

Pain Management Coding Alert

CCI Edits: Look for April Shower of CCI Bundle Changes

Care management, prolonged services get new edits.

As of April 1, the latest version of the Centers for Medicare and Medicaid Services (CMS) Correct Coding Initiative (CCI) edits is in effect.

Impact: For PM coders, that means a couple of changes to codes you could be using regularly.

Check out these CCI edits, effective April 1, and make sure your coding is lining up with the latest CCI guidelines.

Consider Physiologic Data Collection Part of Care Management

The first change that could have an impact on your practice is the bundling of 99091 (Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time) into a number of care management, services including:

- 99484 - Care management services for behavioral health conditions ...
- 99487 - Complex chronic care management services ... 60 minutes of clinical staff time ... per calendar month
- +99489 - ... each additional 30 minutes
- 99490 - Chronic care management services ...
- 99492 - Initial psychiatric collaborative care management, first 70 minutes in the first calendar month...
- 99493 - Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month...
- +99494 - ... each additional 30 minutes in a calendar month...
- 99495 - Transitional Care Management Services...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...Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
- G0506 - Comprehensive assessment of and care planning for patients requiring chronic care management services...

As far as changes go, "this one seems to make sense," according to **Suzan Hauptman, MPM, CPC, CEMC, CEDC, AAPC Fellow**, senior principal of ACE Med in Pittsburgh. "Care management includes a review of the recent test results," Hauptman goes on, "so bundling this review into care management for the betterment of the patient's treatment plan follows a natural course."

Kent Moore, senior strategist for physician payment at the American Academy of Family Physicians, agrees with Hauptman about the logic of the change. "The guidelines preceding the care management codes in CPT® state 'Care management services include . . . analysis of data (99090, 99091), . . . and, if performed, these services may not be reported separately during the month for which 99487, +99489, 99490 are reported,'" Moore observes, concluding that "I think CMS did this to be consistent with CPT®."

CMS Reverses Prolonged Services Bundles

The next change sees CMS flipping the status of 99358 (Prolonged evaluation and management service before and/or after direct patient care; first hour) and its add-on, +99359 (... each additional 30 minutes...) from Column 1 to Column 2 in edits with three other codes. Prior to April 1, these prolonged E/M codes were Column 1 codes into which the following

services were bundled:

- 99408 - Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, » DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 - ... greater than 30 minutes
- 99463 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date.

Now, the opposite is true, and 99358/+99359 are Column 2 codes bundled into 99408, 99409, and 99463.

The reasoning behind this change, however, is less clear.

Hauptman feels the change in 99463 could be because the code is "a per-day service regardless of the amount of time," whereas 99358/+99359 are time-based codes. So, Hauptman speculates, "it would make sense" to reverse the bundle.

As for the other codes, it may be that the bundle reversal puts the reason for the patient's visit ahead of the E/M service. If the main reason for the visit is counseling around alcohol or substance abuse, then having 99408 or 99408 as the first edit in the pair would also make sense.

(To download the full list of CCI edits for this quarter, go to https://www.cms.gov/Medicare/Coding/National-CorrectCodInitEd/Version_Update_Changes.html).