



# Annual Regulatory Updates: Stocking Stuffers from CMS Webinar

Lynn M. Anderanin, CPC, CPMA,  
CPB, CPC-I, CPPM, COSC

## Split or Shared Visits

- Provider that performs substantive portion of time is used
- For Medical Decision Making
  - Whomever performs the problems addressed at the encounter and the risk of complications for the patient
  - In order to use data reviewed and analyzed because the history of the patient by an independent historian or the ordering of tests do not need to be performed by the provider, in order to use this as an element the provider must perform an independent interpretation of test(s) or the discussion of a plan or test interpretation must be performed by the reporting provider

# Time Assignments

Code	2023 Minutes	2024 Minutes
99202	15-29	15
99203	30-44	30
99204	45-59	45
99205	60-74	60
99211		
99212	20	10
99213	20-29	20
99214	30-39	30
99215	40-54	40

## Multiple E/M- Same Day

- Multiple visits performed in the inpatient hospital, observation, and/or nursing home should be added together for each calendar day.
- Multiple encounters in different settings or facilities, and the level of service is chosen by time, time should not be counted twice, but only once per encounter.
- If a physician spends time with a patient in the ED, and then a subsequent encounter in a different facility, the total time spent with the patient on that day can be reported with a visit that can be determined by time.

## Multiple E/M- Same Day

- Multiple E/M services performed on the same day require that when time is involved, the same time is not counted for more than one E/M service. (double dipping)
- If a patient is discharged and re-admitted on the same day at the same facility only a subsequent hospital day should be reported.
- If a patient is discharged and admitted to a different facility on the same day, two visits may be reported.
- Patient seen in the office and facility on the same day can have the services performed added together with time or MDM to determine the level of service.

## Vertebral Body Tethering

2023	2024
0656T	22836
0657T	22837
0790T	22838

# Bunionectomy Code Revision

- Revision
  - 2023- Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
  - 2024- Correction, hallux valgus with bunionectomy with sesmoidectomy when performed ; with resection of proximal phalanx base, when performed, any method

## SI Joint Arthrodesis

- 0775T- Replaced with Category I code 27278
- 27278- Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
- 27279- Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device



## Calcium Based Implant- Femur

- 0814T-Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral

# Spinal Neurostimulator

Code	2023	2024
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver

## 2024 CMS Final Rule

- HHS Social Determinants of Health Action Plan
- Biden-Harris Cancer Moonshot
  - Every American with cancer having access to covered patient navigation services
- Community Health Integration
  - Addresses unmet SDOH needs that affect the diagnosis and treatment of the patient's medical problems
- Principal Illness Navigation
  - Helps people with Medicare who are diagnosed with high-risk conditions (for example, dementia, HIV/AIDS, and cancer)

# Telehealth

- Health and well-being coaching- 2024
- Social Determinants of Health Risk Assessment- permanent
- Accepting that patient can be in their home- paid at non-facility rate
- Adding applicable providers- qualified occupational therapists, qualified physical therapists, qualified speech-language pathologists, and qualified audiologists
- Define direct supervision to permit the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through December 31, 2024
- COVID-19 PHE for Medicare telehealth services at least until the end of 2024

## Telehealth in Teaching Settings

- A policy was finalized to continue to allow teaching physicians to use audio/video real-time communications technology to be present when the resident furnishes Medicare telehealth services in all residency training locations through the end of CY 2024.

# CMS Telehealth Services List

- <https://www.cms.gov/medicare/coverage/telehealth/list-services>

<b>LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2024 - updated November 13, 2023</b>				
	<b>HCPCS</b>	<b>Short Descriptor</b>	<b>Can Audio-Only Interaction Meet the Requirements?</b>	<b>Category</b>
201	99347	Home visit est patient	No	permanent
202	99348	Home visit est patient	No	permanent
203	99349	Home visit est patient	No	provisional
204	99350	Home visit est patient	No	provisional

## Conversion Factor

- Conversion Factor \$32.74
- Reduced by 1.25%
- Decrease of \$1.15
- Decrease of 3.4%

# Caregiver Training Services

- 97550-97552
- Access to High Quality Care and Support Caregivers
- Finalizing proposal to reimburse the training of caregivers
- Eligible Providers
  - Physicians
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Physical or Occupational Therapists
- Must be part of the patients individualized treatment plan or therapy plan of care



## Caregiver Training Services

- 97550 –a 30-minute session for caregiver training without the patient present
- 97551 –an add-on code to identify each additional 15-minute increment
- 97552 –a non-time-based code for group caregiver training of multiple caregivers of multiple patients with similar conditions and/or needs

## Appropriate Use Criteria (AUC)

- CMS is finalizing the proposal to pause efforts to implement the Appropriate Use Criteria (AUC) program. CMS is rescinding the current AUC program regulations at 42 CFR 414.94. CMS will continue efforts to identify a workable implementation approach, and any such approach would be proposed through subsequent rulemaking.

Lynn M. Anderanin,

CPC,CPB,CPMA,CPPM, CPC-I,COSC

*Medical Coding Education and Consulting*

- Office documentation auditing and education
- Surgical coding analysis and review for maximum reimbursement
- Staff education for coding
- Denials Management
- “Ask the Coding Expert” Services



[codingbones@gmail.com](mailto:codingbones@gmail.com)



708-539-1366