Altura Management Services

# Policy and Procedure

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| **Policy Title:** | Intensity and Scope of Level of Care |
| **Policy No.:** | UM-APP-021 |
| **Issuing Dept.:** | Medical Management |
| **Applicable To:** | ☒ M-Cal ☒ Comm ☒ Medicare |
| **Effective Date:** | 05/01/2026 |
| **Last Review Date:** | 05/27/2026 |

## Purpose

1. To establish standardized Utilization Management (UM) medical necessity criteria for determining the appropriate intensity, scope, and level of outpatient professional Evaluation and Management services.

2. This policy applies when nationally recognized clinical criteria confirm medical necessity for outpatient Evaluation and Management services and when review is required to determine the medically necessary Current Procedural Terminology (CPT) level within the defined Evaluation and Management code ranges, based on: time, the documented intensity, clinical complexity, risk, and medical decision-making associated with the encounter.

3. Guidance published by the American Medical Association for Evaluation and Management services is used as interpretive support in these determinations.

## Policy

1. The delegated entity shall determine medical necessity for the appropriate level, intensity, and extent of outpatient professional Evaluation and Management services within the applicable CPT code ranges, in conjunction with nationally recognized clinical criteria (e.g., MCG guidelines) and guidance issued by the American Medical Association, as applicable.

2. CPT codes are used to identify the category and relative level of service requested and do not, in isolation, establish medical necessity for a specific level of intensity.

3. This policy constitutes approved UM medical necessity criteria for determining the appropriate CPT level of outpatient professional services when intensity of care is subject to review.

## Procedure

1. Apply national or plan-approved clinical criteria to confirm service category medical necessity based on the UM review process. Refer to UM-RPP-002 and UM-RPP-007 policies.

2. Once medical necessity for the service category is established, determine the appropriate intensity and level of care for outpatient Evaluation and Management services based on whether the visit is a new patient or an established patient encounter.

3. Evaluation and Management Codes

| Initial Consultation | Established Visit |
|---|---|
| **99202** | 99212 |
| **99203** | 99213 |
| **99204** | 99214 |
| **99205** | 99215 |

3.1. Clinical risk: The probability that the patient's condition, if not appropriately evaluated or managed, may result in significant morbidity, functional decline, hospitalization, or other adverse outcomes, as reflected in the documented medical decision-making and overall intensity of care.

3.1.1. Examples include unstable conditions, high-risk comorbidities, or diagnostic uncertainty with potential for serious harm.

3.2. Problem complexity: The number, nature, and severity of medical conditions addressed during the encounter, including whether problems are:

3.2.1. New versus established

3.2.2. Stable versus worsening

3.2.3. Undiagnosed with uncertain prognosis

3.2.4. Multiple conditions requiring simultaneous evaluation

3.3. Data review: The amount and complexity of clinical data reviewed, ordered, analyzed, or interpreted to support medical decision-making, which may include:

3.3.1. Review of external medical records

3.3.2. Diagnostic test results

3.3.3. Imaging or pathology reports

3.3.4. Coordination or discussion with other providers

3.4. Management complexity: The level of clinical decision-making required to manage the patient's condition, including:

3.4.1. Initiation or modification of treatment plans

3.4.2. Use of high-risk medications or therapies

3.4.3. Coordination of care across multiple providers or settings

3.4.4. Decisions requiring careful monitoring or follow-up

3.5. Prior documentation: Review of relevant prior diagnoses, previously documented clinical history, and prior treatment plans may be considered to provide clinical context; however, determination of the appropriate CPT level is based primarily on:

3.5.1. Medical necessity, and

3.5.2. Intensity demonstrated in the current encounter

4. Once intensity of service is identified the selection of services will process as follows to permit the time allotment for the evaluation:

New Patient (Initial Consultation)

| CPT Code | Typical Total Time* |
|---|---|
| **99202** | 15–29 minutes |
| **99203** | 30–44 minutes |
| **99204** | 45–59 minutes |
| **99205** | 60–74 minutes |

Established Patient

| CPT Code | Typical Total Time* |
|---|---|
| **99212** | 10–19 minutes |
| **99213** | 20–29 minutes |
| **99214** | 30–39 minutes |
| **99215** | 40–54 minutes |

5. Mapping of Intensity Levels to CPT Codes

| Intensity Level | New Patient E/M | Established Patient E/M |
|---|---|---|
| **Low Intensity** | 99202 | 99212 |
| **Moderate Intensity** | 99203–99204 | 99213–99214 |
| **High Intensity** | 99205 | 99215 |

5.1. Time thresholds may be considered in accordance with guidance issued by the American Medical Association for Evaluation and Management services, when medical decision-making requirements are met.

5.1.1. Time alone, without corresponding clinical complexity, risk, or data review, does not establish medical necessity for a higher-level CPT code.

6. Criteria for Approval

6.1. The requested CPT level within the applicable Evaluation and Management code range shall be approved as requested when all of the following are supported by documentation:

6.1.1. Medical decision-making complexity consistent with the requested CPT level, including:

6.1.1.1. Number and complexity of problems addressed

6.1.1.2. Risk of morbidity, complications, or adverse outcomes

6.1.1.3. Data reviewed, ordered, or interpreted

6.1.2. Clinical risk justifying the level of evaluation and management provided.

6.1.3. Management complexity, including treatment decisions, medication management, or care coordination appropriate to the requested CPT level.

6.1.4. Time requirements, only when applicable, meet CPT standards and are supported by corresponding medical decision-making.

7. When the requested CPT code represents a level of intensity that exceeds what is medically necessary based on documented risk, problem complexity, data reviewed, and management complexity, the service may be approved at a lower CPT level that reflects the medically necessary intensity of care.

   Such determinations constitute a medical necessity modification and are subject to applicable UM notification, appeal, and reconsideration requirements.

8. Providers may submit additional medical records to support reconsideration of the intensity level when documentation demonstrates higher medical decision-making complexity, risk, or data review than initially presented. Reconsideration requests are reviewed under the same UM medical necessity criteria outlined in this policy.

## Forms & Resources

Not Applicable

## References and Citations

1. AMA CPT® E/M Guidelines (2021–present)

2. CMS Medicare Claims Processing Manual, E/M documentation guidance

## Definitions

| Term | Definition |
|---|---|
| Low Intensity | Stable condition, minimal risk, no significant management changes. |
| Moderate Intensity | New or worsening symptoms, medication changes, moderate risk |
| High Intensity | Unstable condition, significant diagnostic uncertainty, high-risk of morbidity or hospitalization. |
| Medical Decision-Making | The complexity of establishing diagnoses, assessing risks, and selecting management options during an encounter, based on the number and complexity of problems addressed, the amount and complexity of data reviewed and analyzed, and the risk of |

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|---|---|
| | complications, morbidity, or mortality associated with patient care decisions. |
| Intensity of Care | The degree of complexity, risk, and clinical effort associated with managing a patient encounter |
| Level of Care | The corresponding Current Procedural Terminology code level selected within a defined Evaluation and Management code range based on the documented intensity of care. |

## Company/Client Approval(s)

| Date | Company/Client | Approve By (Full Name – Title) |
|---|---|---|
| 05/12/2026 | AltaMed Health Services | Dr. Thomas Kim, Vice President, Associate Chief Value Officer |
| 05/12/2026 | Omnicare Medical Group | Dr. Thomas Kim, Vice President, Associate Chief Value Officer |
| 05/13/2026 | Family Choice Medical Group | Dr. Alan Adler, Medical Director |
| 05/14/2026 | LaSalle Medical Associates | Dr. Jasmine Sharma, Medical Director |
| 05/27/2026 | Golden Physicians Medical Group | Dr. Dat Nguyen, Medical Director |

## Version History

| Date | Company/Client | Action Description |
|---|---|---|
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