



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 **March 1, 2026:**

New Jersey Medicaid and LTSS-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.

Outpatient/Inpatient Provider Visits:

ER	99284- 99285	Minimum Recode Level is 99283
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Facility Evaluation and Management Overcoding

According to the Federal Registrar and American College of Emergency Physicians, the level of service for the emergency department (ED) Evaluation and Management (E/M) codes is based primarily on the resources consumed by the facility (labs, imaging, x-rays, procedures, etc.). The level of service for

the submitted E/M code is adjusted to one that is consistent with the claim evidence of the resources consumed by the facility.

Evaluation and Management codes for professional providers are reported to capture the complexity and intensity of the work performed by the provider; however, E/M codes for facilities are reported for the amount and intensity of resources utilized by the facility to provide the care of the patient.

The claim will be adjusted to the appropriate E/M level based upon the resources submitted on the claim. Providers can appeal this adjustment if they believe the medical record documentation supports a higher level of service.

Facility Evaluation and Management Codes:

ER	99284- 99285	Minimum Recode Level is 99283
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