

Internal Medicine Coding Alert

E/M Upcoming Changes: Track New E/M Descriptor Updates That Will Affect Your NPPs

Plus: 2013 brings time assignments to some codes.

Get ready for E/M coding changes when Jan. 1, 2013 arrives, when CPT® introduces revisions to virtually every code descriptor in the E/M section.

Think Beyond 'Physician' for Most Services

Most current E/M service descriptors apply to "physicians" and "providers." That latter terminology will change to "qualified health care professionals," effective Jan. 1.

Consider this example, with deleted text indicated with strikethroughs and new text indicated with underlining:

- 99213 -- 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 providers ~~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. Physicians typically spend Typically, 15 minutes ~~are spent~~ face-to-face with the patient and/or family.

What it means: The update is really more of a clarification than a true change, according to experts such as **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla.

"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," adds **Melanie Witt, RN, COBGC, MA**, an independent coding consultant in Guadalupita, N.M. "It 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."

The revision clarifies two things about reporting the affected codes:

- The change makes it clear that you can use E/M codes for NPPs (non-physician providers) such as nurse practitioners and physician assistants, if those codes are within their scope of practice as defined by state law
- The change clarifies that the counseling must be provided by someone who is certified or technically licensed to provide the service. "It can't be your office administrator, so to speak," Mac says. "It's just a clarification, and I think it was understood before but could have been abused in some way."

Training: If they have not been using the E/M codes previously, some NPPs might not be accustomed to documenting their services as thoroughly as needed, especially if they haven't been able to separately report the codes. Plan now to avoid problems by reviewing E/M coding with them and explaining what constitutes good documentation to support various levels of care.

Watch for Service Time Frames, Too

Until now, the times associated with many E/M codes have been nebulous or nonexistent. That's another area of change for 2013, when CPT® adds 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 ...). Here's the breakdown:

- 99234 -- 40 minutes
- 99235 -- 50 minutes
- 99236 -- 55 minutes.

Result: Adding times could be helpful to physicians who are at the patient's bedside or in the unit and spend more than half the visit on counseling or coordination of care. They'll now be able to select a code based on time, which can better describe the service and might lead to more appropriate reimbursement.