

Dermatology Coding Alert

CPT® Update: Get the Scoop on 2 New Prolonged Services Codes You Can Use Next Year

You'll now be able to report more than just physician time.

'Tis the season ☐ the season of change, that is. While the end of 2015 will be ripe with diagnosis change, you won't want to forget about CPT® updates that start on Jan. 1, 2016.

The good news is there are relatively few E/M code changes, and we've got the details you need to know. Read on to learn the options you'll have in the new year for reporting the above and beyond time your providers and staff spend with patients.

Get to Know 99415 and 99416

CPT® 2016 will add two add-on E/M codes to help you capture work your clinical staff performs after your physician sees the patient for an E/M service. You will be able to report the following to seek additional, deserved reimbursement:

- 99415 ☐ Prolonged clinical staff service [the service beyond the typical service time] during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
- 99416 ☐...each additional 30 minutes (List separately in addition to code for prolonged services)

"Now here is a set of codes to really sink your teeth into; we hope!" says **Suzan (Berman) Hauptman, MPM, CPC, CEMC, CEDC**, director of PB Central Coding at Allegheny Health Network in Pittsburgh, Pa. "Often times a physician's time with the patient only paints a partial picture of what occurred during the visit. It could have been that the staff was asked to give an injection, but the patient was uncooperative. It might include education for a new medication, therapy, or options for care that go far beyond the time illustrated in the E/M code, but, that education doesn't have to be that of the physician. The staff [members] in a physician's office are important to the care of the patient and also are an expense to the physician. These codes make good sense all around to be included in the new code sets. This may also come into play with the trend of coverage for more preventive services. I am anxious to see how these codes play out in policy and, if reimbursable, what might that reimbursement look like."