Coding Policy Alerts

January/February 2021

This is the January/February 2021 issue of Providence Health Plan's Coding Policy Alerts (formerly Payment and Coding Policy Alerts). The focus of this update is to communicate to providers new or revised coding policies, as well as general billing and coding information.

GENERAL BILLING/CODING INFORMATION

Updates to E&M Codes Effective January 1, 2021	The American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have made major changes to Evaluation and Management (E&M) codes for office visits. These changes will take effect on January 1, 2021. **PHP is following CMS guidelines for use of these codes.** A brief summary of the changes includes: • CPT code 99201 has been deleted. Codes 99202-99205 are the codes for new patient office visits. • The level of E&M service billed may be determined by time alone OR by medical decision making. **Only time spent by the billing practitioner may be used to determine the level of service. Time spent by office staff may not be used to determine the level of service.** • Time used to support the level of service may be both face-to-face and non-face-to-face time, **but only the billing practitioner's time may be considered**. Because time includes non-face-to-face time, CMS will no longer allow codes 99358/99359 (prolonged non-face-to-face services) to be billed with office visit E&M codes, and PHP is following the same guidelines. • **PHP will not recognize CPT code 99417 for prolonged services**. HCPCS code G2212 may be used to report prolonged services in 15-minute increments beyond the maximum time listed in the time range for the highest level of service in each category, i.e., 99205 or 99215. Code G2212 may be used only for a full 15-minute block of time, not for less than 15 minutes. **(See next article.)** • CPT code 99211 may be used when the health care professional's time is spent in supervision of clinical staff who perform face-to-face services. When selecting an ***office visit code***, the clinician may use either the new medical decision making definitions or total time spent on that date of service. Time to support the level of service may include time spent by the billing practitioner in the following activities: • preparing to see the patient (e.g., review of tests) • obtaining and/or reviewing separately obtained history • performing a medically appropriate examination and/or evaluation • counseling and educating the patient/family/caregiver • ordering medications, tests, or procedures • referring and communicating with other health care professionals (when not separately reported) • documenting clinical information in the electronic or other health record • independently interpreting results (when not separately reported) and communicating results to the patient/family/caregiver • care coordination (when not separately reported) Counseling and/or coordination of care no longer need to dominate the service for these codes. Use only clinician time, not staff member time, when using time to select an office/outpatient code and the add-on prolonged care code. The nature of the work must require practitioner knowledge and expertise. Waiting on hold for pre-certification authorization would not qualify, but a peer-to-peer discussion with another physician would qualify. **Time spent by the practitioner must be documented in the chart, including start and end times, with a description of how the time was spent.**

Use 2021 HCPCS Code G2212 to Report Prolonged Visits	PHP follows CMS guidelines for E&M services and does not recognize CPT code 99417 for prolonged visits. Providers may use HCPCS code G2212 to report prolonged visits, following CMS guidelines for use of this code.

G2212: *Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes* **by the physician or qualified healthcare professional**, *with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)*

(Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416.)

(Do not report G2212 for any time unit less than 15 minutes.)

Time spent by the practitioner must be documented in the chart, including start and end times, with a description of how the time was spent.

Time threshold chart for G2212 with a new patient

CPT/HCPCS CODE(S)	TOTAL PRACTITIONER TIME REQUIRED FOR REPORTING*
99205	60-74 minutes
99205 and G2212 x 1	89-103 minutes
99205 and G2212 x 2	104-118 minutes
99205 and G2212 x 3 or more for each additional 15 minutes	119 or more, one unit of G2212 for each full 15-minute block of time

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of service of the visit

Time threshold chart for G2212 with an established patient

CPT CODE(S)	TOTAL PRACTITIONER TIME REQUIRED FOR REPORTING*
99215	40-54 minutes
99215 and G2212 x 1	69-83 minutes
99215 and G2212 x 2	84-98 minutes
99215 and G2212 x 3 or more for each additional 15 minutes	99 or more, one unit of G2212 for each full 15-minute block of time

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of service of the visit

LandmarX System	The LandmarX® Element system is a surgical platform that reformats patient-specific CT images acquired before surgery and displays them onscreen. During surgery, the system tracks the position of the instruments in or on the patient anatomy and updates the instrument position on these images.

	PHP considers use of LandmarX System to be a technique integral to the primary surgical procedure and not a separately reimbursable service. PHP does not pay separately for an unlisted code or modifier 22 used to report LandmarX System used for surgery or if billed in conjunction with a CT scan.
Multiple Units of CPT Code 93325	CPT code 93325 is used to report, "Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)." This code is reported once per session, not once per fetus. PHP will allow multiple units of this code only if the documentation shows multiple sessions.
Payment Policies Are Now Called Coding Policies	Because PHP Payment Policies actually address billing and coding guidelines rather than payment issues, the name of the policies has been changed to "Coding Policies" effective January 1, 2021. The title of this publication has been changed to "Coding Policy Alerts" rather than "Payment and Coding Policy Alerts."
CPT Code 99072	The AMA published CPT code 99072 effective September 8, 2020, to report supplies and clinical staff time required for screening patients during the COVID-19 pandemic. Code 99072: "Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease." CMS has assigned a status of "B" (bundled) to CPT code 99072, and PHP also considers this a bundled service. CPT code 99072 has been added to PHP Coding Policy 13.0 (Bundled or Adjunct Services). Supplies are considered part of the practice expense for an office visit, which is covered in the relative value unit (RVU) assigned to the code.