GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Medical team conferences are defined as evaluation and management services provided to an individual patient and/or their family by a team of physicians and non-physician health care providers. Non-physician health care providers can be defined as speech/language pathologists, audiologists, physician assistants, pharmacists, physical therapists, occupational therapists, registered dietitians, geneticists, genetic counselors, psychologists, and social workers. The services typically provided by members of the team conference include presentation of findings, and recommendations from each participant with the formulation of a care plan.

These services are not to be reported by a provider when their participation is contractual to an organization or facility as a term of employment. In addition, any conference lasting less than 30 minutes in total duration is not separately reportable. Only one person, per specialty, per patient, may report the conference, and the provider must have performed some type of evaluation and management service within the previous 60 days leading up to the conference.

POLICY
Medical team conferences (99366-99368) are considered incidental and not eligible for separate reimbursement for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
The Centers for Medicare and Medicaid Services (CMS) considers CPT codes 99366, 99367 and 99368 to be bundled into payment for other services. These codes have a Status Indicator of “B” in the National Physician Fee Schedule (NPFS).

Consistent with CMS, Paramount considers medical team conferences to be an integral part of other services for which it provides coverage. Therefore, medical team conferences are not eligible for separate reimbursement consideration.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
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<tbody>
<tr>
<td>99366  Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional</td>
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<tr>
<td>99367  Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician</td>
</tr>
<tr>
<td>99368  Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional</td>
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REVISION HISTORY EXPLANATION
11/1/08: No changes
10/15/09: Updated verbiage
01/01/11: No changes
03/08/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)