



EVALUATION AND MANAGEMENT OVERCODING PROGRAM GUIDELINES

PROGRAM OVERVIEW

Effective for dates of service on or after November 3, 2025, Blue Cross will expand our pre-payment claims editing to review professional services for evaluation and management (E/M) overcoding. Reviews will include office/outpatient visits for new and established patients and emergency department visits.

We will assess level 4 and 5 E/M codes to determine if the level of service billed is appropriate for the severity of the member's condition as reported on the claim.

Consideration will include but will not be limited to:

- Current claim information
- Member claim history
- For emergency department visits: information on the corresponding facility claim that may identify resources used as part of the visit (labs, radiology, pharmaceuticals, etc.)

If an E/M code is determined to be overcoded, we may adjust reimbursement as follows:

- Level 5 E/M code/reimbursement may be adjusted to level 4 or 3
- Level 4 E/M code/reimbursement may be adjusted to level 3

If you disagree with a determination, you may submit supporting documentation.

E/M CODING GUIDELINES

Please bill for E/M services in accordance with American Medical Association (AMA) and CMS guidelines.

Blue Cross recognizes the 2021 and 2023 AMA code selection and reporting guidelines for E/M services which replace CMS 1995 and 1997 documentation guidelines.

Blue Cross recognizes the 2023 AMA code selection and reporting guidelines for hospital inpatient or observation care services, consultation codes, emergency department services codes, nursing facility codes, and home or residence code services.

Blue Cross recognizes the 2021 AMA code selection guidelines for outpatient office visit codes, 99202-99215.