Not grandma’s CPT: Code set evolves amid pandemic, pay challenges

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Mark Synovec, MD, chairs the CPT Editorial Panel, which is responsible for maintaining what is sometimes called “the language of medicine,” the Current Procedural Terminology (CPT®) code set. The Editorial Panel, he said, has moved nimbly to adapt to the fast-moving challenges of the pandemic, digital health and more.

“We’re not your grandma’s CPT,” said Dr. Synovec, also president of the Topeka Pathology Group, pathology section chair in the AMA Specialty and Service Society Section Council, and the opening speaker during the CPT® and RBRVS 2022 Annual Symposium. The event was again held virtually due to the COVID-19 pandemic.

There were 405 total changes to the CPT code set for 2022, including 249 codes added, 63 codes deleted, and 93 codes revised, Dr. Synovec noted. Also new, is a streamlined process for rapidly developing codes related to COVID-19 and publishing them on the AMA website for immediate use.

These include 12 new codes and 40 revised codes for diagnostic testing and 28 vaccine-related codes that have been conveniently assembled in an appendix (PDF) of the CPT code set. “The CPT Vaccine Coding Caucus stood up on a moment’s notice to get these through the process,” Dr. Synovec said.

Symposium presentations are available for on-demand by registering at https://cvent.me/01OlEB.

Part of the AMA’s COVID-19 CPT guidance, the “Find your COVID-19 Vaccine CPT Codes” resource helps you determine the appropriate CPT code combination for the type and dose of vaccine that you are administering.
Learn more about how CPT codes are keeping pace with COVID-19 vaccine development.

No separate COVID expense payment

Another COVID-19 code developed by the CPT Editorial Panel and assigned value by the AMA/Specialty Society RVS Update Committee (RUC) was 99072. That code could be used for the billing of additional supplies, materials and clinical staff time over and above those usually included in office-based or outpatient services performed during a public health emergency (PHE) due to respiratory-transmitted infectious diseases.

The CPT code took effect in September 2020. The Centers for Medicare & Medicaid Services (CMS), however, considers those additional expenses as a “bundled service” and, so far, does not cover 99072 as a separate payment under Medicare.

The RUC continues to urge CMS to immediately implement and pay for CPT code 99072 to recognize the increased expenses due to infection-control practices necessary to safely immunize and care for patients during the PHE.

CMS officials, in the 2022 Medicare physician payment schedule, stated “we appreciate the commenters’ feedback and will consider this feedback in the context of potential future rulemaking.”

Gift Tee, director of the CMS Hospital and Ambulatory Policy Group Division of Practitioner Services, presented at the symposium and focused on changes included in the 2022 schedule and acknowledged the Medicare payment cuts that were coming. CMS was bound by statute to carry out the pay reductions and that Congress would need to enact legislation to avoid these payment cuts, he explained.

Set to expire, for example, is a 3.75% increase in Medicare physician payments Congress provided for 2021. “This is a statutory provision that CMS does not have regulatory authority to alter,” Tee said.

Without action from Washington, a 9.75% Medicare physician payment cut will go take effect Jan. 1, 2022. Join other physicians and take action to reverse these cuts and protect access to care.

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Virtual attendees asked about refinements to CMS policies regarding split or shared evaluation-and-management (E/M) visits, and billing questions pertaining to ownership of the office, clinic or hospital where services were provided.

“That documentation in the medical record must identify the two individuals who performed the visit,” Tee said. “The individual providing the substantive portion must sign and date the medical record.”

Physicians who work as Medicare contract medical directors (CMDs) participated in a symposium Q&A session and offered their advice on billing and documentation regarding these visits.

Gary Oakes, MD, a CMD with Noridian Healthcare Solutions, advised simply recording what was done for the patient, by whom and how much time it took so that, if another physician had to take over, he or she could pick up where the previous one left off.

“That’s really what we’re looking for,” said Dr. Oakes, a family physician. His recurring advice: “Tell the story of what you did today for that patient.”

Similarly, Laurence Clark, MD, also a CMD with Noridian, said not to get hung up on ownership of the facility where care was delivered.

“You should base it on what it really is—if it’s an office, it’s an office,” said Dr. Clark, an internist. “If the hospital owns it, it’s still an office.”