# The CPT Codes You Probably Did Not Bill

**Neeraj Tayal, MD**
*Professor of Clinical Medicine*
*Division of General Internal Medicine*
*The Ohio State University Wexner Medical Center*

MedNet21
Center for Continuing Medical Education

The Ohio State University
Wexner Medical Center

| | 2020 | 2021 |
|---|---|---|
| Key Components | **History**<br>• History of present illness<br>• Review of systems<br>• Past medical, family, social history | History |
| | **Exam**<br>• Organ system<br>• Body system | Exam |
| | **Medical Decision Making**<br>• Diagnosis<br>• Data<br>• Risk | **Medical Decision Making** (simplified)<br>• Diagnosis<br>• Data<br>• Risk |
| Time | **Time** - Face-to-face with patient<br>Majority time counseling, coordinating, educating | **Total time** on the day visit date |

**Table 2 – CPT E/M Office Revisions**
**Level of Medical Decision Making (MDM)**

**Revisions effective January 1, 2021:**

*Note: this content will not be included in the CPT 2020 code set release*

| Code | Level of MDM (Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making: Number and Complexity of Problems Addressed | Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed (*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.) | Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management |
|---|---|---|---|---|
| 99211 | N/A | N/A | N/A | N/A |
| 99202<br>99212 | Straightforward | **Minimal**<br>• 1 self-limited or minor problem | **Minimal or none** | **Minimal risk of morbidity from additional diagnostic testing or treatment** |
| 99203<br>99213 | Low | **Low**<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury | **Limited**<br>*(Must meet the requirements of at least 1 of the 2 categories)*<br>**Category 1: Tests and documents**<br>• **Any combination of 2 from the following:**<br>▪ Review of prior external note(s) from each unique source*;<br>▪ review of the result(s) of each unique test*;<br>▪ ordering of each unique test*<br>**or**<br>**Category 2: Assessment requiring an independent historian(s)**<br>*(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)* | **Low risk of morbidity from additional diagnostic testing or treatment** |
| 99204<br>99214 | Moderate | **Moderate**<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | **Moderate**<br>*(Must meet the requirements of at least 1 out of 3 categories)*<br>**Category 1: Tests, documents, or independent historian(s)**<br>• **Any combination of 3 from the following:**<br>▪ Review of prior external note(s) from each unique source*;<br>▪ Review of the result(s) of each unique test*;<br>▪ Ordering of each unique test*;<br>▪ Assessment requiring an independent historian(s)<br>**or**<br>**Category 2: Independent interpretation of tests**<br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>**or**<br>**Category 3: Discussion of management or test interpretation**<br>• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) | **Moderate risk of morbidity from additional diagnostic testing or treatment**<br>*Examples only:*<br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health |
| 99205<br>99215 | High | **High**<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function | **Extensive**<br>*(Must meet the requirements of at least 2 out of 3 categories)*<br>**Category 1: Tests, documents, or independent historian(s)**<br>• **Any combination of 3 from the following:**<br>▪ Review of prior external note(s) from each unique source*;<br>▪ Review of the result(s) of each unique test*;<br>▪ Ordering of each unique test*;<br>▪ Assessment requiring an independent historian(s)<br>**or**<br>**Category 2: Independent interpretation of tests**<br>• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**<br>**or**<br>**Category 3: Discussion of management or test interpretation**<br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | **High risk of morbidity from additional diagnostic testing or treatment**<br>*Examples only:*<br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |



| Code (2/3) | Diagnosis (considered) | Data (reviewed) | Risk (complications of intervention) |
|---|---|---|---|
| 3 (Low)<br>Est 20-29 min<br>New 30-44 min | • 2+ minor, predicable resolution<br>*Splinter, light sun burn*<br>• 1 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 acute uncomplicated<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ Tests/documents (2) 1/2<br>• Each note review<br>• Each test review<br>• East test order<br>❑ Independent historian | Low risk |

| Code (2/3) | Diagnosis (considered) | Data (reviewed) | Risk (complications of intervention) |
|---|---|---|---|
| 3 (Low)<br>Est 20-29 min<br>New 30-44 min | • 2+ minor, predicable resolution<br>*Splinter, light sun burn*<br>• 1 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 acute uncomplicated<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ Tests/documents (2)<br>1/2<br>• Each note review<br>• Each test review<br>• East test order<br>❑ Independent historian | Low risk |
| 4 (Moderate)<br>Est 30-39 min<br>New 45-59 min | • 2 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 chronic uncontrolled<br>• 1 acute uncertain prognosis, systemic symptoms, complicated injury<br>*Lump in breast, pyelonephritis, pneumonia, colitis, head injury with LOC* | ❑ Test/documents (3)<br>1/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | Moderate risk<br>• Rx drug management<br>• Social barriers |

| Code (2/3) | Diagnosis (considered) | Data (reviewed) | Risk (complications of intervention) |
|---|---|---|---|
| 3 (Low)<br>Est 20-29 min<br>New 30-44 min | • 2+ minor, predicable resolution<br>*Splinter, light sun burn*<br>• 1 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 acute uncomplicated<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ Tests/documents (2)<br>1/2<br>• Each note review<br>• Each test review<br>• East test order<br>❑ Independent historian | Low risk |
| 4 (Moderate)<br>Est 30-39 min<br>New 45-59 min | • 2 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 chronic uncontrolled<br>• 1 acute uncertain prognosis, systemic symptoms, complicated injury<br>*Lump in breast, pyelonephritis, pneumonia, colitis, head injury with LOC* | ❑ Test/documents (3)<br>1/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | Moderate risk<br>• Rx drug management<br>• Social barriers |
| 5 (High)<br>Est 40-54 min<br>New 60-74 min | • 1 acute or chronic consider hospitalization, threat to life or function<br>*MI, PE, ARF, respiratory failure, severe RA, suicidal, stroke* | ❑ Test/documents (3)<br>2/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | High Risk<br>• Dangerous drug monitoring<br>• Decide on elective major surgery<br>• Decide on emergency major surgery<br>• Decide on hospitalization<br>• Decide not to resuscitate or de-escalate care due to poor prognosis |

| Code (2/3) | Diagnosis (considered) | Data (reviewed) | Risk (complications of intervention) |
|---|---|---|---|
| 3 (Low)<br>Est 20-29 min<br>New 30-44 min | • 2+ minor, predicable resolution<br>*Splinter, light sun burn*<br>• 1 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 acute uncomplicated<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ Tests/documents (2)<br>1/2<br>• Each note review<br>• Each test review<br>• East test order<br>❑ Independent historian | Low risk |
| 4 (Moderate)<br>Est 30-39 min<br>New 45-59 min | • **2 stable chronic**<br>***Controlled Htn, DM, BPH***<br>• 1 chronic uncontrolled<br>• 1 acute uncertain prognosis, systemic symptoms, complicated injury<br>*Lump in breast, pyelonephritis, pneumonia, colitis, head injury with LOC* | ❑ Test/documents (3)<br>1/3<br>• **Each note review**<br>• **Each test review**<br>• **East test order**<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | Moderate risk<br>• **Rx drug management**<br>• Social barriers |
| 5 (High)<br>**Est 40-54 min**<br>**New 60-74 min** | • 1 acute or chronic consider hospitalization, threat to life or function<br>*MI, PE, ARF, respiratory failure, severe RA, suicidal, stroke* | ❑ Test/documents (3)<br>2/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | High Risk<br>• Dangerous drug monitoring<br>• Decide on elective major surgery<br>• Decide on emergency major surgery<br>• Decide on hospitalization<br>• Decide not to resuscitate or de-escalate care due to poor prognosis |

# Vignette

- Return visit
- 42 year old healthy female
- 2 days of dysuria, urgency and slightly cloudy urine. No fever, no nausea, no back pain
- Urine dip + for leukocyte esterase and nitrites
- Prescribe 5 day course of macobid

- **Diagnosis** - 1 acute uncomplicated condition, prognosis predictable
- **Data** – ordered 1 test, reviewed 1 test
- **Risk** – Rx drug management
- **Total time** – 15 minutes
- **Level 3 return**

| | | | |
|---|---|---|---|
| **3 (Low)**<br>**Est 20-29 min**<br>**New 30-44 min** | • **2+ minor, predicable resolution**<br>*Splinter, light sun burn*<br>• **1 stable chronic**<br>*Controlled Htn, DM, BPH*<br>• **1 acute uncomplicated**<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ **Tests/documents (2)**<br>**1/2**<br>• **Each note review**<br>• **Each test review**<br>• **East test order**<br>❑ **Independent historian** | **Low risk** |

# Vignette

- Return visit for 64 year old male
- DM - glucose 120, tolerating low dose statin therapy started last visit
- Labs reviewed (A1C, Chem 6, Lipids)
- Increase statin to moderate dose

- **Diagnosis** – 2 stable chronic
- **Data** – reviewed 3 tests
- **Risk** – Rx drug management
- **Total time** – 25 minutes
- **Level 4 return**

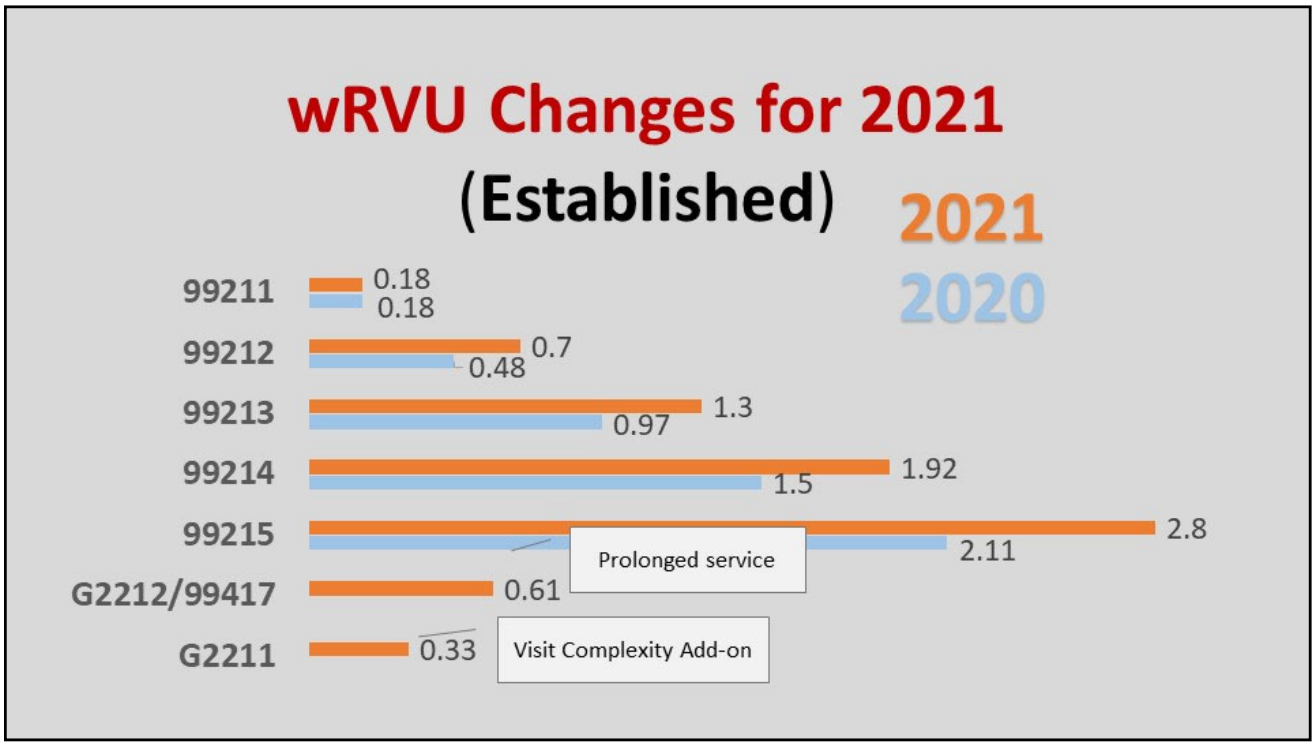
| | | | |
|---|---|---|---|
| **4 (Moderate)**<br>**Est 30-39 min**<br>**New 45-59 min** | • **2 stable chronic**<br>*Controlled Htn, DM, BPH*<br>• **1 chronic uncontrolled**<br>• **1 acute uncertain prognosis, systemic symptoms, complicated injury**<br>*Lump in breast, pyelonephritis, pneumonia, colitis, head injury with LOC* | ❑ **Test/documents (3) 1/3**<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ **Independent interpretation of tests**<br>❑ **Discussion with external consultant** | **Moderate risk**<br>• **Rx drug management**<br>• **Social barriers** |

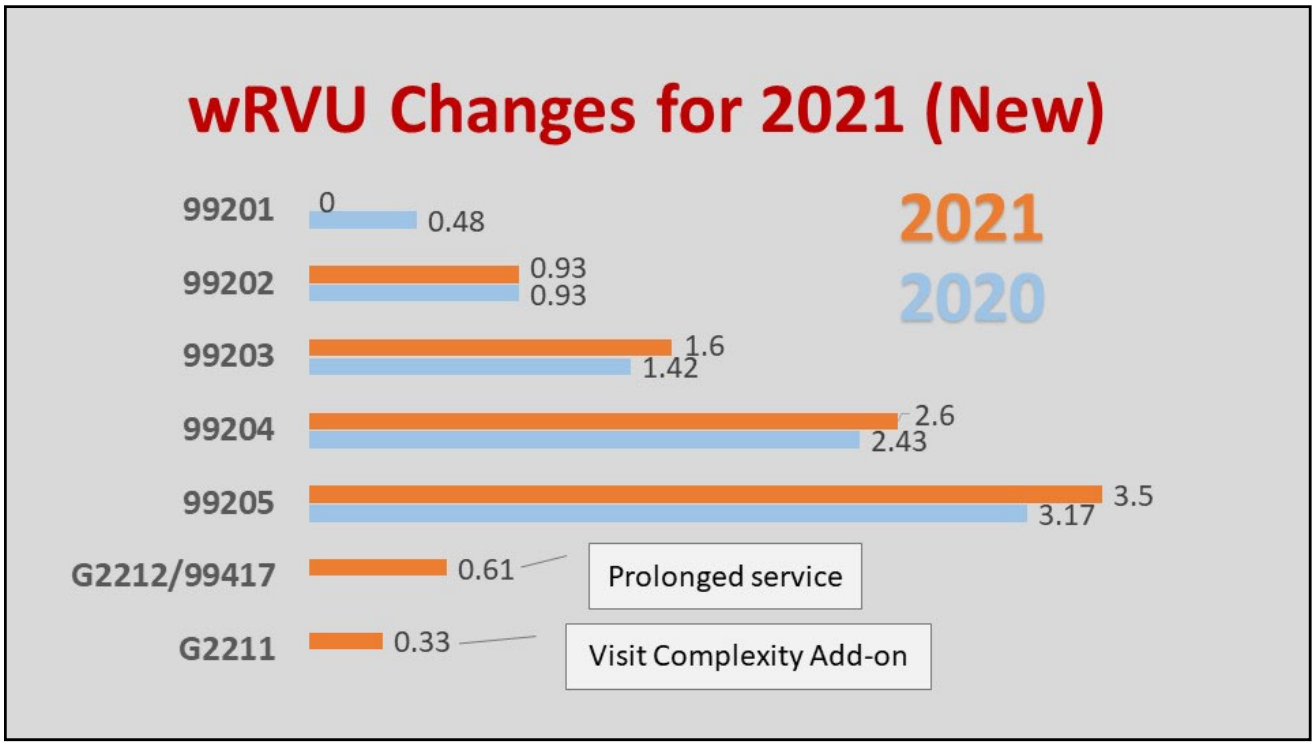
# Vignette

- Return visit 45 year old male w/ bipolar dz
- Not compliant with medications and lost job, unable to afford medications
- Psychiatry notes reviewed
- Speak with family and social worker to ensure safety and apply for medication assistance

- **Diagnosis** – 1 acute uncontrolled
- **Data** – notes reviewed
- **Risk** – Rx drug management and identify social barriers
- **Total time – 45 minutes**
- **Level 5 return**

| | | | |
|---|---|---|---|
| **5 (High)**<br>**Est 40-54 min**<br>**New 60-74 min** | • **1 acute or chronic consider hospitalization, threat to life or function**<br>*MI, PE, ARF, respiratory failure, severe RA, suicidal, stroke* | ❑ **Test/documents (3) 2/3**<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ **Independent interpretation of tests**<br>❑ **Discussion with external consultant** | **High risk**<br>• **Drug monitoring**<br>• **Decide on elective major surgery**<br>• **Decide on emergency major surgery**<br>• **Decide on hospitalization**<br>• **Decide not to resuscitate or de-escalate care due to poor prognosis** |


wRVU Changes for 2021
(Established)
2021
2020
99211
0.18
0.18
99212
0.7
0.48
99213
1.3
0.97
99214
1.92
1.5
99215
2.8
2.11
Prolonged service
G2212/99417
0.61
G2211
0.33
Visit Complexity Add-on


wRVU Changes for 2021 (New)
2021
2020
99201
0
0.48
99202
0.93
0.93
99203
1.6
1.42
99204
2.6
2.43
99205
3.5
3.17
G2212/99417
0.61
Prolonged service
G2211
0.33
Visit Complexity Add-on

# 2021 Conversion Factor Change

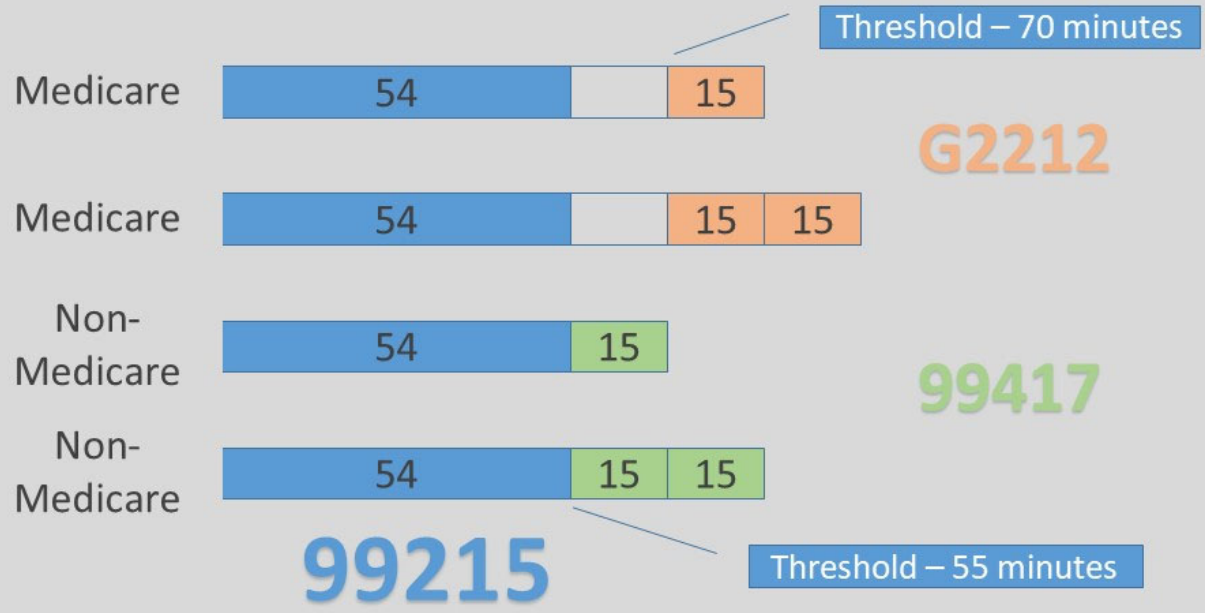
| Visit Complexity Add-on | 2020 | 2021 | % Change |
|---|---|---|---|
| G2211 | $36.09 | $34.89 | - 3.3% |
| ~~G2211~~ | $36.09 | $36.09 | No change |

Eliminated if COVID relief bill signed

# Prolonged service codes G2212 and 99417

- Time based add-on code to level 5 E&M services (99205, 99215)
- Direct and non-face-to-face time on the same as visit date
- Medicare – add G2212 to **upper time limit** in 15 min increments
- Non-Medicare – add 99417 to **lower time limit** in 15 min increments

## Prolonged Service Code Selection (minutes)




## Billing both sick and preventive health service

**Sick Visit**

- Return visit 40 year old
- Last seen 6 months ago
- DM – A1C 7.0
- Htn – 145/80
- Increase Lisinopril to 20 mg

**Preventive health**

- Cardiovascular risk reduction
- Cancer screening
- Infectious disease
- Mental health and substance abuse
- Fall and fracture risk
- Advance directives
- ADL
- Cognitive assessment
- Safety

# Billing both sick and preventive health service

| CPT | Diagnosis (ICD10) | Modifier |
|---|---|---|
| 99214 | Diabetes (E11.9)<br>Hypertension (I10) | 25 |
| 99396 (Non-Medicare)<br>or<br>G0439 (Medicare) | Preventive health care | |

# Video visits

- Telehealth parity legislation
- COVID19 Public Health Emergency
- New, Establish, Consultation, Preventive Health
- Modifier GT and 95 – synchronous audio and video

- *This is a video visit. Patient has already verbally consented to the submissions of a Telehealth visit, patient is aware of the risks, benefits, and possible coinsurance/copay cost. This visit is being conducted by video due to current COVID19 crisis and efforts to reduce in clinic visits, where possible, to reduce overall risk of spread of illness.*

| Code (2/3) | Diagnosis (considered) | Data (reviewed) | Risk (complications of intervention) |
|---|---|---|---|
| 3 (Low)<br>Est 20-29 min<br>New 30-44 min | • 2+ minor, predicable resolution<br>*Splinter, light sun burn*<br>• 1 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 acute uncomplicated<br>*Cystitis, allergic rhinitis, simple sprain* | ❑ Tests/documents (2)<br>1/2<br>• Each note review<br>• Each test review<br>• East test order<br>❑ Independent historian | Low risk |
| 4 (Moderate)<br>Est 30-39 min<br>New 45-59 min | • 2 stable chronic<br>*Controlled Htn, DM, BPH*<br>• 1 chronic uncontrolled<br>• 1 acute uncertain prognosis, systemic symptoms, complicated injury<br>*Lump in breast, pyelonephritis, pneumonia, colitis, head injury with LOC* | ❑ Test/documents (3)<br>1/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | Moderate risk<br>• Rx drug management<br>• Social barriers |
| 5 (High)<br>Est 40-54 min<br>New 60-74 min | • 1 acute or chronic consider hospitalization, threat to life or function<br>*MI, PE, ARF, respiratory failure, severe RA, suicidal, stroke* | ❑ Test/documents (3)<br>2/3<br>• Each note review<br>• Each test review<br>• East test order<br>• Independent historian<br>❑ Independent interpretation of tests<br>❑ Discussion with external consultant | High Risk<br>• Dangerous drug monitoring<br>• Decide on elective major surgery<br>• Decide on emergency major surgery<br>• Decide on hospitalization<br>• Decide not to resuscitate or de-escalate care due to poor prognosis |

# Telephone visits

Private and Medicaid (Medicare during public health emergency)

- 99441 – 5-10
- 99442 – 11-20
- 99443 – 21+

Medicare after public health emergency

- G2012 – 5-10 minutes
- G2252 – 11-20 minutes

Criteria

- Time based codes

# Patient portal visits

Private and Medicaid (Medicare during public health emergency)

- 99421 – 5-10
- 99422 – 11-20
- 99423 – 21+

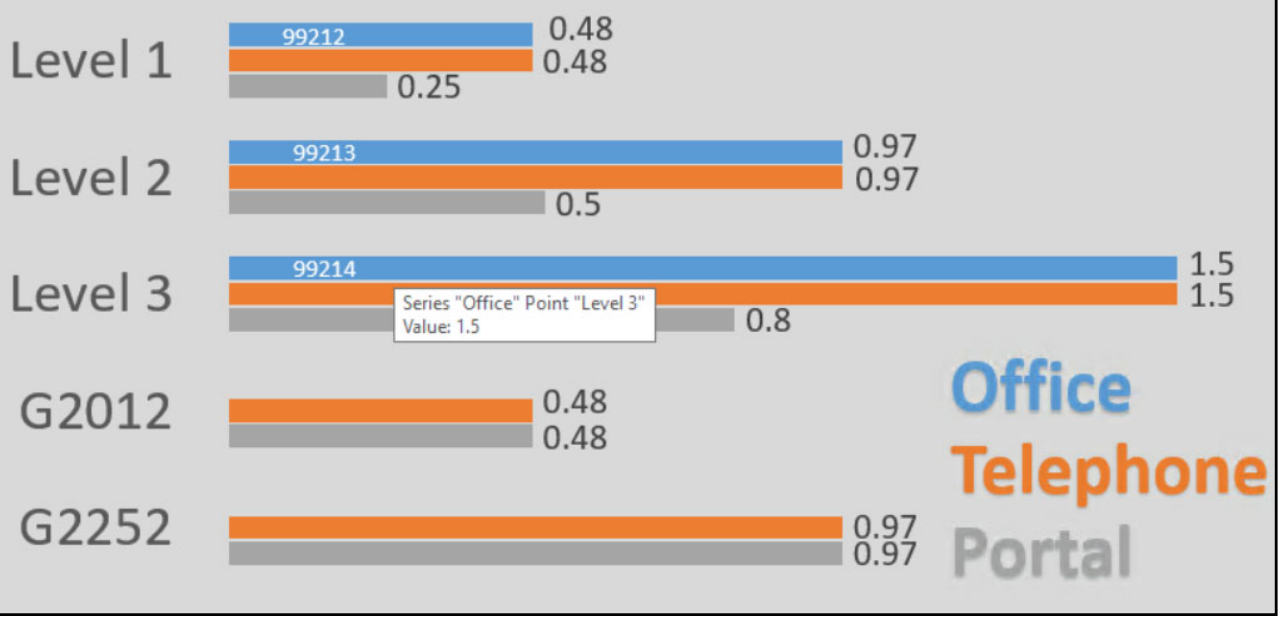
Medicare after public health emergency

- G2012 – 5-10 minutes
- G2252 – 11-20 minutes

Criteria

- Time based codes
- Initiated via patient portal
- Response via portal, telephone, text, email

## wRVU for Telephone Calls and Portal Messages



# Store and forward images & recorded video

- G2010
- Asynchronous
- Submitted to establish if visit is required
- 0.18 wRVU
- Reimbursement - $12.25

# Electrocardiogram

- 93005
  - 12 lead ECG - tracing only
  - Average reimbursement - $10
- 93000
  - 12 lead ECG - tracing with interpretation and report
  - 3 interpretation components
  - Rhythm, rate, axis, ischemia, heart block
  - Average reimbursement - $20

# Anticoagulation 93793 and 99211

- 93793
  - Office visit, finger stick INR, no dose adjustment
  - Results from home monitor or reference lab regardless of dose adjustment
  - Average reimbursement - $12
- 99211
  - Office visit, finger stick INR, requiring dose adjustment
  - Average reimbursement - $18

# Transitional care 99495, 99496

- 99495 – moderate complexity (2.6 wRVU)
- 99496 – high complexity (3.5 wRVU)
- Can be billed same month as chronic care management (CCM)

Criteria

- Telephone call from staff or provider within 48 hours of discharge
- Review discharge plans, medications, appointments, status
- Office visit within 14 calendar days (99495), 7 calendar days (99496)

# Outpatient Codes You Probably Didn't Bill

**James Allen, MD**
*Medical Director, The Ohio State University Wexner Medical Center East Hospital*
*Professor of Internal Medicine*
*Division of Pulmonary and Critical Care Medicine*
*The Ohio State University Wexner Medical Center*

MedNet21
Center for Continuing Medical Education

The Ohio State University
Wexner Medical Center

## Case #1

- 78 year-old man seen for annual visit
- You scheduled him in a 20 minute return visit slot
- Wife expresses concern about memory loss 15 minutes into the visit
- You suspect Alzheimer's

# 99483 – Cognitive Assessment

- Separate outpatient visit for comprehensive cognitive assessment
  - Cannot bill regular E/M visit code on the same day
- Patient must be suspected of having chronic cognitive impairment
- Family member or caregiver must accompany patient to provide independent history
- Can utilize office staff to administer tests, etc.
- Can bill service every 180 days
- Total RVU = 5.35 = $187

# 99483 – Required documentation elements:

1. Pertinent history and exam
2. Moderate or high complexity medical decision-making
3. Function assessment
4. Staging of dementia
5. Medication review and reconciliation
6. One or more standardized screening instruments (including depression)
7. Safety evaluation (including driving)
8. Assessment of care-giver's ability to provide support
9. Advance care plan update
10. Care plan addressing functional limitations

# Case #2

- 45 year-old women smoker with COPD
- Acute visit for bronchitis
- You spend 4 minutes of the 15 minute appointment taking about smoking cessation and prescribe nicotine replacement

# 99406 – Smoking Cessation Counseling

- 3 – 10 minutes of counseling about tobacco cessation
  - Use CPT 99407 for > 10 minutes of counseling
- Can be used same day as regular E/M codes
- Must be performed by physician or APP
- Can bill up to 8 times per year
- Use Nicotine dependence ICD-10 codes
- Total RVU = 0.43 = $15
  - CPT 99407 = 0.82 = $29

# 99406 – Required documentation elements:

1. Tobacco use
2. Patient's willingness to quit
3. You advised patient to quit
4. What was discussed
5. Time spent counseling
6. Methods and skills suggested to support cessation
7. Medication management
8. Setting a quit date
9. Follow-up arranged
10. Resources given to patient

# Case #3

- Same patient returns for post-bronchitis follow-up
- She has been on an HFA maintenance inhaler
- Her health insurance formulary changed preferred inhaler brands
- You now prescribe the preferred diskus maintenance inhaler

# 94664 – Inhaler Instruction

- Demonstrate and/or evaluate use of an inhaler or nebulizer
- Can be performed by nurse *or* physician/APP
- Can bill same day as regular E/M code
- Must be ordered by physician or APP
- Total RVU = 0.47 = $16


# 94664 – Required documentation elements:

- Inhaler technique was demonstrated to patient
- Patient demonstrated correct technique

# Case #4

- 65 year-old man with idiopathic pulmonary fibrosis
- He is not a candidate for lung transplant
- Comes in for routine follow up visit to review new PFTs
- Significant functional and physiologic decline
- After your regular office visit, you discuss hospice and palliation of dyspnea in end-stage lung disease for an additional 20 minutes

# 99497 – Advance Care Planning

- Explanation and discussion of advance directives
- Face-to-face with patient, family member, and/or surrogate
- First 30 minutes (15 – 44 minutes)
  - Use 99498 for each additional 30 minutes (45 – 74 minutes)
- Can be used with regular E/M code same day
- Can be billed more than once per year
- Must be in the outpatient setting
- Total RVU = 2.41 = $84

# 99497 – Required documentation elements:

- Account of discussion that occurred
- Who was present
- Any advance directive forms completed
- Time in minutes

# Case #5

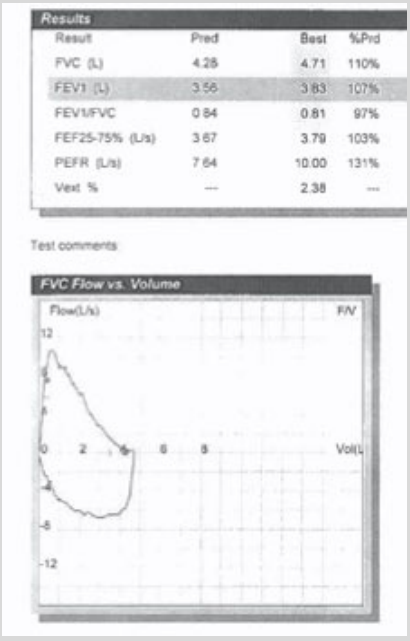
- 35 year-old with asthma and acid reflux
- Multiple flares in the past year
- Seen in the office for new cough
- Is her cough due to asthma or GERD?

# 94010 – Office Spirometry

- Performance of spirometry in the office with interpretation
  - Use 94060 if also doing a post-bronchodilator spirometry
- Requires physician order
- Can be used with regular E/M code same day
  - Must use -25 modifier
- Total RVU = 1.00 - $35

# 94010 – Required documentation elements

- Diagnosis code appropriate for spirometry testing
- Test report including numeric results
- Physician interpretation



Results

| Result | Pred | Best | %Pred |
|---|---|---|---|
| FVC (L) | 4.28 | 4.71 | 110% |
| FEV1 (L) | 3.56 | 3.83 | 107% |
| FEV1/FVC | 0.84 | 0.81 | 97% |
| FEF25-75% (L/s) | 3.67 | 3.79 | 103% |
| PEFR (L/s) | 7.64 | 10.00 | 131% |
| Vext % | --- | 2.38 | --- |

Test comments

# Should you buy an office spirometer?

- Cost of spirometer: $2,000
- Medicare reimbursement for spirometry: $35
- Therefore, you need to do 57 tests to pay for the machine
  - Assuming 5-year depreciation = 11 tests/year

**$?**

# Case #6

- 62 year-old woman moving from out of state
- History of scleroderma with interstitial lung disease
- The day before her initial office visit, you spend 60 minutes reviewing:
  - Images from 5 CT scans
  - 10 pulmonary function tests
  - A couple hundred lab results
  - A couple of cardiac echo reports
  - Dozens of pages of office notes
- You now wonder if you should just retire…

# 99358 – Prolonged Services Without Direct Patient Contact

- Use for record review before or after the day of an office encounter
  - In 2021, cannot be billed same day as an office visit
- Must relate to a past or future office visit
- 30 – 74 minutes
  - Use CPT 99359 for each additional 30 minutes
- Total RVU = 3.15 = $110

# 99358 – Required documentation elements

- What was reviewed
- Key clinical findings from the review
- Time spent in minutes

# Case #7

- 82 year-old man with rheumatoid arthritis, systolic heart failure, and diabetes
- You are a primary care physician and are:
  - Monitoring blood glucose logs weekly
  - Coordinating with home health nurse
  - Having him submit logs of daily weights each week
  - Communicating with him by phone or patient portal twice a week
- You calculate that it is taking 40 minutes a month outside of regular office visits to manage him

# 99491 Chronic Care Management

- > 30 minutes per month provided by physician or APP
  - Use 99490 for > 20 minutes/month by office staff
- Used by primary care providers
- Required elements:
  - 2 or more chronic conditions expected to last > 12 months (or to death)
  - Conditions place patient at risk of death, acute exacerbation, decompensation, or functional decline
  - Comprehensive care plan established/revised/monitored
- Total RVU:
  - 99491 = 2.33 = $81
  - 99490 = 1.17 = $41

# 99491 – Required documentation:

- Patient agreement and consent to participate and be billed
- Must use electronic medical record
- Comprehensive Care Plan including problem list, prognoses, treatment goals, symptom management, medication management, involvement of community services, etc.

# Remote Physiologic Monitoring Codes

- Monitoring device must meet FDA definition of a medical device and permits electronic collection and transmission of data
- Based on monthly time
- **99453** – physician or staff time to on-board and educate patient about monitoring device – 0.52 RVUs; $18
- **99454** – reimburses for providing patient with a remote monitoring device for 30 days – 1.73 RVUs; $60
- **99457** – 20 minutes of staff time per month related to interactive communication – 1.43 RVUs; $50
- **99458** – each additional 20 minutes staff time per month – 1.17 RVUs; $41
- **99091** – 40 minutes physician/provider time spent on interpretation and analysis in 30 days – 1.64 RVUs; $57

# Case #8

- 82 year-old man with rheumatoid arthritis, systolic heart failure, and diabetes
- You are a rheumatologist and are:
  - Overseeing treatment with methotrexate and Infliximab
  - Monitoring blood tests every 2 weeks
  - Coordinating physical therapy
  - Communicating with him by phone or patient portal twice a week
  - Communicating with his primary care physician regularly
- You calculate that it is taking 40 minutes a month outside of regular office visits to manage him

# G2064 – Principal Care Management

- Primarily billed by specialists
- Requires 1 complex chronic condition:
  - Lasting at least 3 months
  - That is the focus of the care plan
  - Is of sufficient severity to risk hospitalization
  - More complex than primary care provider would normally manage
  - Requires frequent medication adjustment
  - And/or the condition is unusually complex due to comorbidities
- > 30 minutes of physician/APP time per month
  - Use CPT G2065 for > 30 minutes spent by clinical staff
- Total RVU = 2.55 = $89

# G2064 – Required documentation elements

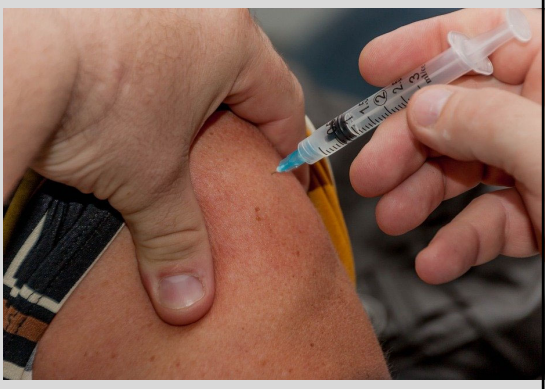
- Consent to bill Principal Care Management obtained from patient
- Patient has office visit within a year of billing G2064
- Communication with other practitioners
- Disease-specific care plan
- Communication with community-based clinical services providers
- Time required per month in minutes

# Case #9

- 67 year-old man on Medicare comes in for annual visit
- You order a flu shot and a pneumococcal vaccine
- Your practice administrator tells you that the practice loses money on vaccines and you should send the patient to the pharmacy

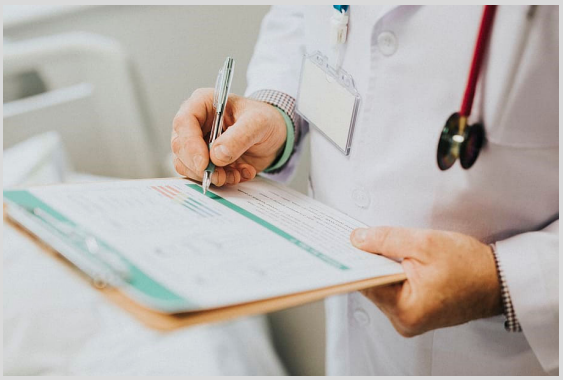
# 90471 – Vaccine administration

- Each vaccination requires 2 CPT codes
  - 1 for the stuff in the vial
  - 1 for the nurse to give the injection
- If one vaccination is given, use 90471
  - For each addition vaccination, use 90472
  - If patient is < 18 years old, use 90460
- Total RVUs:
  - 90471 = 0.40 = $14
  - 90472 = 0.36 = $13
  - 90460 = 0.40 = $14



# 90471 Required documentation

- Name of the vaccine
- Manufacturer
- Lot number and expiration date
- Date of administration
- Name & title of person administering the vaccination
- Confirmation that the Vaccine Information Statement (VIS) was given to the patient



# What vaccines do Medicare pay for?

**Medicare Part B**

- Influenza
- Prevnar-13 pneumovax
- 23-valent pneumovax
- Hepatitis B (for high risk)

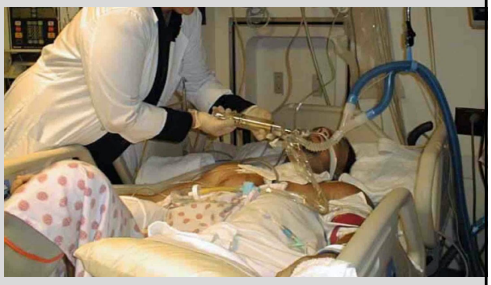
**Medicare Part D**

- Tdap
- Shingles
- Hepatitis B (everyone else)
- Vaccines that are "reasonable and necessary" to prevent illness and not covered by Part B

# Inpatient Codes You Probably Didn't Bill

# Case #10

- 70 year-old woman with COVID pneumonia
- Transferred to the ICU for acute hypoxemic respiratory failure and renal failure
- One day of transfer, you spent 50 minutes to:
  - Review x-ray films, EKG, telemetry tracings, oximetry reports, and lab tests
  - Perform a history and physical exam
  - Write ICU orders
  - Perform endotracheal intubation
  - Place a central venous catheter
  - Discuss case with the nephrology consultant
  - Discuss goals of care with family



# 99291 – Critical Care

- Time-based code – 1 hour (31 – 74 minutes)
  - Use 99292 for each additional 30 minutes
- "*Patient has critical illness or injury acutely impairing one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition*"
  - ***Not every patient in an ICU qualifies!***
- Patient does not have to be in a critical care unit
- Cannot be billed same day as a regular E/M visit
- Total RVU = 7.89 = $275

# 99291 – Whose time is included?

- Provider's direct care of critically ill patient
- If a physician bills 99291, cannot include the time of:
  - Residents
  - Fellows
  - Nurse practitioners
  - Physician assistants
- If 2 physicians in the *same* group provide critical care, add the time together and bill under one of the physician's name
- 2 physicians in *different* specialties can both bill critical care on the same patient

# 99291 – Required documentation:

- Time spent by physician (in minutes)
  - Cumulative over the course of 1 entire day
  - Must be spent in the ICU or nursing unit the patient is located in
- High complexity decision making
- Any ventilator adjustments
- Discussions with other healthcare providers
- Interpretation of multiple physiologic parameters
- Any family meeting discussions

# 99291 – What about bedside procedures?

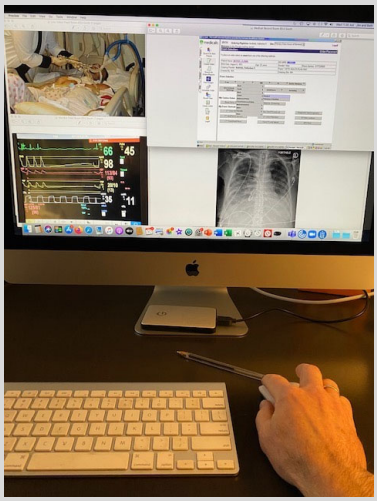
- Time does not include time spent on billable procedures
  - "*I spent 45 minutes providing critical care services independent of billable procedures*"
- Procedures included in 99291: NG tube placement, x-ray interpretation, cardiac output measurement, temporary cardiac pacing, blood gas interpretation
- Bill central lines, arterial lines, intubations, cardioversion, and CPR separately
  - Use -25 modifier with 99291

# Should I bill critical care or an E/M CPT code?

| New Inpatient Encounter | | Subsequent Inpatient Encounter | |
|---|---|---|---|
| • Level 1 new | 2.88 RVU | • Level 1 return | 1.11 RVU |
| • Level 2 new | 3.89 RVU | • Level 2 return | 2.04 RVU |
| • Level 3 new | 5.71 RVU | • Level 3 return | 2.94 RVU |
| **• 99291** | **7.89 RVU** | **• 99291** | **7.89 RVU** |

# 99291 – Critical care by telemedicine?

- For 2021, Medicare approved 99291 for "*category 3*" coverage
  - Emergency provision during COVID-19 outbreak
- Only approved for 2021



# Case #11

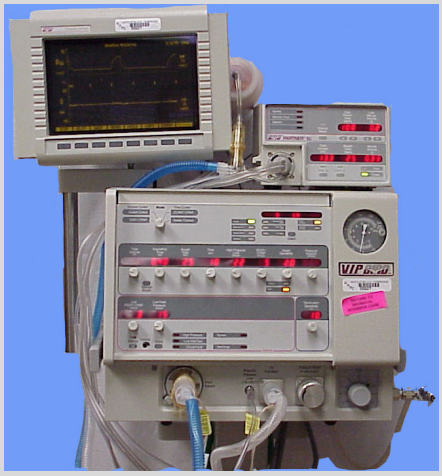
- 70 year-old woman transferred to LTACH after ICU stay for COVID
- Has tracheostomy and PEG
- LTACH hospitalist consults you (pulmonologist) for ventilator weaning
- You do an initial visit and then see her daily for 2 weeks while successfully getting her off of the ventilator

# 94002/94003 – Ventilator Management

- Initial day = 94002
- Subsequent days = 94003
- Cannot be billed same day as a regular E/M visit
- Total RVU
  - 94002 = 2.63 = $92
  - 94003 = 1.90 = $67

# 94002/94003 – Required documentation:

- That you oversaw the ventilator
- Cause of patient's respiratory failure
- Any pertinent change in respiratory condition
- Any pertinent physical exam findings
- Current ventilator settings
- Weaning plan



## Should I bill ventilator management or an E/M CPT code?

| New Visit | | Subsequent Visit | |
|---|---|---|---|
| • **94002** | **2.63 RVU** | • Level 1 return | 1.11 RVU |
| • Level 1 new | 2.88 RVU | • **94003** | **1.90 RVU** |
| • Level 2 new | 3.89 RVU | • Level 2 return | 2.04 RVU |
| • Level 3 new | 5.71 RVU | • Level 3 return | 2.94 RVU |

The most common CPT codes that you didn't bill:

The regular encounters that you forgot to submit charges for…