

New 2020 CPT codes recognize E/M work that happens online

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Much attention is, rightly, going to the major overhaul of evaluation and management (E/M) office visit codes that will take effect in 2021 and is designed to reduce physicians' documentation burden. But there are changes that have already taken effect Jan. 1, 2020, that acknowledge new ways of communicating with patients and practicing medicine that don't involve a face-to-face encounter.

Changes to the 2020 Current Procedural Terminology (CPT®) code set will help physicians and other clinical professionals report a range of digital health services including electronic visits through secure patient portal messages.

The 10,471 CPT codes were recently characterized as “the language of medicine” by Laurie McGraw, AMA senior vice president of health solutions, because they provide a precise description of physician work and cover everything from office visits to genetic testing.

CPT changes for 2020 include 248 new codes, 75 revisions and 71 deletions. Peter Hollmann, MD, former chair of the CPT Editorial Panel, highlighted three additions and one subtraction to this lexicon during a presentation at the AMA CPT® and RBRVS 2020 Annual Symposium.

Dr. Hollmann, a geriatrician and chief medical officer of the Brown Medicine faculty medical group, began by essentially paying tribute to a code being deleted, 99444, for pioneering “online medical evaluation.”

The code represented a “big breakthrough” because it created an episode of care distinguishable from work done before or after delivery of an E/M service provided during a face-to-face visit, Dr. Hollmann said. But the code was also very general and could not be valued by the AMA/Specialty Society RVS Update Committee (RUC), he added.

In its place are three new, time-based codes that, he noted, “create sufficient granularity” to capture the non-face-to-face work required to properly respond to an online question asked by an established patient.

The new codes are to be used for patient-initiated digital communications that require a clinical decision that would otherwise have been typically provided in the office, Dr. Hollmann said.

“That’s a new clarifying definition,” he added, noting that the codes capture the back-and-forth “cumulative work of addressing presenting patient’s problem” that can transpire over a seven-day period.

The codes cover multiple types of communication, though typically they would be done through secure electronic health record portals.

Some basic rules covering the codes include:

- | If the work takes under five minutes, it is not reported.
- | Time worked cannot be counted twice or billed for under another, separate code.
- | While the code is intended for an established patient, the problem being addressed can be new.

The clock on the seven-day period begins ticking with review of the patient-generated inquiry and then can include the following work:

- | Review of patient record and data pertinent to assessment of the problem.
- | Development of a management plan.
- | Generation of a prescription or test order.
- | Any subsequent online communication that does not include a separately reported E/M service.

Documentation storage of the encounter (online or hard copy) is required to use these codes.

If a separate E/M face-to-face visit or real-time virtual visit occurs within the seven-day period, then this online work is incorporated into the face-to-face visit and not separately reported.

However, if the patient initiates an online digital inquiry for the same or a related problem within seven days of a previous E/M service, then the online digital visit is not reported.

The codes to be used for the E/M service are:

- | 99421 for five–10 minutes of time spent on the inquiry.

| 99422 for 11–20 minutes.

| 99423 for 21 minutes or more.

Three other new time-based codes have been created to cover similar work done by qualified nonphysician health professionals: 98970, 98971 and 98972. The Centers for Medicare & Medicaid Services will require the use of G codes for these services.

The need for these new codes, which are intended to advance adoption of digital health tools, were first identified by the AMA-convened Digital Medicine Payment Advisory Group (DMPAG), which has helped clarify payment complexities connected to the use of remote monitoring and other technologies.

For a better understanding of the latest revisions to the CPT code set, rely on the new guide, *CPT® Changes 2020: An Insider's View*.

The 2020 CPT codes and descriptors can be imported straight into existing claims and billing software using the downloadable CPT 2020 Data File. The file contains the updated code set's complete descriptor package, including official descriptors for consumers and physicians, and the official CPT coding guidelines.