

## Dermatology Coding Alert

### CPT® 2013: Watch for These E/M Definition Alterations Next Year

#### Experts ask: Will these descriptor tweaks change your billing?

Most dermatology practices bill evaluation and management codes at some point, whether they are part of your claims every day or only occasionally. CPT® 2013 will revise nearly every code descriptor in the E/M code section, including office visit codes, inpatient hospital codes, consultation codes, or any of the other many E/M codes.

We'll review the changes to both sections so you'll be ready as soon as Jan. 1, 2013 rolls around.

#### Eliminate 'Physician' Limitations From Your E/M Thinking

Whereas most E/M codes previously referred to "physicians" and "providers" in their descriptors, that will change effective Jan.1, when the descriptors will instead say "qualified health care professionals."

Using 99213 as an example, the code changes are indicated with the strikethroughs (indicating deleted text) and underlining (indicating new text) as follows: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

This really isn't a change per se, as much as it is a clarification, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla.

What this means: "They are clarifying that all E/M codes can be reported by physicians or other qualified health care providers and changed the wording with regard to time in each of the codes -- which really has no bearing on how the codes are used, just that the typical time is spent by all qualified providers who bill these codes," says **Melanie Witt, RN, COBGC, MA**, an independent coding consultant in Guadalupita, N.M. "In other words, if a payer allows someone other than a physician to provide and bill for a service, the CPT® E/M codes are used by all providers who qualify."

"I believe that there are a lot of physician extenders out there," says **Christy Shanley, CPC**, department administrator for the University of California, Irvine department of urology. "This further clarifies what they can and or cannot perform on their own."

This change clarifies things in two ways, Mac says: First, the change makes it clear that you can use E/M codes for nonphysician providers (NPPs). Second, it clarifies that "you have to have that counseling with someone who is certified or technically licensed to provide that type of service; it can't be your office administrator, so to speak," she explains. "It is just a clarification, and I think it was understood before but it could have been abused in some way."

#### Apply the Change to Your NPP Billing

The E/M service changes indicate NPPs, including PAs and NPs, can provide E/M services on their own, can bill on time alone, and can do counseling and coordination of care on their own, experts say.

Impact: "The description changes I feel are a benefit if RVUs do not go down," says **Chandra L Hines**, practice supervisor of Wake Specialty Physicians in Raleigh, N.C. "Allowing PAs to bill these E/M services on their own and bill for services based on time including the counseling and coordination of care services is a positive move. It is important to recognize that these changes will mean that you will need to train your PAs and NPs to document properly if they are not

used to doing this. It is always a good idea to review E/M coding each year with your physicians/NPPS and staff."

Time assignment: In addition, CPT® will add typical times to the same-day observation or inpatient admission and discharge codes 99234-99236 (Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date ...), assigning 40 minutes to 99234, 50 minutes to 99235, and 55 minutes to 99236.

Previously, these codes did not have typical times associated with them, so this change could be helpful to physicians who are at the patient's bedside or on the unit counseling or coordinating care for more than half of the visit, which would allow them to select a code based on time.