

Internal Medicine Coding Alert

CPT® 2013 Update: Get Ready For New Codes For Vaccines in 2013

Sneak peek at proposed 2013 code changes.

The CPT® Editorial Panel's February meeting minutes were recently published online, giving physicians insight to potential code changes for 2013. There's no guarantee the changes will be implemented in CPT® 2013, but here's the scoop on what codes the group discussed that would interest family physicians -- especially for vaccine coding.

Watch for Potential Vaccine -- E/M Code Connection

If you've ever wished for a list of applicable E/M codes you can report with vaccines and their administration, you might be satisfied in 2013. The CPT® Editorial Panel accepted the request for "revisions to the CPT® guidelines in the Medicine/Vaccine/Toxoid Administration subsection to include a specific listing of applicable Evaluation and Management CPT® codes."

Such a listing would eliminate confusion about which codes can and cannot be reported along with vaccine administration codes.

CPT® may also list the applicable E/M codes that go along with the Medicine/Education/Training Patient Self-Management codes to make your claims submissions easier.

"This has the potential to be a positive change, and I'm very interested in seeing the final outcome," says **Linda Vargas, CPC, CEMC**, coding and reimbursement specialist with Cass Regional Medical Center in Harrisonville, Mo. "I'm always open to any additional guidance that the AMA can provide."

Currently, CPT® guidelines preceding the vaccine administration codes state, "If a significantly separately identifiable Evaluation and Management (E/M) service (e.g., office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration code."

What it means: "The proposal accepted by the Panel in February will provide more specificity to this guidance by spelling out exactly which E/M codes are 'appropriate' in these situations," says **Kent J. Moore**, manager of healthcare financing and delivery systems for the American Academy of Family Physicians (AAFP) in Leawood, Kan.. "That specificity should help support physician appeals when identified E/M services are denied or bundled by payers in those cases."

Prepare for Individual Vaccine Code Changes

Seeing vaccine codes change from one year to the next often is typical fare, as CPT® codes shift to reflect evolving vaccine technology. 2013 will be no different if the proposals that the Committee approved are eventually finalized. Potential changes you could find include:

- Revision of influenza virus vaccine codes 90655-90658 to include the term "trivalent," so they'll be distinguished from developing quadrivalent flu vaccines
- Inclusion of a new code in the 906xx range for a new, intranasal, quadrivalent influenza vaccine, with a corresponding revision to code 90660 (Influenza virus vaccine, live, for intranasal use) to reflect its nature as a trivalent vaccine
- Introduction of a new code in the 906xx series to describe an adjuvanted influenza vaccine
- Deletion of tetanus and diphtheria code 90718 since the preservative-free code 90714 accurately describes all existing vaccine products in this category
- Creation of a new code in the 9074x series to describe an adult, two-dose, Hepatitis B vaccine; the existing code,

90746, would be revised to specify that it should be used for the three-dose product formula

Check Times for Observation Care

You might recall that one of the big changes to CPT® 2012 was the addition of typical times to the subsequent observation care codes 99224-99226, which allow physicians to code based on time when seeing patients who are treated in the observation unit. However, many coders considered it a glaring oversight that codes 99234-99236 (Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date) did not have typical times associated with them.

The CPT® Editorial Panel's notes indicate that CPT® 2013 may include revisions to assign typical times to these codes, although it isn't yet clear what those time guidelines will be.

"I think the more specific the codes/diagnosis gets the cleaner the claims will be," says **Jamie Kurrasch, CPC**, with Primary Care Partners, PC, in Grand Junction, Col. "I'm happy to see that they will hopefully be adding times to the initial observation code sets!"

Remember: Mentioning a possible code change in the committee's minutes doesn't make things official. As the Editorial Panel's notes indicate, "Codes are not assigned, nor exact wording finalized, until just prior to publication."

To read the complete summary of the Committee meeting, visit
<http://www.ama-assn.org/resources/doc/cpt/summary-of-panel-actions-feb2012.pdf>.