

RESOLUTION

Subject: Elimination of Medicaid Reimbursement Limits on Complex Evaluation and Management Services

Submitted by: KMA Board of Trustees

Referred to: Reference Committee

WHEREAS, Kentucky regulations place a limit on Medicaid reimbursement of Evaluation and Management (E&M) office visits with a Current Procedural Terminology (CPT®) code of 99214 or 99215 to two per recipient, per provider, per calendar year and reduces reimbursement for claims in excess of this established limit to the CPT® code 99213, a less complex service; and

WHEREAS, Kentucky has some of the highest rates of chronic illness in the country, with many Medicaid patients diagnosed with two or more chronic conditions that require regular provider office visits of high complexity to ensure disease control, reduce prevalence of complications, and encourage medication compliance; and

WHEREAS, existing coding rules and E&M documentation guidelines provide safeguards against the inappropriate use of CPT® codes 99214 and 99215 as providers are required to meet all clinical, medical coding, and documentation guidelines for the specific code level billed in order to justify reimbursement and are also subject to audits by MCOs; and

WHEREAS, the enforcement of this regulation has resulted in significant issues for providers, including MCOs denying, rather than reducing, reimbursement for complex E&M services in excess of the limit, the implementation of confusing pre and post payment audits that vary by MCO, and MCOs incorrectly advising providers to “change” the coding for complex visits to a lesser CPT® code in violation of coding and E&M documentation guidelines; and

WHEREAS, arbitrary limitations on complex E&M office visits create an access to care issue for Medicaid patients with chronic health conditions and discourage provider participation in the Medicaid program by failing to properly reimburse providers based on the documented level of services performed; now, therefore, be it

RESOLVED, that the KMA advocate for state regulatory or legislative action to eliminate the Medicaid reimbursement limits for Evaluation and Management (E&M) office visits with a Current Procedural Terminology (CPT®) code of 99214 or 99215 in order to increase access to high-level care for Medicaid patients, promote accurate coding and documentation for all E&M office visits, and ensure physician reimbursement appropriately reflects the level of care provided to patients.