
Office Visits: Evaluation and Management and Education Counseling Services

Page updated: February 2021

This section provides the CPT® and HCPCS codes billed for Evaluation and Management (E&M) and Education and Counseling (E&C) office visits. The services are rendered in an enrolled Family PACT (Planning, Access, Care and Treatment) Program provider's office, clinic or other ambulatory facility and in offices of non-Family PACT Medi-Cal providers who deliver services upon referral from a Family PACT provider.

Unless stated otherwise in this manual, standard Medi-Cal policy for billing E&M CPT codes, HCPCS codes and modifiers apply. The CPT code book includes detailed instructions for selecting an appropriate E&M service level. Only the codes listed in this section as Family PACT benefits may be billed to the Family PACT Program. For more information, refer to the *Benefits: Family Planning* section in this manual.

E&M Office Visits

Evaluation and management services must be performed by a clinician. «Consistent with American Medical Association (AMA) CPT 2021,» selection of the appropriate E&M CPT code level is determined either by:

- «Medical Decision Making (MDM)

This includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements:

- the number and complexity of problem(s) that are addressed during the encounter
- the amount and/or complexity of data to be reviewed and analyzed
- the risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment(s), or

- Time

Time for services is the total time on the date of encounter. It includes both face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional.»

The total time must be documented in the medical record.

Laboratory, medication and contraceptive supply codes, as well as certain CPT procedure codes, may be billed on the same date of service as an E&M CPT office visit code.

Billing Office Visits

Office visits are reimbursable as follows:

Office Visit CPT Codes Tables

CPT Code	New Patients
99202	Females/Males
99203	Females/Males
99204	Females; Males for complications only

CPT Code	Established Patients
99211	Females/Males
99212	Females/Males
99213	Females/Males
99214	Females; Males for complications only

Medical record documentation must reflect the clinical rationale for providing, ordering or deferring services for clients according to *Family PACT Standards*, including, but not limited to, client assessment, diagnosis, treatment and follow-up. Chart documentation must support services billed for reimbursement. Additional E&M CPT codes may be billed when there is a complication of a method or treatment.

RN Billing with CPT E&M Codes

Registered nurses (RNs) can administer or dispense hormonal contraceptives (oral contraceptive, injectable contraceptive, contraceptive patch, vaginal ring and emergency contraceptive pills) pursuant to *California Business and Professions Code* (B&P Code), Section 2725.2. If performed by an RN who has completed the required training, E&M procedure CPT codes «99202,» 99211 and 99212 (office or other outpatient visit for the evaluation and management of «an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making») must be billed with modifier TD.

E&M and CPT Procedure Codes on the Same Date of Service

The CPT codes for surgical procedures include performance of relevant history and physical examination, administration of local anesthesia (if necessary), performance of the procedure, immediate postoperative care and preoperative and postoperative counseling applicable to the procedure. However, CPT convention states that if a “significant, separately identifiable E&M service is provided by the same clinician on the same day of the procedure,” then an E&M claim for the evaluation of the separate condition may be billed as well. Modifier 25 is used to designate this service for Family PACT. For more information, refer to the *Evaluation and Management (E&M)* and *Modifiers Used With Procedure Codes* sections in the appropriate Part 2 Medi-Cal manual.

«For examples of claims that require two claim forms, refer to the *Claim Completion: CMS-1500* and *Claim Completion: UB-04* sections.»

The following CPT procedure codes will accommodate an E&M code with modifier 25 when a significant, separately identifiable E&M service is provided by the same clinician on the same date of the procedure.

«E&M and Procedure Codes for Same Day Service»

CPT Code	Description
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54100	Biopsy of penis; (separate procedure)
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); one lesion
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57452	Colposcopy of the cervix including upper/adjacent vagina;
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57511	Cautery of cervix; cryocautery, initial or repeat
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure.)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)

E&C Office Visits

«Health education and counseling may be provided by either clinicians or non-clinician counselors. For more information, refer to “Non-Clinician Counselors” on a following page.»

Laboratory, surgical, medication and supply codes may be billed on the same date of service as an E&C visit. In very limited circumstances, E&M and E&C visit codes may be billed on the same date of service. (refer to the chart on the last pages of this section).

Medical record documentation must reflect the scope of education and counseling services provided to clients according to *Family PACT Standards*, including, but not limited to, individual client assessment, topics discussed, name and title of counselor. Documentation must support services billed for reimbursement. The total time must be documented in the medical record.

Billing for E&C Visits

Clients may be oriented to the Family PACT Program by a «clinician or by a non-clinician counselor» either in a group session of two or more clients or in an individual session. Providers may select only one of the following codes:

HCPCS Code	Description
S9445	Individual orientation to Family PACT, only once by the same provider for the same client

or

HCPCS Code	Description
S9446	Family planning group education (including orientation to Family PACT), only once by the same provider for the same client

E&C HCPCS code S9445 or S9446 may be billed alone, or with E&M CPT code («99202 thru 99204,» 99211 thru 99214), or with a higher level E&C service (code 99401U6, 99402U6 or 99403U6), one time per client by the same provider.

The following E&C visits use CPT E&M counseling codes (up to two per provider, per 30 days, per client).

«The provider shall take into consideration the cumulative time spent counseling the client by all staff when selecting a preventive medicine service counseling code for billing.»

Billing Codes for Counseling Services

CPT Code/Modifier	Description
99401U6	Preventive medicine counseling service for family planning counseling (up to 15 minutes)
99402U6	Preventive medicine counseling service for family planning counseling (16 thru 30 minutes)
99403U6	Preventive medicine counseling service for family planning counseling (31 thru 45 minutes)

«E&C visits billed with CPT code 99401, 99402, or 99403 must be billed with a U6 modifier to indicate individual family planning counseling provided during the office visit.»

Summary of Differences Between E&M and E&C Services

Office Visit	Provided By	Level Computed By
E&M	«Clinician»	«Based on MDM or clinician time»
E&C	«Non-Clinician Counselor»	«Counselor time»

Non-Clinician Counselors

Providers may choose to include non-clinician counselors in the process of client health education and counseling services. These services are subject to supervision by health care professionals who themselves are qualified to provide education and counseling services.

Providers must ensure that: non-clinician counselors have been trained in all family planning methods; are knowledgeable about the *Family PACT Standards* and program benefits; and have the essential core competence to deliver education and counseling services, including individual client history and assessment of health education and counseling needs. Within the personnel files of non-clinician counselors, providers must maintain documentation of education and counseling training and performance. Non-clinician counselors shall work under the direction of the enrolled Family PACT provider. Practice-specific education and counseling protocols or other written delegation arrangements must be established by non-clinician counselors and must be consistent with *Family PACT Standards*.

Services provided by non-clinician counselors must be accompanied by onsite direct supervision. Acceptable supervisors of non-clinician counselors include: physicians; non-physician medical practitioners (NMPs); registered nurses (RNs); public health nurses; counseling professionals, including the categories of Marriage, Family and Child Counselor (MFCC) or Marriage and Family Therapist (MFT); Licensed Clinical Social Worker (LCSW); clinician psychologist; or masters-degree prepared health educator. Refer to Sect. 1905, (a)(5), (6), (9), (13), (17), (21), (28) of the Social Security Act; Title 42, *Code of Federal Regulations*, Part IV, Subpart A, Sect. 440.2 and 440.60.

Summary of E&C Visit Codes

The following codes may be used to bill for family planning education and counseling for males and females. The services must be delivered in a manner consistent with the *Family PACT Standards*.

E&C Visit Codes Table

Family PACT Education and Counseling Services	HCPCS and CPT Codes	Restrictions
Individual orientation to Family PACT: <ul style="list-style-type: none"> • Scope of Family PACT services • Information about family planning methods and select related conditions • Provided by a clinician and/or counselor • Up to 10 minutes 	S9445: May be billed with E&M codes <<99202 thru 99204,>> 99211 thru 99214, or with E&C codes 99401U6, 99402 U6 or 99403U6	This code may be reported only once per client, per provider. Each client may receive either individual orientation or group orientation (S9446), but not both.
Group family planning education (including orientation to Family PACT): <ul style="list-style-type: none"> • Scope of Family PACT services • Information about family planning methods and select related conditions • A group setting of two or more clients • Provided by a clinician and/or counselor 	S9446: May be billed with E&M codes <<99202 thru 99204,>> 99211 thru 99214, or with E&C codes 99401U6, 99402U6 or 99403U6.	This code may be reported only once per client, per provider. Each client may receive either group orientation or individual orientation (S9445), but not both.

E&C Visit Codes Table (continued)

Family PACT Education and Counseling Services	HCPCS and CPT Codes	Restrictions
<p>Individual family planning counseling:</p> <ul style="list-style-type: none"> • Lasting up to 15 minutes • Provided by a «non-clinician counselor» 	<p>99401U6: «May be billed with E&M codes for services rendered by clinician, but not with 99402U6 or 99403U6.»</p>	<p>Limited to two CPT E&C code office visits (99401U6 thru 99403U6) per client, per 30 days, per provider.</p> <p>Codes may be billed with Family PACT laboratory, surgical, medication and supply codes.</p> <p>These codes may be used to report counseling issues, including lifestyle and relationship issues, risk reduction interventions, method use and adherence, infertility, preconception counseling, pregnancy options and sexually transmitted infection (STI) prevention.</p> <p><u>Documentation Requirements:</u> Medical record documentation must support services claimed for reimbursement.</p>

E&C Visit Codes Table (continued)

Family PACT Education and Counseling Services	HCPCS and CPT Codes	Restrictions
<p>Individual family planning counseling:</p> <ul style="list-style-type: none"> • Lasting up to 16 thru 30 minutes • Provided by a «non-clinician counselor» 	<p>99402U6: «May be billed with E&M codes for services rendered by clinician, but not with 99401U6 or 99403U6.»</p>	<p>Limited to two CPT E&C code office visits (99401U6 thru 99403U6) per client, per 30 days, per provider.</p> <p>Codes may be billed with Family PACT laboratory, surgical, medication and supply codes.</p> <p>These codes may be used to report counseling issues, including lifestyle and relationship issues, risk reduction interventions, method use and adherence, infertility, preconception counseling, pregnancy options and sexually transmitted infection (STI) prevention.</p> <p><u>Documentation Requirements:</u></p> <p>Medical record documentation must support services claimed for reimbursement.</p>

E&C Visit Codes Table (continued)

Family PACT Education and Counseling Services	HCPCS and CPT Codes	Restrictions
<p>Individual family planning counseling:</p> <ul style="list-style-type: none"> • Lasting up to 31 thru 45 minutes • Provided by a non-clinician counselor 	<p>99403U6: May be billed with E&M codes for services rendered by clinician, but not with 99401U6 or <<99402U6.>></p>	<p>Limited to two CPT E&C code office visits (99401U6 thru 99403U6) per client, per 30 days, per provider.</p> <p>Codes may be billed with Family PACT laboratory, surgical, medication and supply codes.</p> <p>These codes may be used to report counseling issues, including lifestyle and relationship issues, risk reduction interventions, method use and adherence, infertility, preconception counseling, pregnancy options and sexually transmitted infection (STI) prevention.</p> <p><u>Documentation Requirements:</u></p> <p>Medical record documentation must support services claimed for reimbursement.</p>

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.