



## **Covered Benefit: Physician Services**

CMP Published: Yes  No

CPG Published: Yes  No

Definition: Physician services include routine physical examinations and periodic check ups, sick visits, specialty care office visits, consultations, observation, inpatient care, and home visits.

A primary care practitioner (PCP) is a practitioner who practices in the following areas of medicine: Pediatrics, Obstetrics/Gynecology, Family Practice, or Internal Medicine, inclusive of nurse practitioners; he/she is credentialed by the Plan and contracted as a PCP. Neighborhood supports the role of the PCP, and certain services are only covered when rendered by the member's PCP or covering practitioner.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Extended Family Planning (EFP).

### Coverage Limitations:

Specialty office visits to a non-Neighborhood provider are only covered when the particular expertise is needed and is not available within the Neighborhood provider network. Authorization is required for out-of-network consultations.

### Exclusions:

Exams required by third parties (i.e., court-ordered exams, exams required for employment, or life/other insurance) are not covered.

Extended Family Planning (EFP) members have a restricted benefit package with limited physician services. For a comprehensive list of EFP covered physician services see the EFP Benefit Coverage Summary.

### Coverage Includes:

- Physician Office Visits
- Adult Routine Office Visits (PCP)
- Inpatient Visits Physician
- After Hours Care (PCP)
- Physician Care Plan Oversight
- Home Visits (Physician)
- Observation Hospital
- Consultation
- Critical Care Transport by a Physician
- Emergency Room
- Critical Care
- Newborn Services
- Osteopathic Manipulative Treatment
- Podiatric Trimming of Nails



- Glucose Monitoring
- Limited Behavioral Health Management
  - For limited behavioral health services primary care practitioners can bill CPT code 90862: Pharmacologic management, including prescription use and review of medication with no more than minimal medical psychotherapy and billed with an Evaluation and Management code.
  - For behavioral health treatment rendered above and beyond medication management please bill T1015: Clinic visit/encontro, all inclusive.

Episodes of care can occur across multiple settings:

Homeless Shelter (POS 04)

Office (POS 11)

Home (POS 12)

Urgent Care Facility (POS 20)

Inpatient (POS 21)

Outpatient (POS 22)

Emergency Room (POS 23)

Ambulatory Surgical Center (POS 24)

Skilled Nursing Facility (POS 31)

Ambulance - Land (POS 41)

Ambulance – Air or Water (POS 42)

Federally Qualified Health Center (POS 50)

Notes:

For information regarding the prenatal pediatrician visit see Maternity Care Benefit Coverage Summary.

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