

## Part B Insider (Multispecialty) Coding Alert

### CMS Debuts New Telehealth Code, Offers ICD-10 Insight

**Latest Open Door Forum also shed light on transitional care management date of service regs.**

If you were wondering how many claims had to be reprocessed due to Congress's last-minute Medicare payment fix at the end of 2012, the answer is "none at all."

That was the word from CMS during a Jan. 29 Open Door Forum, in which the agency's **Stewart Streimer** noted, "No claims had to be reprocessed following to zero percent update, but some were held and then later processed based on the adjusted 2013 conversion factor." CMS shared this information, as well as tips on preparing for ICD-10, during the informative hour-long call.

#### **G0459: Report for Pharmacologic Management**

Recent changes in CPT® regulations, including the 2013 deletion of pharmacologic management code 90862, created headaches for physicians that perform pharmacologic management via telehealth to inpatients, said CMS's **Ryan Howe** during the call. However, CMS aims to fix that problem with the issuance of a new HCPCS code to fill the gap.

Effective Jan. 1, MACs were instructed to begin accepting the new code G0459 (Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy), which describes pharmacologic management furnished via telehealth to inpatients.

"As many of you know, for 2013, the CPT® editorial panel replaced the exiting psychiatry psychotherapy CPT® codes with a new structure that allows for the separate reporting of E/M codes and also eliminates the site of service differential," Howe said during the call. "Many of these services described by the new codes have been included on the list of Medicare telehealth services."

However, he added, "In the case of pharmacologic management services, which is currently on the list of Medicare telehealth, please note that CPT® deleted 90862, which described pharmacologic management, and the current CPT® guidance suggests that psychiatrists furnishing those services should now report the appropriate E/M code. Since some of those E/M service are on the telehealth list, that will remain consistent with current telehealth policy, but for inpatient services, those services are on the telehealth list but with frequency restrictions."

To quell this problem, he said, "CMS created the new HCPCS 'G' code to provide a mechanism for eligible practitioners to report pharmacologic management services when furnished via telehealth to inpatients without frequency limitations, which makes it consistent with current policies."

CMS has assigned 0.95 work RVUs to G0459, and you can read more about its implementation on the CMS Web site at [www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2635CP.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2635CP.pdf).

#### **Prep for ICD-10 Now, CMS Urges**

If ICD-10 seemed like a distant fantasy for a while, the time to snap into reality is now, since you'll convert from ICD-9 to the new system next year. In fact, now is a good time to develop your ICD-10 plan with your vendors, and to integrate those plans within your practice, advised **Danescia Green**, of the Office of E-Health Standards, during the call.

"We ask that you look at everything that's happening with ICD-10 and understand that CMS is working on ensuring that we're integrated across all of our programs, including the Medicare and Medicaid EHR incentive program as well as PQRS, and we see ICD-10 as a foundational piece to those other programs," Green said.

"Internally," she added, "we're looking across the board at establishing an agency-wide steering committee to ensure that all goes well, and we're also working within HHS with an enterprise work group sharing best practices and information across HHS as well."

CMS is currently developing technical assistance and training that everyone can utilize, and the agency is seeking feedback about the other resources that you would like to see regarding the ICD-10 conversion. You can read more about CMS's ICD-10 efforts at [www.cms.gov/icd10](http://www.cms.gov/icd10).

#### **Use Final Date for TCM Codes**

A caller to the forum asked what the date of service should be for the new transitional care management codes (99495-99496), since the start date is typically 30 days away from the date the services are completed. However, a CMS rep said, physician claims are billed using one date of service per line item. "So if you were billing one code for the transitional care management, you would need to have just the one date of service on that line, and that would have to be when you've delivered the full service, which is the 30th day."

When the same caller asked which "licensed clinical staff" members could perform transitional care management, CMS reps said they would have to research the issue further and send out a clarification later.