

2012 BWC Policy Alert

BWC Procedure Clarification**Date: Feb. 10, 2012****Clarification # 02-2012-02****Proper coding of Prolonged Evaluation and Management Services without Patient Contact.****CPT© Codes 99358 and +99359.****Purpose:**

Clarification of documentation necessary for correctly using and coding of CPT© Codes 99358 and +99359 relating to a prolonged evaluation and management service without direct (face-to-face) patient contact. CPT© Codes 99358 and +99359 are being incorrectly referenced by professional providers who request payment for time spent drafting an appeal letter that relates to an allowance or treatment request previously requested by the professional provider for the injured worker.

Summary of supporting information:

According to the *American Medical Association's (AMA) Current Procedural Terminology (CPT©)* manual, prolonged services without direct patient contact (99358 and 99359) must relate to a service where direct (face-to-face) patient care occurred or will occur and must relate to ongoing patient management.

CPT© Code 99358 must be at least one hour in duration. Add-on CPT© code 99359 must be used in conjunction with 99358 and is submitted for each additional thirty (30) minutes of prolonged services. Prolonged service of less than fifteen (15) minutes beyond the first hour or less than fifteen (15) minutes beyond the final thirty (30) minutes is not reported separately. Clear medical record documentation of the time spent providing the nonface-to-face service including the reason for the service (i.e., medical record review for patient care) must be present.

Appendix C of the 2012 CPT© manual provides an example of the appropriate use of CPT© Code 99358. The clinical scenario states that an elderly new patient with a complicated medical history has moved into the area and is brought to a primary care physician by her daughter. The primary care physician sees and examines the patient. The physician indicates past medical records will be obtained from the patient's prior physician for assessment. In addition, the physician states that he will communicate further with the daughter once his review is complete.

Appendix C also notes the same scenario for CPT© Code +99359. It is correct to use CPT© Code 99359 as an adjunct code when the time involved is ninety (90) minutes or greater.

However, using CPT© Codes 99358 and +99359 for time spent drafting an appeal letter relating to an allowance or treatment previously requested by the professional provider on behalf of an injured worker is not correct. Such activity does not relate to ongoing patient management but merely summarizes prior evaluation and management services reimbursable under a different CPT© Code. Therefore, all bills submitted using CPT© Codes 99358 and +99359 relating to appeal letters should be denied by the Managed Care Organization.

Reference Policy:

2012 Current Procedural Terminology© Professional Edition, published by the American Medical Association

Ohio Administrative Code 4123-6-25 Payment for Medical Supplies and Services

Location:

<http://www.ohiobwc.com/downloads/blankpdf/BRMChapter1.pdf>