

## Internal Medicine Coding Alert

### CPT 2008: Look Simply at Time When Coding Calls, Counseling in 2008

Some services are getting easier to report, but will insurers pay?

If figuring the level of service for telephone E/Ms has made you reluctant to file the codes, CPT 2008 has some great news.

The latest version of CPT deletes 99371-99373 (Telephone call by a physician to patient or for consultation or management or for coordinating medical management with other healthcare professionals ...) and offers you a much simpler method for coding, as well as some specific nonphysician counseling codes.

The AMA has released its list of codes that are slated to appear in CPT 2008. The possibility of last-minute edits to the code book is always possible, but you can probably look forward to implementing these CPT changes for Jan. 1, 2008.

(Note: Look to future editions of Internal Medicine Coding Alert for possible changes to the current CPT 2008 code list.)

Use New Time Criteria to Find the Correct Code

CPT will roll out three new codes for telephone E/M care in 2008, said **Joel Bradley Jr., MD, FAAP**, a member of the AMA CPT Editorial Panel, at The Coding Institute's 2007 Pediatric Coding and Reimbursement Conference. "The length of the call will determine which code to pick," he said.

**Deleted:** CPT codes 99371-99373.

**Added:** The following CPT codes:

- 99441 -- Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442 -- ... 11-20 minutes of medical discussion
- 99443 -- ... 21-30 minutes of medical discussion.

**Benefit:** Codes 99371-99373 required you to decide if the call is simple/brief, intermediate or complex. Now, all you'll have to do is find total encounter time and pick a code based on that. You may also have more guidance on which phone calls you should include as part of an E/M service and which you should separately report.

The telephone care codes will have a global period of seven days, Bradley says. "If you treat the problem in the office within seven days before or after the phone call, you would not bill" the telephone care.

No RVUs Yet for Phone E/Ms

This is good news for coders -- if insurers jump on board with the new code.

The time-based phone codes "may help, if the payers reimburse these codes. However, just because there are codes does not mean a payer will pay," says **Quinten Buechner, ACS-FP/GI/PEDS, CPC, CCP, CMSCS**, president of

ProActive Consultants in Cumberland, Wis. "Insurers may bundle [the service] or just refuse to pay, and Medicare will want evidence of face-to-face [service] unless it specifically adopts these codes for payment," he says.

Bradley agrees: "CMS will need to publish RVUs [relative value units]" for possible payment of the new codes to move forward.

These codes are "a step in the right direction for telemedicine, and I would encourage coders to use these codes until they are instructed by a carrier not to," says **Kathy Pride, CPC, CCS-P**, director of government program services for QuadraMed in Reston, Va.

#### Consider Specific Codes for Smoking Cessation

Counseling sessions for smokers who want to quit will no longer masquerade under the generic counseling and/or risk factor reduction intervention codes (99401-99412, for patients with no symptoms or established illness) or health and behavior assessment/intervention codes (96150-96155, for patients with disease-related problems). They'll have their own CPT codes:

- 99406 -- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 --... intensive, greater than 10 minutes.

These smoking cessation codes were previously only for Medicare patients. The AMA converted both G0375 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes) and G0376 (... intensive, greater than 10 minutes) to CPT codes, which will be available Jan. 1, says **Alan L. Plummer, MD**, at Emory University School of Medicine in Atlanta. "The number of yearly visits allowed for these new codes has yet to be determined," he adds.

**Plus:** Like the new telephone E/M codes, 99406-99407 are time-based, meaning you will not have to determine the level of service based on the complexity of the cessation counseling.

**Example:** An established patient with worsening asthma visits the nurse for smoking cessation assessment and returns in one month for intervention beginning a cessation program. In 2008, you could use a smoking cessation counseling code based on time.