

Part B Insider (Multispecialty) Coding Alert

CPT® 2022: Check Out 99211 Revision, COVID-19 Codes

Tip: Many of the 'new' codes aren't actually new.

If you were concerned about handling a bunch of new or revised COVID-19 codes in CPT® 2022, we've got great news. Many of the codes are already familiar, which should make implementing them on Jan. 1 a little easier.

Even so, you still have to make sure you've got every detail straight, or your claim may land in limbo. Review these additions and revisions to help you sharpen your procedure coding as we move toward 2022.



Don't Minimize This Office/Outpatient E/M Change

One immediate change is the deletion of the words "usually, the presenting problem(s) are minimal" from 99211, which will read Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional when the change takes effect on Jan. 1, 2022.

"The deletion appears to be an editorial revision to bring the descriptor for 99211 more into line with the rest of the office/outpatient evaluation and management (E/M) codes (99202- 99215). Prior to 2021, all included a sentence that read, 'Usually, the presenting problem(s) are...!' Now, they don't," says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

But the change goes beyond simply realigning the code to its larger group. "It also removes a potential source of confusion," as it acknowledges that the severity of the patient's condition does not determine the E/M level for the service, says **Cindy Hughes, CPC, CFPC**, consulting editor of Cindy Hughes Consulting in El Dorado, Kansas.

"For instance, 99211 may be reported when a nurse provides education to a newly diagnosed diabetic, but diabetes is by no means a minimal problem," says Hughes. Here, the service being provided (the education) is low-risk and minimal with little data to be reviewed or analyzed, though the complexity of the condition is possibly higher.

Even so, "99211 still represents an E/M (really an assessment and management) service provided by clinical staff as opposed to a physician or other qualified healthcare professional who may report higher levels of E/M services," Hughes notes.

Note These New PCM Numbers

CPT® 2022 also formalizes codes introduced in Medicare's Physician Fee Schedule (MPFS) proposed rule for CY 2022, including full code numbers for Principal Care Management (PCM) as follows:

- 99424 (Principal care management services, for a single high-risk disease; ... first 30 minutes provided personally by a physician or other qualified healthcare professional, per calendar month)
- +99425 (... each additional 30 minutes provided personally by a physician or other qualified healthcare professional, per calendar month ...)
- 99426 (Principal care management services ... first 30 minutes of clinical staff time directed by physician or other qualified healthcare professional, per calendar month)
- +99427 (... each additional 30 minutes of clinical staff time directed by a physician or other qualified healthcare professional ...).

Again, like the revision to 99211, this change will also take effect on Jan. 1, 2022.



Reconsider These Old COVID-19 Tests

CPT® 2022 also introduces numerous new pathology and laboratory codes, such as the Clinical Laboratory Improvement Amendments (CLIA)-waived COVID-19 tests you have already seen:

- 87428 (Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B), introduced in November 2020;
- 87636 (Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique) and 87637 (... severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique), both introduced October 2020; and
- 87811 (Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])), also introduced in October 2020.

Don't Forget About These Old Vaccine and Administration Codes

Similarly, all the new CPT® 2022 COVID-19 vaccine administration and vaccine codes are codes that you should already be familiar with as they have been active since they received Food and Drug Administration (FDA) emergency use status beginning late last year.



Plus: You may be interested in these other vaccines for your Part B practice that received CPT® codes in July - 90671 (Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use), which is still awaiting FDA approval; 90677 (Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use); and a new tick-borne encephalitis vaccine 90626 (Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use) and 90627 (... 0.5 mL ...), which is awaiting FDA approval. Also of interest is a brand-new Hepatitis B vaccine: 90759 (Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use), which is also awaiting FDA approval.