ASURIS
NORTHWEST HEALTH

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.

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 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 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 E&M visit and six treatment visits without requiring pre-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.