management (E&M)

- E&M CPT codes 99212-99215 & 99415-99417 will deny when billed with G2082/G2083 (Esketamine includes E&M services)

#### Transitional Care Management (TCM) Services

- According to our policy, which is based on AMA CPT Manual and CMS Policy, Transitional Care Management services are required to be reported within 14 days after discharge from a facility. Interprofessional Telephone/Internet Consultations According to our policy, which is based on the AMA CPT Manual and HCPCS Level II Manual, Telephone Evaluation and Management services should not be reported within seven (7) day period, same day or on the previous day of a related Evaluation and Management service

### ***LEGAL/CONTRACT REFERENCE:***

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])



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### ***FOCUS/DISPOSITION:***

#### ***Responsibilities***

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.

### ***OPERATING PROTOCOL:***

#### ***Systems***

- Business application systems

#### ***Measurement***

- Edit Accuracy
- Edit Application
- Overturn of Adjustment Rates

#### ***Reporting***

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

### ***INTER-/INTRADEPENDENCIES:***

#### ***Internal***

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit



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### *External*

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors
- Aetna Better Health

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Kimberly Foltz  
Interim Chief Executive Officer

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Glen Davis, MD  
Chief Medical Officer

Review/Revision History	
Revised	08/25/2025