



BILLING / FEES / INSURANCE

CPT Coding Changes for 2024

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WHAT YOU NEED TO KNOW

- For 2024, office visit codes 99202-99205 and 99212-99215 have been revised to remove the time “range” in minutes from each code.
- Instead, clinicians billing based on time must meet or exceed a single “minimum time threshold.”
- Acupuncture providers often are not documenting timed services correctly; this is the #1 reason acupuncturists are subject to review and repayment when not documented.

Question: Did any of the Current Procedural Terminology (CPT) codes change this year?

Current Procedural Terminology (CPT) codes are the codes that describe the services provided to your patient from exams, therapy, X-ray, etc. Some years can have a pronounced change, like in 2021, when there was a complete revamp of evaluation and management services (E&M). Let’s take a look at the 2024 changes that apply to acupuncturists.

Billing Based on Time

For 2024, office visit codes 99202-99205 and 99212-99215 have been revised to remove the time “range” in minutes from each code. Instead, clinicians billing based on time must meet or exceed a single “minimum time threshold.” This revision now indicates the minimum time that must be completed or exceeded.

For example, 99202 now indicates that the minimum time that must be met or exceeded is 15 minutes and no longer gives the range of 15-29 minutes. This makes it clearer that the minimum time is needed. The time is not just face-to-face, but also activities that are part of the exam - which could be before or after the face-to-face time with the patient.

The updated coding descriptions are as follows. Of special note, there is of course no longer a code 99201, with 99202 being the lowest level for a new patient. 99211 for an established patient also did not change and has no time component. Each code now simply indicates the minimum time that must be met or exceeded.

Codes 99202-99205

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and *straightforward* medical decision-making. When using total time on the date of the encounter for code selection, *15 minutes* must be met or exceeded.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and *low level* of medical decision-making. When using total time on the date of the encounter for code selection, *30 minutes* must be met or exceeded.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and *moderate level* of medical decision-making. When using total time on the date of the encounter for code selection, *45 minutes* must be met or exceeded.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and *high level* of medical decision-making. When using total time on the date of the encounter for code selection, *60 minutes* must be met or exceeded.

Codes 99212-99215

(Remember, 99211 did not change: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.)

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and *straightforward* medical decision making. When using total time on the date of the encounter for code selection, *10 minutes* must be met or exceeded.

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and *low level* of medical decision-making. When using total time on the date of the encounter for code selection, *20 minutes* must be met or exceeded.

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and *moderate level* of medical decision-making. When using total time on the date of the encounter for code selection, *30 minutes* must be met or exceeded.

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and *high level* of medical decision-making. When using total time on the date of the encounter for code selection, *60 minutes* must be met or exceeded.

Remember, if you are using time to choose the E&M services, it is imperative to document the specific time in the notes. If code choice is by medical decision-making, it need not meet the minimum time. However, often the more complex will meet the time.

Other Considerations

There were no changes to acupuncture coding or services. Remember that time is a required element, not just the points of insertion, and that is true whether it is one set or multiples. Each set needs its own face-to-face time, as well as the points of insertion.

Physical medicine codes also had no changes in description. However, based on reviews by major carriers, acupuncture providers often are not documenting the timed services correctly; this is the #1 reason acupuncturists are subject to review and repayment when not documented.

Time follows the eight-minute rule and must be documented based on total minutes spent face to face or time documented from and to. Most carriers appear to prefer and want time documented in from and to time; for example, 9:15 to 9:35 for 20 minutes instead of just indicating 20 minutes.

Editor's Note: Have a billing question? Submit it to Sam via email at sam@hjrossnetwork.com. Submission is acknowledgment that your question may be the subject of a future column.

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