

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: CPT Puts Time on Coder's Side in 2008

Tobacco counseling and phone E/Ms getting easier to report

If figuring the level of service for telephone E/Ms has made you reticent to file the codes, CPT 2008 has some great news.

The latest version of CPT deletes 99371-99373 (Telephone call by a physician to patient or for consultation or management of for coordinating medical management with other health care professionals -) and offers you a much simpler method for coding, as well as some specific nonphysician counseling codes.

Phone E/M Codes a Boon--If Payors Accept Them

CPT will roll out three new codes for telephone E/M care in 2008, reported **Joel Bradley Jr., MD, FAAP**, a member of the AMA CPT Editorial Panel at **The Coding Institute's** 2007 Pediatric Coding & Reimbursement Conference. -The length of the call will determine which code to pick,- he explained.

Deleted: CPT codes 99371-99373.

Added: The following CPT codes:

- 99441--Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442--- 11-20 minutes of medical discussion
- 99443--- 21-30 minutes of medical discussion.

Benefit: Codes 99371-99373 required you to decide if the call is simple/brief, intermediate or complex. Now, all you'll have to do is find total encounter time and pick a code based on that. You may also have more guidance on which phone calls you should include as part of an E/M service and which you should separately report.

The telephone care codes -will have a global period of seven days,- Bradley says. -If you treat the problem in the office within seven days before or after the phone call, you would not bill- the telephone care.

This is good news for coders--provided insurers jump on board with the new code.

The time-based phone codes -may help, if the payors reimburse these codes. However, just because there are codes does not mean a payor will pay,- explains **Quinten Buechner**, president of **ProActive Consultants** in Cumberland, WI. -Insurers may bundle [the service] or just refuse to pay, Medicare will want evidence of face-to-face [service] unless it specifically adopts these codes for payment,- he says.

Bradley agrees, saying -CMS will need to publish RVUs [relative value units]- for possible payment of the new codes to move forward.

Best bet: Proceed carefully when using 99141-99143; check with your payor before filing with any of them.

Consider Specific Codes for Smoking Cessation

You might fret over the difficulty of getting reimbursed for the numerous nonphysician counseling services your practice could provide. But one of those services will no longer masquerade under the generic counseling and/or risk factor reduction intervention codes (99401-99412, for patients with no symptoms or established illness) or health and behavior assessment/intervention codes (96150-96155, for patients with disease-related problems).

Two smoking cessation codes that were previously only for Medicare patients will become CPT standards. The AMA converted both G0375 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes) and G0376 (... intensive, greater than 10 minutes) to CPT codes, which will be available Jan. 1, reports **Alan L. Plummer, MD**, at **Emory University School of Medicine** in Atlanta. -The number of yearly visits allowed for these new codes has yet to be determined,- he adds.

Plus: Like the new telephone E/M codes, these codes are time-based, meaning you will not have to determine level of service based on the complexity of the counseling:

- 99406--Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407--- intensive, greater than 10 minutes.

CPT Scraps Old 99305-99318 Definitions

CPT also rewrote the definitions for nursing facility care in its 2008 edition.

Impact: These revisions to the 99304-99318 code family will make reporting the nursing facility codes much less cumbersome. In past incarnations, CPT did not include time guidelines for coders to observe. The codes were listed based on the severity of the problem[s] or the patient's status.

Now, each CPT entry for nursing facility care includes a typical timeframe for that level of visit.

Check Descriptor's Last Sentence for Time Guideline

The new definition of 99304 reads (Initial nursing facility care, per day, for the evaluation and management of a patient - Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.)

The last sentence of the definition, which provides a timeframe for 99304, was not part of the descriptor last year. -This change is a help to coders,- says Buechner. The rewritten codes will make the prolonged services codes easier to report. However, -the trick is getting the physicians to document the time spent in counseling and coordination of care,- Buechner continues.

The other revised codes in the nursing facility section of CPT 2008 are:

- 99305---...Physicians typically spend 35 minutes with the patient and/or family or caregiver
- 99306---... Physicians typically spend 45 minutes with the patient and/or family or caregiver
- 99307---Subsequent nursing facility care... Physicians typically spend 10 minutes with the patient and/or family or caregiver
- 99308--- Physicians typically spend 15 minutes with the patient and/or family or caregiver
- 99309--- Physicians typically spend 25 minutes with the patient and/or family or caregiver
- 99310--- Physicians typically spend 35 minutes with the patient and/or family or caregiver.
- 99318---Evaluation and management of a patient involving an annual nursing facility assessment... Physicians typically spend 30 minutes with the patient and/or family or caregiver.

-Time descriptions are a tremendous help in CPT coding,- reports **Dena Merrill**, coder for Covenant MSO in Saginaw, MI. -The new descriptors will allow providers to possibly code higher--if they spend significant time counseling and/or coordinating the patient's care,- she continues.

Code Based on Time for Some Counseling-Heavy Visits

The biggest potential benefit of these rewrites will come when your physician conducts longer visits to the nursing facility, -where the provider deals with family or the patient for counseling and coordination of care,- Buechner explains.

Consider this example from Merrill: The internist visits a nursing facility patient on oxygen who suffers from end-stage chronic obstructive pulmonary disease (COPD) with a consistently low pulse oximetry reading. She sees the patient along with family members to discuss next steps and possible treatments. This counseling, and the subsequent coordination of the patient's wishes, takes 33 minutes of the provider's time, which was also the total duration of the visit.

Using the new nursing facility codes, you would report this encounter with 99310. Don't forget to attach 496 (Chronic airway obstruction, not elsewhere classified) to 99310 to represent the patient's COPD.

When filing this claim, Buechner recommends you document:

- total visit time,
- a summary of topics discussed, and
- a description indicating that more than half of the total visit time involved counseling and coordination.