



# Revenue Cycle Management

A UPA Billing Office Newsletter



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## AMA Releases Summary of E/M Code Revisions for 2023

- 2023 will bring major changes for Evaluation and Management code selection. Hospital care codes will be revised to include observation services. Emergency Department visits, as well as consultation services will remain, but coding guidelines will be updated.
- For 2023 the following codes will be deleted, and revisions made to remaining codes in these categories to better align facility setting E/M codes with the current office-based code sets.
  - Observation Codes 99217-99220
  - Nursing Facility Code 99318
  - Domiciliary/Rest Home Codes 99324-99328, 99334-99337, 99339, 99340
  - Some prolonged care codes 99354-99357 will also be deleted, and guidelines revised for the remaining prolonged care services 99358, 99359, 99415-99417

You can view the full description and guidelines changes here: [2023 CPT E/M descriptors and guidelines \(ama-assn.org\)](https://www.ama-assn.org)

## CMS Proposed Rule Changes for 2023 Released:

CMS released proposed rule changes for 2023 Physician Fee Schedule on July 7, 2022. The AMA will review the proposed changes and will provide additional details in the coming weeks. CMS will accept comments on the proposal through September 6, 2022, with the final rule expected to be released later in the year.

The AMA has provided a summary of the proposed changes here: [2023 Medicare Physician Fee Schedule \(PFS\) and Quality Payment Program \(QPP\) Proposed Rule Summary | AMA \(ama-assn.org\)](https://www.ama-assn.org)

You can review the CMS Fact Sheet for the full details [HERE: Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Proposed Rule | CMS](https://www.cms.gov)

## New Guidelines for ICD-10 Diagnosis Codes

CMS added 3 new covered ICD-10 codes to support medical necessity for screening Pap Smears and Pelvic exams under Part B coverage. You can find the new updated MLN at the link here: [MLN909032 – Screening Pap Tests & Pelvic Exams \(cms.gov\)](https://www.cms.gov)

- Z92.850 – Personal history of Chimeric Antigen Receptor T-cell therapy
- Z92.858 – Personal history of other cellular therapy
- Z92.86 – Personal history of gene therapy

CMS advises for Long COVID to use ICD-10 Code U09.9 “Post COVID-19 condition”

- For a post COVID-19 condition, unspecified, like Long COVID, use code DX U09.9. Add other codes for conditions related to the COVID-19 infection, like R50.9 for fever.
- For a current COVID-19 infection, use code DX U07.1. Do not use code DX U09.9.
- For a current COVID-19 infection and conditions from a previous COVID-19 infection, use code U09.9 with code DX U07.1. Add other codes for conditions related to the COVID-19 infection, like R06.02 for shortness of breath.

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## New CPT Codes for Vaccines & Lab Tests:

CPT 90759 "Hepatitis B vaccine" (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use

- Code G0010 for administration of hepatitis B vaccine

CPT 91304 "SARSCOV2 VAC 5MCG/0.5ML IM" was added for the emergency use of the Novavax COVID-19 vaccine for patients 18 years and older.

- Code 0041A for Novavax vaccine administration, first dose
- Code 0042A for Novavax vaccine administration, second dose

CPT 90622 Vaccinia (smallpox) virus, live, lyophilized, 0.3mL dosage, for percutaneous use

CPT 90611 Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5mL dosage, suspension, for subcutaneous use

- CPT 87593 Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

## CMS Requires Invoices for Certain Drugs

For July- September 2022, CMS will require invoices for some drugs and biologicals that do not have an "Average Sales Price" (ASP) on file. Flu vaccines are the most common item on the list. UPA billing office may request this information if required by the payer. See full details here: Jurisdiction J Part B - Invoices Must Be Submitted for Certain Drug and Biological Codes: July Through September 2022 ([palmettogba.com](https://www.palmettogba.com))



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## Medicare Preventive Services Guide

- Keep up with the constant changes to Medicare's Preventive Services and the covered diagnosis, as well as frequency limitations by referencing this interactive tool from CMS.
- Recent updates to this tool now indicate if a Preventive service is eligible for telehealth modality.

Preventive Services Chart | Medicare Learning Network® | MLN006559 May 2022 ([cms.gov](https://www.cms.gov))

## Updates to CMS Guidelines for Teaching Physicians, Interns, and Residents:

- 2022 brought changes to E/M visits to simplify the documentation and code selection process, which also extended to qualified teaching physician scenarios.
- Some expanded program allowances for telehealth provider time are only applicable during the PHE period.
- See the update guide from CMS for all the details: MLN006347 – Teaching Physicians, Interns, & Residents Guidelines ([cms.gov](https://www.cms.gov))

## OIG Releases Special Fraud Alert on Telemedicine Company Schemes:

On July 20, 2022, the Office of Inspector General (OIG) released a special fraud statement to alert practitioners to exercise caution when entering into arrangements with telemedicine companies.

You can read the full release [HERE](https://www.hhs.gov): Special Fraud Alert-Telefraud ([hhs.gov](https://www.hhs.gov))