

NEW POLICY UPDATES

CLINICAL PAYMENT, CODING AND POLICY CHANGES

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the chart below highlighting upcoming new policies.

Effective for dates of service beginning **03/01/2026**:

Illinois Duals-Policy Guidelines

Evaluation and Management Overcoding

According to the CMS policy and the AMA CPT Codebook, a higher level of evaluation and management should not be reported when a lower level of service is warranted. The level of service should be documented during or soon after it is provided.

Evaluation and management overcoding review is based on the complexity of medical decision making (MDM). Maximum levels of service are associated to diagnosis codes based on MDM. When a provider submits a level of service that exceeds the maximum level of service allowed, the E/M code is lowered to match the maximum level of service allowed. When multiple diagnosis codes are billed, the recoding will be based on the highest level of service associated with one or more of the diagnosis codes billed.

Office Visits:

New Patient Visits	99204- 99205	Minimum Recode Level is 99203
Established Patient Visits	99214- 99215	Minimum Recode Level is 99213
Office Visit Consultations	99244- 99245	Minimum Recode Level is 99243