

Part B Insider (Multispecialty) Coding Alert

E/M Coding: Know the Top E/M Revisions in CPT® 2020

Hint: Reporting online E/M, monitoring will be different next year.

The 2020 CPT® code set has a plethora to offer Part B practices with a whopping 394 total revisions. Some of the highlights include asynchronous online E/M services, self-measured blood pressure (SMBP) monitoring, and remote physiological monitoring (RPM) codes. Read on for the details.

A number of these changes will involve the way you and your provider report service times. So, we've broken down the changes and added some expert commentary to help you revamp your templates or other time-related reporting procedures before the changes take effect on January 1, 2020.

Say Goodbye to 99444

The latest round of revisions has eliminated many of the restrictions to virtual E/M services by deleting the existing code and replacing it with a new code and two time-based add-ons.

The deleted code is 99444 (Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network). As its descriptor states, the service as it currently stands must be:

- Provided to an established patient (or guardian).
- Provided by a physician or other qualified healthcare professional (QHP).
- Unrelated to an E/M service provided within the previous seven days.

Coding caution: These same restrictions remain for the new code 99421 (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes). Most importantly, any online digital E/M service that is the result of a previous, or that results in a subsequent, E/M visit, is not separately reported, and the online digital E/M service is incorporated into the related E/M visit.

In addition, CPT® has placed a seven-day cumulative time limitation on 99421 and made the code time-dependent. You will be able to use 99421 if your provider spends between five and 10 minutes on the asynchronous communication with the patient in that time; you will also be able to report longer time increments with 99422 (... 11-20 minutes) or 99423 (... 21 or more minutes).

The deletion of 99444, and its replacement with 99421-99423, presents a teachable moment for coders and their providers. "Coders will need to work with their providers to ensure that they are documenting the time factors of the new codes," advises **Chelle Johnson, CPMA, CPC, CPCO, CPPM, CEMC**, AAPC Fellow, billing/credentialing/auditing/coding coordinator at County of Stanislaus Health Services Agency in Modesto, California.

"The time component was not required for 99444, so this will be an opportunity for education," Johnson adds.

The good news about the change is that "it compensates the provider for any significant additional time in a seven-day period," says **Mary I. Falbo, MBA, CPC**, CEO of Millennium Healthcare Consulting Inc. in Lansdale, Pennsylvania. However, "practices should review their local Medicare Fiscal Intermediaries' and Medicare Administrative Contractors' [FIs'/MACs'] policies on these non-face-to-face services," Falbo cautions.

Review New SMBP Monitoring Codes

CPT® 2020 also sees the introduction of two brand new self-measured blood pressure (SMBP) monitoring codes:

- 99473 (Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration)
- 99474 (... separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient).

See New Time Guidelines for RPM

The last change in the CPT® E/M codes for 2020 concerns remote physiologic monitoring (RPM), another form of patient monitoring. In this case, however, the revision is a simple change in the parent code's time parameters, resulting in the change of the descriptor for 99457:

- **From:** Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
- **To:** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes.

You'll also be able to report additional 20-minute increments of your provider's RPM service time with 99458 (... each additional 20 minutes (List separately in addition to code for primary procedure)).

Like the changes to the virtual E/M codes, "this change presents a similar opportunity for coders to educate their providers, as the time components to 99457 and 99458 mean that the provider will have to be specific in their documentation compared to the previous requirement of noting 'more than 20 minutes,'" suggests Johnson.

But "the additional time allowed by this code should not only prove particularly beneficial for patients requiring significant monitoring and interaction during a particular month, but also allow your provider to capture the additional work spent on those patients" Falbo adds.

Reminder: On Aug. 14, the Centers for Medicare & Medicaid Services (CMS) published its Calendar Year (CY) 2020 Medicare Physician Fee Schedule (MPFS) proposed rule in the Federal Register, which included a very slight suggested increase in the conversion factor from \$36.04 to \$36.09. The proposed \$0.05-bump per relative value unit (RVU) barely meets the rising costs of inflation, making correct E/M coding in 2020 particularly important if you want to ensure you're getting the Part B pay you deserve.