

## Part B Insider (Multispecialty) Coding Alert

### CPT 2011: 99224-99226: Never Report New Subsequent Observation Codes on the Same Day As Other E/M Code

**Plus: CPT clarifies how you should calculate time when using it to pick an E/M code.**

Effective Jan. 1, you'll have new offerings when it comes to reporting subsequent observation care, thanks to the addition of 99224-99226 to CPT 2011. Just how CMS wants you to report these new codes is still up in the air thanks to a dearth of transmittals on the topic, but read on if you'd like to get some guidance that CPT Editorial Committee members recently provided.

Subsequent observation care begins after the initial observation care date of service, said **Peter A. Hollmann, MD**, vice chair of the CPT Editorial Panel, during his presentation on E/M, Vaccines, and Time-Based Codes at the AMA CPT Symposium in Chicago last month.

You should not report subsequent observation care on the same date as initial observation care codes (99218-99220), nor can you report observation services on the same date as office or emergency department services, Hollmann said. In addition, you can't report the new subsequent observation codes on the same date as observation care discharge (99217).

Timed codes: You may have been puzzled when you opened your 2011 CPT manual and saw that the new subsequent observation care codes have typical times associated with them -- this is a new feature that only applies to the new codes, Hollmann said. If you require the use of prolonged service codes in addition to the observation care codes, you should look to 99356-99357, even though observation care is not technically "inpatient," Hollmann said.

Use the unit/floor time as your guide in reporting these services. CPT clarified that when reporting time-based codes, you should use the face-to-face time for office-based E/M services because most of the work of a typical office visit takes place while the practitioner is with the patient. However, when reporting timed codes in a facility, the physician should count unit/floor time, since most of the work takes place on the patient's floor or unit during inpatient E/M visits, Hollmann clarified.

#### **Note Observation Timing for Drug Infusions**

Hollmann also clarified the often-confusing issue of administering drug infusions in observation care over a twoday period. For instance, if a physician starts a heparin drip in observation care at 10 p.m. and continues through the next morning until the patient is discharged, you should not report 96365 on both days, he said. Instead, "report 96365 and the appropriate number of units of 96366 all using the date the infusion started," he said.

However, he noted, if the patient gets two separate hour-long infusions -- one at 10 p.m. and another at 2 a.m. on sequential dates, you should report 96365 on each date since the infusions were not continuous.

Keep in mind: The information presented at the CPT Symposium represents the AMA's take on the new codes. Medicare has not yet issued a transmittal advising how you should report these codes to MACs, nor has CMS announced whether it will release different coding instructions that offer different advice than the CPT Committee has issued.