Same Day Same Service Policy, Reimbursement Policy					
Policy Number	2021RP506A	**Annual Approval Date**	9/1/2021	**Approved By**	Optum Behavioral Reimbursement Committee

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Proprietary information of Optum. Copyright 2021 Optum.

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Policy

Overview

The Same Day/Same Service Policy addresses those instances when a single code should be reported by a physician(s) or other qualified health care professional(s) for multiple medical and/or Evaluation and Management (E/M) services for a patient on a single date of service. Generally, a single E/M code should be used to report all services provided for a patient on each given day.

For the purpose of this policy, the Same Specialty Physician or Other Qualified Health Care Professional is defined as a physician and/or other qualified health care professional of the same group and same specialty reporting the same Federal Tax Identification number.

Reimbursement Guidelines

The Medicare Claims Processing Manual states:
"Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.
…
Contractors pay a physician for only one hospital visit per day for the same patient, whether the problems seen during the encounters are related or not. The inpatient hospital visit descriptors contain the phrase “per day” which means that the code and the payment established for the code represent all services provided on that date. The physician should select a code that reflects all services provided during the date of the service.
…
In a hospital inpatient situation involving one physician covering for another, if physician A sees the patient in the morning and physician B, who is covering for A, sees the same patient in the evening, contractors do not pay physician B for the second visit. The hospital visit descriptors include the phrase “per day” meaning care for the day.
If the physicians are each responsible for a different aspect of the patient’s care, pay both visits if the physicians are in different specialties and the visits are billed with different diagnoses.”

The National Correct Coding Initiative Policy Manual states:
"Procedures should be reported with the most comprehensive CPT code that describes the services performed. Physicians must not unbundle the services described by a HCPCS/CPT code.
...
A physician should not report multiple HCPCS/CPT codes when a single comprehensive HCPCS/CPT code describes these services."

Consistent with Medicare, Optum's Same Day/Same Service policy recognizes physicians or other qualified health care professionals of the same group and specialty as the same physician; physician subspecialty is not considered. According to correct coding methodology, physicians are to select the code that accurately identifies the service(s) performed. Multiple E/M services, when reported on the same date for the same patient by the Same Specialty Physician or Other Qualified Health Care Professional, will be subject to edits used by and sourced to third party authorities. As stated above, physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Edit Source

Optum sources its Same Day Same Service edits to methodologies used and recognized by third party authorities. Those methodologies can be definitive or interpretive. A definitive source is one that is based on very specific instructions from the given source. An interpreted source is one that is based on an interpretation of instructions from the identified source. Please see the edit types section below for further explanations of these sources. The sources used to determine if a Same Day Same Service edit is appropriate are as follows:

Current Procedural Terminology book *(CPT®)* from the American Medical Association (AMA);
CMS National Correct Coding Initiative (CCI) edits;
CMS Policy

Edit Type

The following are edit types that may be applied in the Same Day Same Service Policy.

CCI Definitive: An edit sourced to specific billing guidelines from the General Correct Coding Policies contained in the National Correct Coding Policy Manual published by CMS. For example, the Evaluation and Management Services section (chapter xi) specifically states "A physician should not report an 'initial' per diem E&M service with the same type of 'subsequent' per diem service on the same date of service." Optum will not separately reimburse for an initial and a subsequent per diem service on the same date, such as 99223 and 99232.

CMS Definitive: An edit sourced to a specific billing guideline from CMS. For example, the Medicare Claims Processing Manual states "If the same physician who admitted a patient to observation status also admits the patient to inpatient status from observation before the end of the date on which the patient was admitted to observation, pay only an initial hospital visit for the evaluation and management services provided on that date." Optum will not separately reimburse for an initial observation care service on the same date as an initial hospital care service, such as 99218 and 99222.

CPT Definitive: An edit sourced to specific CPT® book direction related to the reporting of exact codes or modifiers. For example, the CPT coding book states "Do not report 90792 in conjunction with Evaluation and Management services 99202-99337." Optum will not separately reimburse 90792 when reported with any service in the range of 99202-99337.

CCI Interpretive: CMS does not always create a comprehensive set of edits between similar codes because of its target population and certain code sets that it does not recognize. Optum, however, may include edits which have been created between similar codes based on an interpretation or extrapolation of the existing CCI edits. Examples of these codes include newborn services, preventive medicine services and other CPT and HCPCS codes for which CMS has indicated the code is invalid for Medicare.

CMS Interpretive: The CMS National Correct Coding Initiative Policy Manual cites certain specialty specific services which primarily involve evaluation and management services. When these specialty specific codes are reported, a separate evaluation and management service from the range of CPT codes 99202-99499 should not be reported on the same date of service. Examples of these codes include general and special diagnostic and therapeutic psychiatric services.

CPT Interpretive: Based on Current Procedural Terminology (CPT) code definition, when a service is a component that is necessary to complete the primary service, it is by definition included in the reimbursement of that primary service. Examples of this would be codes that include words or phrases that indicate they include other services. For instance certain evaluation and management codes have descriptions that state "...admission and discharge on the same date..." By definition an initial observation care service or an initial hospital care service would be a component necessary to complete the primary service.

Significant, Sparately Identifiable Evaluation and Management Service

According to the CPT® book "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Optum will allow modifier 25 to indicate a significant and separately identifiable E/M service when a second physician in the same group and specialty provides a separate E/M service on the same day for an unrelated problem. However, there are instances when modifier 25 would not be appropriate to report, including but not limited to, reporting two E/M services where one is a "per day" code or reporting separate services when a more comprehensive code exists that describes the services.

Definitions

Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.

Questions and Answers

1	**Q:** If a patient is seen in the office at 3:00 p.m. and admitted to the hospital at 1:00 a.m. the next day, may both the office visit and the initial hospital care be reported? **A:** Yes. Because different dates are involved, both codes may be reported. The CPT states services on the same date must be rolled up into the initial hospital care code. The term "same date" does not mean a 24 hour period. Refer to the CPT book for more information.
2	**Q:** May a physician report both a hospital visit and hospital discharge day management service on the same day? **A:** No. The hospital visit descriptors include the phrase "per day" meaning they include all care for a day. Codes 99238-99239 (hospital discharge day management services) are used to report services on the final day of the hospital stay. To report both the hospital visit code and the hospital discharge day management services code would be duplicative.
3	**Q:** If a patient is admitted as an inpatient and discharged on the same day, may the hospital discharge day management code be reported? **A:** No. To report services for a patient who is admitted as an inpatient and discharged on the same day, use only the appropriate code for Observation or Inpatient Care Services (Including Admission and Discharge Services) as described by CPT codes 99234-99236.
4	**Q:** May a physician or separate physicians of the same group and specialty report multiple hospital visits on the same day for the same patient for unrelated problems? **A:** No. The inpatient hospital visit descriptors contain the phrase "per day" which means that the code and the payment established for the code represent all services provided on that date. The physician/s should select a single code that reflects all services provided during the date of the service.
5	**Q:** In a hospital inpatient situation involving one physician covering for another, if physician A sees the patient in the morning and physician B, who is covering for A, sees the same patient in the evening, will Optum pay physician B for the second visit? **A:** No. The inpatient hospital visit descriptors contain the phrase "per day" which means that the code and the payment established for the code represent all services provided on that date. The physician/s should select a single code that reflects all services provided during the date of the service.
6	**Q:** If a physician sees his patient in the emergency room and decides to admit the person to the hospital, should both services (the emergency department visit and the initial hospital visit) be reported? **A:** No. When the patient is admitted to the hospital via another site of service (e.g., hospital emergency department, physician's office, nursing facility), all services provided by the physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission.
7	**Q:** If a patient is seen for more than one E/M or other behavioral health service on a single date of service, and each service is performed by a physician with a different specialty designation, but in the same group practice, would each E/M or other behavioral health service be separately reimbursable?

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

	A: Yes, in certain circumstances. An E/M or other behavioral health service provided on the same date by different physicians who are in a group practice but who have different specialty designations may be separately reimbursable. The Same Day/Same Service policy applies when multiple E/M or other behavioral health services are reported by physicians in the same group and specialty on the same date of service. In that case, only one E/M is separately reimbursable, unless the second service is for an unrelated problem and reported with modifier 25. This would not apply when one of the E/M services is a "per day" code.
8	**Q:** If a patient is seen for more than one E/M or other behavioral health service on a single date of service, and each service is performed by a physician of the same group and specialty but with a different subspecialty designation, would each E/M or other behavioral health service be separately reimbursable? **A:** No. Subspecialty is not considered when applying reimbursement policy.

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History / Updates	
September, 2021	New Policy

Proprietary information of Optum. Copyright 2021 Optum.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California