



# Special coding circumstances

Department of Psychiatry  
Bayhealth Medical Center

- Complexity and prolonged services
- Critical care services
- Patient phone calls
- Curbsides

# CLP 2023

**Disclosure: Andrea DeSimone, DO**

With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.



# Billing for interactive complexity: 90785

- Add on for 90792
- Cannot be used with E/M codes
- “Complexity” = communication difficulties
  - A need to manage maladaptive communication
  - Caregiver emotions interfere with treatment
  - Mandated reporting event
  - The use of play equipment
  - Patient not fluent with the language
  - Patient has lost communication skills



# Billing for a prolonged visit (outpatient)

CODES	MINUTES	PAYER
99205 (New)	60-74	All
99205 + 99417 <small>CPT</small>	75-89	Non-Medicare Payers
99205 + G2212 <small>CMS</small>	89-103	Medicare & Payers Adopting Medicare Guidelines
99215 (Established)	40-54	All
99215 + 99417 <small>CPT</small>	55-69	Non-Medicare Payers
99215 + G2212 <small>CMS</small>	69-83	Medicare & Payers Adopting Medicare Guidelines

Example:

99215, 67 minutes

67-54 = 13 minutes

Medicare patient: 99215

Non-Medicare patient: 99215 + 99417

# Billing for prolonged visit (inpatient)

Primary E/M Service	Prolonged Code*	Time Threshold to Report Prolonged
Initial IP/Obs. Visit (99223) (75 min)	G0316	90 minutes
Subsequent IP/Obs. Visit (99233) (50 min)	G0316	65 minutes

- All of these count as “time”
  - Chart review, prepping the note
  - Gathering collateral
  - Counseling family members
  - Ordering “medications, tests, or procedures” or interpreting (ie, MoCA)
  - Coordinating care or referring to other professionals (ie, doc to doc)
  - Documentation

# Critical care services

- Only the critical care primary team bills for the critical care service
- Use 90792 or E/M codes for patients admitted to the ICU

# Returning outpatient phone calls (CMS)

- G2012: “Brief communication technology-based virtual check-in”
  - Telephone is allowed!
- Not originating from an E/M service provided within the last 7 days
- Does not lead to a related E/M service
- Verbal consent required to be documented
- G2012 = 5-10 minutes of medical discussion (0.41 RVU, \$14.78)
- G2252 = 11-20 minutes of medical discussion

# Returning outpatient phone calls (CPT)

- Same criteria as CMS
  - Not related to any E/M service in last 7 days
  - Does not lead to related E/M service
  - Verbal consent needs to be documented
- 99441: 5-10 minutes (0.38 RVU)
- 99442: 11-20 minutes (0.74 RVU)
- 99443: 21-30 minutes (1.08 RVU)



# Interprofessional consult codes

99446–99449	
Time based from 5 minutes to > 31+ minutes	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
Doesn't lead to E/M visit by consultant in the next 14 days	
Verbal and written report required	
Greater than 50% spent in verbal or internet discussion, not data review and/or analysis. Do not report these codes if greater than 50% of consultant time is spent in data analysis	
For Medicare, patient consent documented	
Time thresholds	
<b>99446</b> 5-10 minutes	
<b>99447</b> 11-20 minutes	
<b>99448</b> 21-30 minutes	
<b>99449</b> 31+ minutes	

wRVU	Reimbursement
0.35	\$19
0.70	\$37
1.05	\$55
1.40	\$73