



nh healthy families.



FROM



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Cotiviti E&M Leveling Effective February 1, 2026

December 1, 2025

NH Healthy Families & Ambetter from NH Healthy Families is committed to continuously improving its claims review and payment processes. This memo is to notify you that effective February 1, 2026, we will begin applying national CPT billing guidelines for the appropriate coding of professional & physician emergency department Evaluation and Management (E&M) code levels.

Both Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG has also recommended that payers continue to help to educate practitioners on coding and documentation for E&M services and develop programs to review E&M services billed for by high-coding practitioners.

Overview of NH Healthy Families Professional & Physician Emergency Department E&M Program:

- Providers with detected historical upcoding behavior on at least 50% (Professional) or 30% (Emergency Department) of submitted claims will be subject to prepay review; **all others will bypass the edit**
- Evaluates and reviews only level 4 and level 5 E&M services based upon all available diagnostic information that appears on the claim, other services that take place in conjunction with the E&M, and member history.
- All claims identified by the algorithm are reviewed manually by a nurse prior to downcoding
- Claims will be pended for nurse review for no more than 72 hours
- Applies the relevant E&M policy and recoding of the claim line to the corrected E&M level of service. Reimbursement is adjusted to the proper code rather than denied outright.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our comparative peer risk adjustment process.

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Providers should report E&M service in accordance with American Medical Association's (AMA) CPT Manual and the Centers for Medicare and Medicaid Services (CMS') guidelines for billing E&M service codes; "Documentation Guidelines for Evaluation and Management". The proper reporting of E&M Services enables NH Healthy Families to more precisely apply reimbursement-coding guidelines and ensure that an accurate record of patient care history is maintained.

Determinations should be made with reference to accepted standards of medical practice and the medical circumstances of the individual case.

Policy Number	CC.PP.066 & CC.PP.076
Policy Name	Leveling of Care Office Based EM Overcoding & Leveling of Care Emergency Department EM Overcoding
Line of Business Impacted	Medicaid & Marketplace

Thank you for your continued participation and cooperation in our ongoing efforts to render the highest quality health care to our members.

Sincerely,

NH Healthy Families
Ambetter from NH Healthy Families

