



Effective 6/1/2026

Lines Of Business Medicaid

## Codes Billed with Revenue Codes 510 through 519

### DISCLAIMER

This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to participating and providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](http://healthplan.org).

### DEFINITIONS, ACRONYMS, TERMS

Institutional Claim	Claim submitted on a UB-04 (paper) or 837i (electronically)
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### POLICY

The Health Plan (THP) will reimburse \$20.20 for a clean institutional claim (837i) billed with revenue code 510 through 519 with one of the following Evaluation and Management (E&M) Current Procedural Terminology (CPT) codes:

Code	Description
99202	A new patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, between 15-29 minutes.
99203	A new patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, between 30-44 minutes.
99204	A new patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, between 45-59 minutes.
99205	A new patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, between 60-74 minutes.
99210	A new patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, approximately 10 minutes or less.
99211	An established patient office or outpatient visit for evaluation and management, medically appropriate history and/or examination, and straightforward medical decision-making, approximately 5 minutes or less.
99212	An established patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, approximately 20 minutes or less.
99213	An established patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, between 20-29 minutes.
99214	An established patient office or outpatient visit for evaluation and management, requiring a

	medically appropriate history and/or examination, and straightforward medical decision-making, between 30-39 minutes.
99215	An established patient office or outpatient visit for evaluation and management, requiring a medically appropriate history and/or examination, and straightforward medical decision-making, 40 or minutes.

For any other E&M CPT code (99217-99499) billed with revenue code 510 through 519, The Health Plan will pay \$0.

Any valid and covered non-E&M CPT code will reimburse in accordance with the West Virginia Bureau for Medical Services (BMS) fee schedule.