



# Reimbursement Policy for Multiple E/M codes for the same provider same date of service

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member’s benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

## Policy Overview

This policy addresses scenarios in which a healthcare provider needs to invoice multiple evaluation and management (E&M) codes for a single date of service by the same provider. When a patient is examined on the same day for different diagnosis (DX) codes, the provider should apply modifier 27 and condition code G0 to the second claim. In situations where two E&M codes share the same DX code on the same date of service, the provider must carefully select the appropriate modifier for accurate billing. The choice between modifier 76 and 77 depends on whether the patient was attended to by the same or a different physician.

Please note the importance of consulting the specific coding guidelines and policies of the relevant healthcare organization or payer to ensure accuracy and compliance with their regulations."

## Reimbursement Guidelines

In the event of incorrect billing by the provider, it could result in the denial of the claim, or the recoument of any previous payments made by Molina Healthcare.

## Supplemental Information

### Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
Modifier 27	When a patient is seen on the same day of service for different diagnosis (DX) codes, the provider needs to append Modifier 27 to the second claim. Modifier 27 indicates that the encounter was a distinct separate E/M service that occurred during a separate session on the same day.
Modifier 76	used to indicate a procedure or service was repeated by the same physician or other qualified healthcare professional after the original procedure or service
Modifier 77	used to indicate a procedure or service was repeated by another physician or other qualified healthcare professional. It indicates that a basic procedure or service had to be repeated
Condition Code G0	When a patient is seen on the same day of service for different diagnosis (DX) codes, the provider needs to append Modifier 27 to the second claim. Modifier 27 indicates that the encounter was a distinct separate E/M service that occurred during a separate session on the same day.
Multiple Evaluation and management codes	Evaluation and management codes, often referred to as E&M codes or E and M codes are a coding system that involve the use of CPT codes from the range



	99202 to 99499 which represent services provided by a physician or other qualified healthcare professional
Diagnosis Code	the translation of written descriptions of diseases, illnesses, and injuries into codes from a particular classification

### State Exceptions

State	Exception

### Documentation History

Type	Date	Action
Published	09/01/2023	New Policy
Revised Date		

### References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts