Frequently Asked Questions
Defining an Episode of Care – Washington requirements

We define a "new episode of care" as treatment for a new condition or diagnosis for which the patient has not been treated by a provider with the same tax ID and specialty within the previous 90 days and is not undergoing active treatment for that condition or diagnosis. Anything beyond a new episode of care requires an authorization. When a member receives treatment for the same episode of care by different provider specialties, each provider specialty receives six treatment visits without requiring pre-authorization.

Washington requirements apply to members on the following members:

- Regence BlueShield (select counties in Washington) group and Individual members
- Regence BlueCross BlueShield of Oregon group and Individual members on one of our Clark County, Washington, products
- Regence BlueShield of Idaho group and Individual members on one of our Asotin or Garfield County, Washington, products
- Uniform Medical Plan (UMP) members

Q: **What is a new episode of care?**

A: Treatment for a new condition or diagnosis for which the patient has not been treated by a provider within the same tax ID and specialty within the previous 90 days and is not undergoing any active treatment for that condition or diagnosis. Anything beyond a new episode of care requires an authorization.

Example*:* The provider conducts an evaluation and management (E&M) visit and then six (or 17 for UMP members) follow-up treatment visits for the new condition/diagnosis. If additional visits will be needed, the provider will contact eviCore to request a pre-authorization for additional visits for that condition/diagnosis.

Q: **What if the patient presents with a new condition?**

A: Treatment for a new condition would be considered a new episode of care.

Q: **How would a provider identify the new condition or new episode of care?**

A: We base our claims processing to include all diagnoses included on a claim. If a provider wants to identify a new condition, the new claim should not include any previous diagnosis applicable to the initial episode of care.

Example: If the patient presents with a new condition or diagnosis that is unrelated to the initial condition, the provider will be allowed an E&M visit and six (or 17 for UMP members) follow-up treatment visits for that new condition or diagnosis; however, to capture the new condition, it will need to be represented on a claim separately from the initial condition or episode of care.

Q: **What if a patient is being treated by more than one specialty for a new condition or diagnosis?**

A: When a member receives treatment for the same episode of care by different provider specialties, each provider specialty receives an evaluation and management visit and six (or 17 for UMP members) treatment visits without requiring prior authorization.

Q: **What if a provider includes multiple diagnoses on a claim?**

A: We use all diagnoses included on a claim to count towards *one* episode of care.