

## Underutilized CPT Codes

**99000 Handling Specimen to Outside Lab.** In the advent of a number of managed care organizations requiring that laboratory work be done in outside labs, there is a great deal of time, mostly nursing time, with the transport of specimens to an outside lab. Do not forget to use this code in this instance.

**99058** This is an add-on code for an office emergency. It is 10:30 a.m. on a Monday morning in a busy pediatric practice and a patient calls whose child is having a status asthmaticus and needs to come into the office. the patient is seen immediately on an emergency basis, and other patients will need to wait, although they came in prior to this patient. This is an example of an office emergency. In addition to dealing with the proper E and M code in this instance. Another example would be that of a laceration in the office.

**99205 and 99215** These are evaluation and management codes at the highest levels for new patients and established patients in a practice. Statistically they should be used approximately 5% of the time based on the five different codes are each level. Many pediatricians, although doing the service and work to fulfil the criteria for these codes, do not use them and use other codes. In

the Third Edition of the Pediatric Procedural Manual there are a number of illustrations of how a pediatrician can use this highest level code.

**99244 and 99245** This is an office consultation at the second highest and the highest level requested by another physician or other appropriate source. Pediatricians can utilize this code when, for example, the school is asking for a consultation by the pediatrician for a suspected diagnosis of ADHD. As a result of the consultation, the pediatrician will send a report to school officials with his findings. Although this patient may be a patient presently already seen in the practice, these codes can still be utilized. Many physicians forget this and do not utilize these codes appropriately.

**99355** each additional 30 minutes

**99356 Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg. Maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour**

**99357** each additional 30 minutes

**Prolonged Physician Service Without Direct (Face-To Face) Patient Contact**

Adapted from: CPT. Coding. American Medical Association. 35-39. "CPT five digit codes, nomenclature and other data are copyright 1998 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative, values or related listings are included in CPT. The AMA assumes no liability for the data contained herein."

Jacobson, AD. et al. CPT coding underutilized by pediatricians.

## Case Management Services

Physician case management is a process in which a physician is responsible for direct care of a patient, and for coordination and controlling access to or initiation and/or supervising other health care services needed by the patient.

## Team Conferences

**99361 Medical conference** by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes.

**99362** approximately 60 minutes

## Telephone Calls

**99371 Telephone call** by a physician to patient or for consultation or medical management or for coordinating medical management with the health care professionals (eg. nurses, therapists, social workers, nutritionists, physicians, pharmacists): simple or brief (eg. to report on tests and/or laboratory results to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)

**99372** intermediate (eg. to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management

of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)

**99373** complex or lengthy (eg. lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)

## Care Plan Oversight Services

Care Plan Oversight Services are reported separately from codes for office/outpatient, hospital, home nursing facility or domiciliary services. The complexity and approximate physician time of the care plan oversight services provided within a 30-day period determine code selection. Only one physician may report services for a given period of time, to reflect that physician's sole or predominant supervisory role with a particular patient. These codes should not be reported for supervision of patients in nursing facilities or under the care of home health agencies unless they require recurrent supervision of therapy. The work involved in providing very low intensity or infrequent supervision services is included in the pre-and post-encounter work for home, office/outpatient and nursing facility or domiciliary visit codes.

Care plan oversight services provided which are less than 30 minutes during a 30-day period are considered part of

patient evaluation and management and should not be reported separately.

**99375 Physician supervision** of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical therapy, within a 30-day period; 30-60 minutes

**99376** greater than 60 minutes

## **Preventive Medicine Services**

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents and adults.

The extent and focus of the service will largely depend on the age of the patient. (If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require additional work to significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier '-25' should be added to the Office/Outpatient

code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service. An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service, should not be reported.)

**99456 Work related** or medical disability examination by other than the treating physician that includes:

- **Completion of a medical history commensurate with the patient's condition;**
- **Performance of an examination commensurate with the patient's condition;**
- **Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment;**
- **Development of future medical treatment plan; and**
- **Completion of necessary documentation/certificates and report.**

## **Other Evaluation and Management Services**

**99499 Unlisted evaluation and management service**

Not a great code to use as it is always questioned but for our purposes you may have to use it and provide a brief

Codes 99358 and 99359 are used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual service in either the inpatient or outpatient setting.

This service is to be reported in addition to other physician service, including evaluation and management services at any level.

Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent by the physician on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service.

It may also be used to report a total duration of prolonged service of 30-60 minutes on given date. It should be used only once per date even if the time spent by the physician is not continuous on that date.

Prolonged service of less than 30 minutes total duration on a given date is not separately reported.

Code 99359 is used to report each additional 30 minutes beyond the first hour regardless of the place of service. It may also be used to report the final 15-30 minutes of prolonged service on a given date.

Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

**99358 Prolonged evaluation and management service before**

and/or after direct (face-to-face) patient care (eg. review of extensive records and tests, communication with other professionals and/or the patient/family); first hour

**99359** each additional 30 minutes

(To report telephone calls, see 99371-33973)

### **Physician Standby Services**

Code 99360 is used to report physician standby service that is requested by another physician and that involves prolonged physician attendance without direct (face-to-face) patient contact. The physician may not be providing care or services to other patients during this period. This code is not used to report time spent proctoring another physician. It is also not used in the period of standby ends with the performance of a procedure subject to a "surgical package" by the physician who was on standby.

Code 99360 is used to report the total duration of time spent by a physician on a given date on standby. Standby service of less than 30 minutes total duration on a given date is not reported separately.

Second and subsequent periods of standby beyond the first 30 minutes may be reported only if a full 30 minutes of standby was provided or each unit of service reported

**99360 Physician standby service,** requiring prolonged physician attendance, each 30 minutes (eg. operative standby, standby for frozen section, for cesarean/high risk delivery for newborn care, for monitoring EEG)

explanation of service if it isn't outlined somewhere else.

**24640** Many times on an emergency basis a patient is seen with a subluxation of the radial head. If this is treated and reduced in the office, instead of using an E and M code, one can use a surgical code if it is being reduced.

If you are underutilizing these codes in your practice, I encourage you to start using them so that you not only reflect the work that you do, but also reflect proper reimbursement for work done. If you have any questions about CPT coding, please call me at (602) 861-1611.