

## Evaluation and management services: Over-coded services

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In an ongoing effort to ensure accurate claims processing and payment, HealthKeepers, Inc. is taking additional steps to verify the accuracy of payments made to Anthem HealthKeepers Plus providers. Beginning on **October 27, 2019**, HealthKeepers, Inc. will assess selected claims for evaluation and management (E&M) services using an automated analytic solution to ensure payments are aligned with national industry coding standards.

Providers should report E&M services in accordance with the American Medical Association CPT manual and CMS guidelines for billing E&M service codes ([Documentation Guidelines for Evaluation and Management](#)).

The level of service for E&M service codes is based primarily on the documented key factors, medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem and face-to-face interaction are considered contributing factors. The appropriate E&M level code should reflect and not exceed what is needed to manage the member's condition(s).

Claims will be selected from providers who, based on a risk adjusted analysis, code a higher level E&M services compared to their peers with similar risk-adjusted members. Individual claims will be identified as over-coded based on a claim specific risk adjusted analysis. If a claim is determined to be over-coded, it will be reimbursed at the fee schedule rate for the appropriate level of E&M for the condition(s) identified. Providers whose coding patterns improve are eligible to be removed from the program.

If providers have medical record documentation to support reimbursement for the originally submitted E&M service, those medical records should be submitted for consideration.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

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