



## Upcoming Code Edits (Effective Dec. 1, 2019)

Beginning Dec. 1, 2019, we'll implement the following new coding guidelines for:

- **Evaluation and Management Services - Outpatient Consultations**
- **Genetic Testing - Molecular Pathology Testing for Lynch Syndrome**
- **Evaluation and Management - Transitional Care Management (TCM) Services**

Coding Policy	Description
<p><b>Evaluation and Management Services - Outpatient Consultations</b></p>	<p><b><u>Consultations without Prior Evaluation by a Referring Provider</u></b>            We follow the American Medical Association (AMA) payment criteria for Evaluation and Management (E/M) Services. According to the AMA Current Procedural Terminology (CPT) Manual and Centers for Medicare &amp; Medicaid Services (CMS) policy, a consultation requires a prior evaluation by a referring provider. The request for consultation must be documented in the patient's medical record and communicated in writing to the requesting provider.</p> <p>Outpatient/office consultations (CPT 99241-99245, 99446-99449, 99451 or S0285) without prior evaluation by a referring provider and billed without modifier 32 (Mandated Services), will be denied.</p> <p><b><u>Follow-Up Consultations</u></b>            Outpatient/office consultations (CPT 99241-99245) billed in the office (Place of Service, code 11) will be denied when the same provider (same tax group and same specialty) has billed other E/M service in the previous 12 months in any place of service. Consultations performed for pre-operative evaluations (ICD-10 codes Z01.810, Z01.811, Z01.818) is an exception to this policy.</p> <p><b>Example:</b>            A provider bills CPT 99244 (Outpatient/office consultation; moderate complexity) in the office setting for date of service April 4, 2018. If the same provider has previously billed CPT 99255 (Inpatient Consultation; high complexity) for that patient with date of service Oct. 24, 2017, CPT 99244 will be denied due to previous billing of CPT 99255 in the patient's history.</p>
<p><b>Genetic Testing - Molecular Pathology Testing for Lynch Syndrome</b></p>	<p>Lynch Syndrome is an inherited cancer syndrome associated with a genetic predisposition to different cancer types such as colorectal, endometrial, ovarian, stomach, small intestine, hepatobiliary tract, upper urinary tract, brain, or skin. According to CMS policy, genetic testing for Lynch Syndrome (CPT 81288, 81292-81300, 81317-81319) requires prior screening by microsatellite instability (MSI) analysis (CPT 81301) and/or immunohistochemistry (IHC) testing (CPT 88341, 88342, 88344). If the prior screening has not been completed in the previous 30 days, the genetic testing will be denied.</p>



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<p><b>Evaluation and Management - Transitional Care Management (TCM) Services</b></p>	<p>According to the AMA CPT Manual, Transitional Care Management (TCM) services (CPT 99495-99496) begin at date of discharge and continue for the next 29 days. If a qualifying facility has not reported Evaluation and Management (E/M) service in the previous 30 days, it's inappropriate to bill a TCM service unless POS 21 is reported with a qualifying E/M service for the same date or in the previous 30 days.</p> <p><b><u>Qualifying Facility E/M Service Codes:</u></b></p> <ul style="list-style-type: none"><li>• 99217-99226 (Hospital Observation Services)</li><li>• 99231-99233, 99234-99236 (Hospital Inpatient Services)</li><li>• 99238-99239 (Hospital Discharge Services)</li><li>• 99251-99255 (Inpatient consultations)</li><li>• 99291-99292 (Critical Care Services)</li><li>• 99304-99318 (Nursing Facility Services)</li><li>• 99460-99463 (Newborn Care Services)</li><li>• 99468-99480 (Inpatient Neonatal and Pediatric Critical Care)</li><li>• G0378 (Hospital observation service, per hour)</li><li>• G0380-G0384 (Hospital emergency visit provided in a type B department or facility)</li><li>• G9685 (Acute nursing facility care)</li></ul> <p>Transitional Care Management (TCM) services (CPT 99495-99496) may be reported once per patient within 30 days of discharge services (CPT 99217, 99234-99236, 99238-99239, 99315-99316, 99463) and only by one provider. Therefore, additional billings of CPT 99495 or 99496 will be denied.</p>
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