

## Payment Policy Updates Effective September 15, 2021

Effective September 15, 2021, information on the policies for *i*) *New Patient* and *ii*) *E&M Billed During a Global Surgical Period* will be updated to reflect changes in how claims for these services will be processed. The updates to be implemented are summarized below.

## i. New Patient

- MVP Health Care<sup>®</sup> (MVP) follows the American Medical Association's definition of a *new patient* as one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty/subspecialty who belongs to the same group practice, within the past three years.
- MVP will continue to reimburse a New Patient Evaluation & Management (E&M) CPT code when the elements of the *new patient* definition have been met. MVP will continue to deny reimbursement for a New Patient E&M CPT code when the patient is already established within the group practice, as outlined above.

## ii. E&M Billed During a Global Surgical Period

- MVP follows the Centers for Medicare and Medicaid Services (CMS) definition for Global Surgical Period, whereby all necessary services—normally furnished by a physician and/or other qualified health care professionals of the same group and same specialty (before, during, and after the procedure)—are bundled in the reimbursement for the procedure performed.
- MVP will continue to deny reimbursement for an E&M service billed within a minor procedure that has a 10-day post-op period, or a major procedure that has a 90-day post-op period, unless there is a "significant" problem that arises which is not considered a normal complication of recovery or unless the problem is "unrelated" to the procedure performed.

The complete policy information can be found by visiting the MVP Provider Resource Manual at **mvphealthcare.com/PRM** and selecting the *Evaluation and Management* payment policy.

