

# 2013 Evaluation and Management Update

**Effective January 1, 2013**

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# **2013 ICD-9-CM UPDATE**

**Effective October 1, 2012 (For Year 2013)**

# ICD-9 EFFECTIVE 10.01.2012 (FY2013)

- There are no new or revised or deleted ICD-9-CM diagnosis codes effective for October 1, 2012.
- There are no revised or deleted ICD-9-PCS procedure codes effective for October 1, 2012.
- New ICD-9-PCS procedure codes effective October 1, 2012:
  - 00.95 Injection or infusion of glucarpidase
- Source: [www.cms.hhs.gov/ICD9ProviderDiagnosticCodes](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes)

# **2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE**

**Effective January 1, 2013**

**Objectives:**

- **2013 Part B Premium Rates**
- **2013 Part B Deductible**
- **2013 Psyche Reduction**

# 2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- 2013 Part B Premium:

If your yearly income in 2011 was		You pay (in 2013)
File <u>individual</u> tax return	File <u>joint</u> tax return	
\$85,000 or less	\$170,000 or less	\$104.90
above \$85,000 - \$107,000	above \$170,000 - \$214,000	\$146.90
above \$107,000- \$160,000	above \$214,000 - \$320,000	\$209.80
above \$160,000- \$214,000	above \$320,000 - \$428,000	\$272.70
above \$214,000	above \$428,000	\$335.70

- Source: [www.Medicare.gov](http://www.Medicare.gov)

# 2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- **2013 Part B Annual Deductible: \$147.00**
- **2013 Part D Medicare Prescription Drug Coverage monthly premium varies by plan chosen by the beneficiary.**
- **2013 Psyche Reduction:**
  - **Beneficiary pays 35% in 2013**

# 2013 CPT INTRODUCTION

## Objectives:

- **Qualified Health Care Professional (QHCP)**
- **Place of Service (POS) and Facility Reporting**
- **CPT Time Measurement Reporting**



# 2013 CPT INTRODUCTION

## NEUTRALITY EDITS

- **Neutrality edits replace “provider” with “professional” and replace “practitioners” with “individuals”**
  - **Physicians and other Qualified Health Care Professional (QHCP)**
  - **Created to better align CPT codes with the reporting and payment policies of CMS and/or private payers.**
- **Must comply with State scope of license.**

# 2013 CPT INTRODUCTION

## PLACE OF SERVICE & FACILITY REPORTING

- **Facility** describes specific instructions as limited to professionals or limited to other entities (e.g., hospital or home health agency)
- **Nonfacility** describes service settings or circumstances in which no facility reporting may occur.

# 2013 CPT INTRODUCTION

## PLACE OF SERVICE & FACILITY REPORTING

- **POS 18: A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to an individual.**
  - Just released, did not make the book
  - Not effective with CMS until 05/01/2013
  - Watch for CMS notification
  - Check with private payers
  - [www.cms.gov/Medicare](http://www.cms.gov/Medicare)

# 2013 CPT INTRODUCTION

## TIME MEASUREMENT REPORTING

**CPT standards for codes with a time basis for code selection:**

- **Time is the face-to-face time with the patient.**
- **“Interpretation and Report” does not indicate that report writing is part of the reported time.**
- **A unit of time is attained when the mid-point has passed**
- **When another service is performed concurrently with a time-based service, the time associated with the concurrent service should not be included in the time used for reporting the time-based service.**
- **Check with government and private payers.**

# **2013 EVALUATION AND MANAGEMENT (E/M) SERVICES UPDATE**

## **2013 E/M Objectives:**

- **E/M Guideline Update**
- **Revised and Deleted**
- **New Codes:**
- **Pediatric Critical Care Patient Transport (CPT 99485-99486)**
- **Complex Chronic Care Coordination Services (CCCC) (CPT 99487-99489)**
- **Transitional Care Management Services (TCM) (CPT 99495-99496)**
- **G0454 Durable Medical Equipment determination**
- **2013 CPT Corrections To Date**

# EVALUATION AND MANAGEMENT SERVICES GUIDELINES

- **Neutrality revisions that include the terms Qualified Health Care Professional (QHCP), Subspecialty added to:**
  - **New and established patient**
  - **Concurrent care**
  - **Transfer of care**
  - **Nature of presenting problem**

# EVALUATION AND MANAGEMENT

- **Observation or Inpatient Care Services CPT 99234-99236**
  - **Typical times added:**
    - **99234 – 40 minutes**
    - **99235 – 50 minutes**
    - **99236 – 55 minutes**

# EVALUATION AND MANAGEMENT

## Nursing Facility Services

- **Guideline revision**
  - **2013 AMA Correction Document**
  - **Retain the word “physician”**
  - **Delete “and other qualified health care professional”**



# EVALUATION AND MANAGEMENT

## **Inpatient Neonatal and Pediatric Critical Care 99468-99476**

- **Guideline revisions**
- **99471-99476 used for critically ill**
  - **29 days of postnatal age through 5 years of age (less than 6 years of age)**
- **Services for critically ill or critically injured child 6 years of age or older would be reported with critical care codes 99291, 99292**
- **Transferring Individual**
- **Receiving Individual**

# EVALUATION AND MANAGEMENT

## Initial and Continuing Intensive Care Services

- **Guideline revision**
  - **Clarifies use of codes 99477-99480 in circumstances involving the transfer of care**
  - **Transferring**
  - **Receiving**

# EVALUATION AND MANAGEMENT

## **Pediatric Critical Care Patient Transport 99485-99486**

- **New #•99485 Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes**
- **New #•99486            each additional 30 minutes ...**
  - **Non face to face physician supervision**
  - **Control physician provides treatment advice to a specialized transport team delivering hands-on care**
- **99466 and +99467 revised to accommodate new codes**

# EVALUATION AND MANAGEMENT

## Complex Chronic Care Coordination Services (CCCC)

- **New •99487** Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
- **New •99488** ; first hour of clinical staff time directed by a physician or other qualified health care professional with face-to-face visit, per calendar month
- **New +•99489** each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month (list separately in addition to code for primary procedure)

# EVALUATION AND MANAGEMENT

## **Complex Chronic Care Coordination Services (CCCC) 99487-99489**

- **Patient centered management and support services**
- **Includes domiciliary, rest home, or assisted living facility**
- **Care plan**
- **Coordination of care**



# EVALUATION AND MANAGEMENT

## Complex Chronic Care Coordination Services (CCCC) 99487-99489

- Reporting individual provides or oversees management and/or coordination of services, as needed, for:
  - All medical conditions
  - Psychosocial needs
  - Activities of daily living (ADL)

# EVALUATION AND MANAGEMENT

## **Complex Chronic Care Coordination Services (CCCC) 99487-99489**

- **Reported once per calendar month**
- **Include all non face to face CCCC services**
- **Include “none” or “1” face to face office or other outpatient, home, or domiciliary visit**
- **May only be reported by the single physician or other QHCP who assumes care coordination role with a particular patient for the calendar month**

# EVALUATION AND MANAGEMENT

## **Complex Chronic Care Coordination Services (CCCC) 99487-99489**

- **Time of care coordination with the emergency department is reportable using CCCC 99487-99489.**
- **Time while the patient is inpatient or admitted as observation is not.**
- **Exclusionary parenthetical note**
- **CMS BUNDLES CCCC services!**
  - **Bundled into the services to which they are incident to and are not separately payable at this time.**
  - **CMS is considering adoption of the CCCC services, possibly 2014.**



# EVALUATION AND MANAGEMENT

## Transitional Care Management Services (TCM)

- **New •99495 Transitional Care Management Services with the following required elements:**
  - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
  - **Medical decision making of at least moderate complexity during the service period**
  - **Face to face visit, within 14 calendar days of discharge**

# EVALUATION AND MANAGEMENT

## Transitional Care Management Services (TCM)

- **New •99496 Transitional Care Management Services with the following required elements:**
  - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
  - **Medical decision making of high complexity during the service period**
  - **Face to face visit, within 7 calendar days of discharge**

# EVALUATION AND MANAGEMENT

## Transitional Care Management Services (TCM) 99495-99496

- **TCM require:**
  - **Established patient**
  - **Face to face**
  - **Interactive contact**
  - **Medication reconciliation and management**
- **Exclusionary parenthetical note**
- **Coding Tips**
  - **Review coding tips (2013 CPT Professional page 46)**
  - **Not included in the guidelines**

# EVALUATION AND MANAGEMENT

- **CMS accepts the AMA TCM CPT 99495-99496 with some modifications regarding:**
  - **New patients**
  - **Clarified post discharge service period**
  - **Same physician may bill discharge day management and the TCM**
    - **CMS will monitor for overlap of time**
  - **E/M included in TCM**
- **Watch for LCD regarding TCM**



# EVALUATION AND MANAGEMENT

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**CCCC and TCM codes include:**

- **TCM when reporting CCCC**
- **CCCC when reporting TCM**
- **Care Plan Oversight Services**
- **Prolonged Service without Direct Patient Contact**
- **Anticoagulant Management**
- **Medical Team Conferences**
- **Education and Training**
- **Telephone Services**



# EVALUATION AND MANAGEMENT

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## **Physician Documentation of Face-to-Face visit for Durable Medical Equipment (DME)**

**New G0454 Physician documentation of face-to-face visit for Durable Medical Equipment determination performed by Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist**

- **Watch for CMS DME LCD before 01/01/2013**

# EVALUATION AND MANAGEMENT

## 2013 CPT Corrections Document as of 10/19/2012:

- **E/M Tables**
  - **99477 Initial Neonatal Intensive Care**
    - Remove weight 1500-5000 grams
  - **99478-99480 Continuing neonatal and infant inpatient low birth-weight intensive care**
    - Remove age-28 days of age or less
- **E/M Guidelines-Counseling**
  - Add instructional parenthetical note following the counseling guidelines to coincide with the new psychotherapy range of codes 90832-90834 and 90836-90840.

# EVALUATION AND MANAGEMENT

## 2013 CPT Corrections Document as of 10/19/2012:

- **Hospital Discharge Management 99238-99239**
  - **Correct revised parenthetical:**
    - **Remove reference to “by the physician”**
- **Nursing Facility Services Guidelines**
  - **Correct revised parenthetical:**
    - **Remove reference to the term “and other qualified health care professionals” as initial assessments in the nursing facility are only performed by physicians.**



# Resources

- **2013 AMA CPT Professional Edition**
- **2013 AMA CPT Changes-An Insider's View**
- **2013 AMA CPT and RBRVS Annual Symposium**
- **Centers for Medicare and Medicaid Services (CMS)**
- **[www.ama-assn.org](http://www.ama-assn.org)**

# Questions & Discussion

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