

BWC Policy Alert

2018 BWC Policy Clarification

Policy Clarifies the Correction of Max Units for CPT 97127 to Allow for Time-Based Billing

Date: April 16, 2018

Policy Alert #2018-03

Purpose

This BWC policy alert clarifies a BWC adjustment to the **Current Procedural Terminology** (CPT) code description. It also explains the max unit limitation for CPT 97127-*therapeutic interventions that focus on cognitive function, per day*. Both are for the 2018 Professional Provider Fee Schedule only.

Issue

BWC has identified a pricing impact for CPT 97127. The American Medical Association added CPT 97127 for 2018 to replace CPT 97532-cognitive function therapy. The Centers for Medicare and Medicaid Services (CMS) also added time-based **Healthcare Common Procedure Coding System** (HCPCS) code G0515 with a similar description. CMS recognizes the G code instead of 97127. BWC adopted the new CPT code 97127 for the 2018 rate year. However, BWC did not factor time into pricing. Without changes, this code will not reimburse appropriately.

Discussion

BWC generally does not adopt coverage of temporary HCPCS codes like G0515 when a comparable CPT code exists. This holds true unless CMS establishes a coverage policy for the temporary code instead of the CPT code. Although CMS adopted a coverage policy for G0515, it occurred after BWC's adoption of CPT 97127. Instead of changing the fee schedule to follow CMS, BWC will modify the adopted code to ensure consistency between 97127 and G0515.

BWC will recognize CPT 97127 as a time-based code to facilitate the appropriate time-based fee schedule limit, as well as increase the max units from one to four.

Consistent with time-based billing, provider documentation shall include time spent, including start and stop times, to support units of service billed. Bill time-based units as listed below.

Units reported on the bill	Number minutes
One unit	8 minutes to ≤ 22 minutes
Two units	23 minutes to ≤ 37 minutes
Three units	38 minutes to ≤ 52 minutes
Four units	53 minutes to ≤ 68 minutes

Conclusion

For dates of service from Jan. 1, 2018, to Dec. 31, 2018, providers may report CPT 97127, based on time, up to a maximum of four units per service. Documentation must support units of service billed.

This correction is valid for the 2018 PPFS rate year (dates of service from Jan. 1, 2018, to Dec. 31, 2018).

Reference

Ohio Administrative Code 4123-6-08 2018 Professional Provider Fee Schedule
BWC Documentation Guidelines Policy