Notification: Effective 10/01/2025 Cigna has developed a new reimbursement policy, Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported.

Reimbursement Policy Commercial

Effective Date.....10/01/2025
Last Updated Date 07/01/2025
Annual Review Date 10/01/2026
Reimbursement Policy Number..... R49

Evaluation and Management Coding and Accuracy

Table of Contents

Related Policy Resources

R30 Evaluation and Management Services

INSTRUCTIONS FOR USE
*Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna.*

Overview

This policy outlines the criteria applicable to determining the appropriate level of Evaluation and Management (E/M) services according to the American Medical Association (AMA) Current Procedural Terminology (CPT®) Evaluation and Management Services guidelines.

The policy applies to professional services submitted on a Centers of Medicare and Medicaid Services (CMS) 1500 claim form or another electronic equivalent.

Notification: Effective 10/01/2025 Cigna has developed a new reimbursement policy, Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported.

Reimbursement Policy

Cigna will reimburse claims for professional services submitted in accordance with coding and documentation guidelines established by the AMA within the Current Procedural Terminology (CPT®) Evaluation and Management coding guidelines and guidelines around additional services provided at the time of the encounter. Providers are also expected to adhere to the ICD-10 CM coding guidelines when identifying a diagnosis for the treatment of a condition.

Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported. For example, a claim may be adjusted as follows: 99215 to 99214, or 99214 to 99213.

When a code level has been adjusted and, subsequently, medical records are submitted that substantiate the complexity and Medical Decision Making (MDM) or time associated with the reported E/M CPT® code level, the code will be reimbursed at the level initially submitted.

General Background

Both the Centers for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that evaluation and management (E/M) services are among those most likely to be incorrectly coded. Physicians have increased reporting of higher-level E/M codes representing more complex visits. Effective January 1, 2021, E/M services for new patients, established patients, and other outpatient services for each, were revised and scored based on either medical decision making (MDM) or time. In 2023, additional revisions for other E/M categories were added.

Evaluation and management professional services are face to face services provided by a physician or other qualified healthcare provider to establish diagnoses and treat an illness, injury or ongoing condition. Within the American Medical Association (AMA) Current Procedural Terminology (CPT®) codebook, the AMA developed guidelines and categorizes these services. For example, Office or Other Outpatient Services is further subcategorized into new or established patients, with each subcategory classified into levels of E/M services. Detailed information regarding the code selection based on MDM or Time and the requirements for each can be found in the most current edition of the American Medical Association CPT® in the Evaluation and Management guidelines.

The documentation within the medical record must accurately document and support the visit level reported. Minor procedure documentation can be included within the medical record; however, the E/M must clearly be identifiable if an E/M level is reported.

Levels of E/M services are determined by complexity. Complexity of an E/M level is determined by either the level of MDM, or the total time spent on the date of the encounter. Each subcategory of E/M visits has three to five levels of complexity.

Notification: Effective 10/01/2025 Cigna has developed a new reimbursement policy, Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported.

Elements of Medical Decision Making

According to the AMA guidelines, the elements of MDM for each code are defined as follows:

- Straightforward
- Low
- Moderate
- High

When MDM is used in determining the level of complexity which is defined within the E/M coding guidelines, the following criteria is considered:

- Number and complexity of the problem addressed during the encounter
- Amount and/or complexity of data reviewed/analyzed during the encounter
- Risk of complications and/or morbidity or mortality of patient management

Complexity based on Time

When the level of E/M is based on Time, the following should be included and supported within the documentation when determining the total time spent on the date of the encounter (this list may not be all inclusive) and is included within the current AMA CPT® manual within the E/M guidelines:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history/examination
- Counseling/educating patient/family/caregiver, performed by the provider only
- Ordering of medications, tests, procedures (time to perform a procedure should not be included)
- Referring to and communication with other health care providers (when not separately reported), which should be reflected within the medical record
- Documenting clinical information in the medical record on the day of the encounter
- Independently interpreting results and communicating them to the patient /caregiver on the same day as the patient encounter
- Care coordination (not separately reported), performed by the provider

The following activities are not included in determining the total time spent during the encounter (this list may not be all inclusive):

- Performance of other services performed separately during the encounter
- Travel

Notification: Effective 10/01/2025 Cigna has developed a new reimbursement policy, Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported.

- Teaching that is general, not regarding management of the specific individual
- Time spent on services performed by clinical staff other than the provider
- Patient wait time for physician or other health care provider(s)

Coding/Billing Information

Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single lesser level when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported. For example, a claim may be adjusted as follows: 99215 to 99214, or 99214 to 99213.

CPT® Codes	Description
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded

References

American Medical Association. Current Procedural Terminology (CPT®) ©2025 Professional Edition.

AMA CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202–99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes Effective January 1, 2021. Accessed June 6, 2025. https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

Notification: Effective 10/01/2025 Cigna has developed a new reimbursement policy, Cigna may adjust the E/M CPT® code 99204- 99205, 99214-99215, 99244-99245 to a single level lower when the encounter criteria on the claim does not support the higher-level E/M CPT® code reported.

AMA CPT ® Evaluation and Management (E/M) Code and Guideline Changes, this document includes the following CPT® E/M changes effective annuary 1, 2023. Accessed Jun 6, 2025. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

ICD-10 CM International Classification of Diseases 10th Revision Clinical Modification 2025 American Medical Association (AMA)©2024.

Policy History/Update

Date	Change/Update
07/01/2025	Notification of new policy