

Reimbursement Policy	
Title: Same Day Same Service	
Policy Number: RP-P-345X	Application: All Medica Members
Last Updated: 06/19/2023	Effective Date: 6/1/1988
Related Policies: Preventive Medicine and Screening , Prolonged Services , Add-on Code , CCI editing	

***Disclaimer:** This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
This policy describes reimbursement for multiple Evaluation and Management (E/M) services provided on the same date of service for a patient by the same physician or other health care professional reporting the same Federal Tax Identification number.

Policy Statement:

The Same Day Same Service policy addresses those instances when a single E/M service should be reported by a physician or other health care professional for a patient on one date of service.

As stated in the Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 12, section 30.6.5, “If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.”

Consistent with CMS, this policy recognizes physicians or other health care professionals of the same group and specialty as the same physician; physician subspecialty is not considered.

When a significant and separately identifiable E/M service has been provided to a patient by a second physician in the same group and specialty on the same day for an unrelated problem, the E/M service should be reported with modifier 25.

There are instances when appending modifier 25 to an E/M service would not be appropriate. These include, but are not limited to:

- Reporting separate services when a more comprehensive code exists that describes the services.
- Reporting two E/M services where one or both services include the phrase "per day" in the CPT code description:
 - I. If both physicians seeing the patient in the hospital on the same day are the same specialty: Inpatient hospital visits (CPT codes 99221-99233), include the phrase "per day" which means that the code, along with its reimbursement, represent all inpatient services provided on the same date of service. Select a code that represents all services provided during the same date of service.
 - II. Billing one inpatient hospital visit also applies in situations where one physician or qualified health professional covers for another later in the day and provides a second inpatient hospital visit.

Note: If both physicians seeing the patient in the hospital on the same day are of different specialties, each are responsible for different aspects of the patient’s care and the visits are billed with different diagnoses. Both visits are eligible for reimbursement.

Modifiers:	
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

Code List:
Same Day Same Service Code List

Definitions:	
Same Physician or Other Health Care Professional	Physicians and/or qualified health care professionals reporting the same Federal Tax Identification number and of the same primary specialty.

Q & A:
<p>Q: May a physician or separate physicians of the same group and specialty report more than one hospital visit on the same day for the same patient for unrelated problems?</p> <p>A: No. The inpatient hospital visits descriptors contain the phrase "per day" which means the code and the payment established for the code represent all services provided on that day. The physician/s should select a single comprehensive code that reflects all services provided on that day.</p>
<p>Q: If a patient is seen for more than one E/M on a single date of service, and each E/M is performed by a physician of the same group and specialty but with a different subspecialty designation, would each E/M be separately reimbursable?</p> <p>A: No. Subspecialty is not considered when applying the Same Day Same Service Reimbursement Policy.</p>

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT [®])
Healthcare Common Procedure Coding System (HCPCS)

Effective Date:	6/1/1988
------------------------	----------

Revision Updates:	
06/19/2023	Annual Policy Review
1/18/2023	Code List Update
1/19/2022	Code List Update
9/21/2021	Annual Policy Review