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Compliance Hotline

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Corrections to 2008 CPT Manuals

The link listed below includes the current corrections to CPT 2008. The American Medical Association updates this site throughout the year as corrections are made. Please check the site periodically to ensure that the information you use is current.

<http://www.ama-assn.org/ama/pub/category/3896.html>

Modifier Revisions for 2008

It was noted in the November 2007 Compliance Newsletter that there are revisions to several CPT modifiers. The revisions attempt to clarify how modifiers 22, 25, 51, 58, 59, 76 and 78 should be used. The wording in the definitions for modifiers 25, 58, 76 and 78 was changed to remove the term "physician" so that it is clear that other designated individuals may also use the modifier.

➤ **Modifier 22 – Increased Procedural Services**

The wording was changed from *unusual* procedural services to **increased** procedural services. In order to use this modifier the work required to provide the service must be "substantially greater than typically required". Documentation must be present to show:

- the substantial additional work and
- the reason for the additional work - for example, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required.

Modifier 22 may only be used with procedure codes. It is not appropriate for use with evaluation and management codes.

- **Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure of Other Service**
Modifier 25 may only be used with evaluation and management services. A note has been added to instruct providers to use modifier 59 for significant, separately identifiable non-E/M services.
- **Modifier 51 – Multiple Procedures**
The definition has been expanded to indicate that the modifier should not be used with “Physical Medicine and Rehabilitation services or provision of supplies (e.g. vaccines)” codes.
- **Modifier 58 – Staged or Related Procedure or Service by the Same Physician During the Postoperative Period**
The definition was broadened by replacing “planned prospectively at the time of the original procedure” with “planned or anticipated”. For example, this modifier should be used for graft reapplications following the original free skin graft procedure.
- **Modifier 59 – Distinct Procedural Service**
Changes were made throughout the definition to emphasize that this code may not be used with evaluation and management services.
- **Modifier 76 – Repeat Procedure or Service by Same Physician**
Applicable to both surgical and diagnostic procedures and services.
- **Modifier 78 – Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for Related Procedure During the Postoperative Period**
“Unplanned” has been added to the title and definition to distinguish modifier 78 from modifier 58. “Procedure room” has been added to indicate that use of the modifier is not limited to inpatient procedures.

All modifiers may be found in Appendix A of your 2008 CPT Manuals. Revisions are printed in green in the Professional Editions.

Smoking and Tobacco Use Cessation Counseling

Since March 2005 Medicare has covered two levels of counseling (intermediate and intensive) for smoking and tobacco use cessation. The appropriate codes were G0375 and G0376. **As of January 1, 2008 these codes have been deleted and replaced with new CPT codes:**

- 99406** Smoking and tobacco use cessation counseling visit; *intermediate, greater than 3 minutes up to 10 minutes*, and
- 99407** *intensive, greater than 10 minutes.*

Medical necessity for coverage: Patients must use tobacco and have a disease or adverse health effect linked to tobacco use or be taking certain therapeutic agents whose metabolism or dosage is affected by the tobacco use. Diagnosis codes should reflect the disease, adverse health effect or condition requiring therapeutic agents that prompts the need for counseling. A maximum of eight sessions in a twelve month period is covered.

Documentation should describe the services provided at the visit including:

- assessment of readiness for change and barriers to change;
- specific suggested actions and motivational counseling;
- other services arranged for;
- recommended follow-up.

These services may be provided at the time of a separately identifiable evaluation and management service. However, each service must be documented appropriately and modifier 25 must be appended to the evaluation and management code. Please note that counseling lasting three minutes or less is always bundled in the E & M service.