



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. Physician services in some cases can also be rendered by licensed and credentialed nurse practitioners and physician assistants.

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 (RHP), Rhody Health Options Phase One, and ACA Adult Expansion (RHE).

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.

Adult Routine Office Visits are limited to 1 unit per rolling year.

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
- 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 (deleted code effective 1/1/13): 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/encounter, all inclusive.

* Effective **January 1, 2014**, Neighborhood will no longer reimburse for consultation level coding. The Centers for Medicare and Medicaid Services (CMS) discontinued reimbursement of these services effective January 1, 2010. Consultation codes should now be reported under the new and established Evaluation and Management code sets.

Notes:

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

VERSION HISTORY:

Create Date: 04/23/10

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PEC: 12/22/14