

**KEY MEDICAL GROUP POLICY AND PROCEDURE REGARDING LEVEL 4
OR HIGHER CONSULTS/VISITS**

Policy: It is the policy of Key Medical Group to follow all guidelines of CPT coding for authorization and claims payment. All automatic authorizations/consultations will be paid at a maximum of the 99243 level. The only exception would be for patients with complex medical histories that will require a comprehensive history and exam for problems of moderate to high severity. The physician will typically spend a minimum of 60 minutes with the patient and/or family.

Follow up visits will be approved/paid at a maximum of the 99213 level. The only exception would be for patients with complex medical histories that will require a detailed history and exam with decision making of moderate complexity for problems of moderate to high severity. The physician will typically spend a minimum of 25 minutes with the patient and/or family.

Higher level reimbursements are only given if the visit meets CPT code criteria for the higher level and documentation from the Physician supports this.

If a patient is seen for a level 3 consultation/follow up visit and due to the patients condition a higher level of reimbursement is appropriate the following procedure is in place.

Procedure:

When a patient is seen and a higher level reimbursement is sought, the Physician will submit the claim for the visit with the higher level reimbursement requested. The Physician will submit office notes for the visit to document the reason higher level reimbursement is needed. The claim and the office notes will be reviewed by a Physician reviewer to determine if CPT guidelines for the higher reimbursement are met. If guidelines are met, the claim will be paid at the higher level requested.