

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Be Aware of Changes to Prolonged Service Time Limits

In November, CMS offered new E/M options for prolonged services reportable in 2017. In recent guidance, it looks like those unbundled, CPT® options for non-face-to-face, prolonged care will now be limited to two hours total.

In its final rule for the 2017 Medicare Physician Fee Schedule (MPFS), CMS pledged separate payments for some E/M services that fell under CPT® codes 99358 (Prolonged evaluation and management service before and/or after direct patient care; first hour) and 99359 (Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes [List separately in addition to code for prolonged service]) with the start date of Jan. 1.

However CMS issued a medically unlikely edit (MUE) for the codes to go into effect on April 1, 2017. Here's the gist of the MUE: You will only be able to claim two units of the add-on code 99359 per day, suggests MLN Matters release MM 5972. Since 99359 is added onto 99358 after the first hour, that only allows for a maximum of two hours of reportable time on your claim.

"Documentation is required to be in the medical record about the duration and content of the medically necessary evaluation and management service and prolonged services that you bill," MLN Matters reminds. These new CMS time thresholds aim to hold providers accountable to the medical necessity of the prolonged care, suggests the guidance.

To read MLN Matters release MM 5972, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5972.pdf.

Use The New CMS Form For Kickback Self-Disclosures to Avoid Problems

Starting June 1, Medicare will require you to use a new form for physician kickback violation situations.

CMS "issued a new Self-Referral Disclosure Protocol (SRDP) Form that provides a streamlined and standardized format for disclosing actual or potential violations of the physician self-referral law," CMS says on its website. "The SRDP Form will reduce the burden on providers and suppliers submitting disclosures to the SRDP and facilitate our review of the disclosures."

While the deadline to use the form isn't until June, CMS encourages providers to use it now.

See a link to the form and more information about Medicare's SRDP at

www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Self_Referral_Disclosure_Protocol.html.