# Part B Insider (Multispecialty) Coding Alert

## CPT® 2013: New Edition of CPT® Includes Care Coordination Codes

**New CPT® manual will feature 186 new codes and 119 deletions, AMA reveals.**

Although the 2013 edition of the CPT® Manual is still being printed, the Insider has had a sneak peek at the codes that you'll use next year--and uncovered several new codes that should help you with your complex care coordination services.

Among the changes effective Jan. 1, you'll find 119 deletions, 186 new codes, 263 revisions, and adjustments to 18 CPT® modifiers, the AMA announced in an Aug. 16 article published in its American Medical News.

For example, you'll find new codes that describe coordinating care for patients with "complicated, ongoing health issues" that take place in a patient-centered medical home, accountable care organization, or other "novel medical service delivery model," the AMA says.

The services, which will be described by new codes 99487-99489, are described as follows:

- 99487 -- Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
- 99488 -- .....with one face-to-face visit, per calendar month
- 99489 -- ...each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

In addition, CPT® will introduce two codes under the "transitional care management" heading, as follows:

- 99495 -- Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, Medical decision making of at least moderate complexity during the service period, Face-to-face visit, within 14 calendar days of discharge
- 99496 -- Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, Medical decision making of high complexity during the service period, Face-to-face visit, within 7 calendar days of discharge

CPT® has not yet released examples of how these new codes will be utilized, and CMS has not assigned RVUs to the new codes yet. However, most coding experts agree that the codes will be used for patients with multiple health conditions who require ongoing care in addition to their E/M and procedural services.

**CPT® Tweaks E/M Verbiage**

Many practices use E/M codes more often than any other code series in CPT®, and you'll find revised descriptors for these codes in 2013.

Whereas most E/M codes previously referred to "physicians" and "providers" in their descriptors, that will change effective Jan.1, when the descriptors will instead say "qualified health care professionals."

Taking 99213 as an example, the code changes are indicated with the strikethroughs (indicating deleted text) and underlining (indicating new text) as follows: "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 providersqualified 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 spendTypically, 15 minutes are spent face-to-face with the patient and/or family."

What this means: "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--which 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," says **Melanie Witt, RN, COBGC, MA,** an independent coding consultant in Guadalupita, N.M. "In other words, if a payer allows someone other than a physician to provide and bill for a service, the CPT® E/M codes are used by all providers who qualify."

Time assignment: In addition, CPT® will add typical times to the same-day observation or inpatient admission and discharge codes 99235-99236, assigning 50 minutes to 99235 and 55 minutes to 99236. Previously, these codes did not have typical times associated with them, so this change could be helpful to physicians who are at the patient's bedside or on the unit counseling or coordinating care for more than half of the visit, which would allow them to select a code based on time.

**Say Hello to New Orthopedic Codes**

Orthopedic practices have long hoped for CPT® codes that represent shoulder arthroplasty revisions, and CPT® does not disappoint, with two new codes for shoulder arthroplasty revisions and two more for elbow revisions, as follows:

- 23473 -- Revision of total shoulder arthroplasty, including allograft when performed; humeral **or** glenoid component
- 23474 -- ...humeral and glenoid component
- 24370 -- Revision of total elbow arthroplasty, including allograft when performed; humeral **or** ulnar component
- 24371 -- ...humeral and ulnar component

"It will be interesting to see the RVUs for the shoulder revision since 2012 NCCI guidelines disallowed reporting for the removal of the original prosthesis which we had been allowed to do, so that we could only report a revision using the usual total shoulder replacement code," says **Leslie A. Follebout, CPC, COSC,** senior orthopaedic coder and auditor with The Coding Network. "The best we could do was append the 22 modifier (Unusual procedural service) and hope for additional reimbursement to take into account the removal of prosthesis and the scarring/altered surgical field."

Coming up next week: In our next issue, you'll find more information on new codes added to the cardiology, pathology, and pulmonology sections, among others.