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physician. The office has an electronic health record (EHR) portal, and the physician allows patients to communicate directly via this secure portal. Sarah also includes details about her recent blood glucose readings. The physician accesses Sarah's message, checks her medical record, reviews her most recent lab work, and, based on this information, prescribes her an over-the-counter pain reliever and recommends she follow UP with a podiatrist. The physician then replies to the message, addressing Sarah's concerns and providing instructions. Over the next few days, Sarah contacts the physician several times with questions about pain management. All communication is within 11-20 minutes for a total of 15 minutes across the 7 days. The Question: Which code and modifier should you use to reflect the physician's actions? The Answer: The correct code for this scenario would be CPT code 99422. The 99422 code specifically covers online digital evaluation and management services that require 11 to 20 minutes of cumulative time by the physician during a 7-day period for established patients. While Sarah is new to this specific problem, she has a history of care within the last 36 months with this practice, making her an established patient. It is essential to understand that online communication using secure platforms like an EHR portal or secure email that allow two-way interaction with the physician and contribute to the patient's assessment and management plan constitutes online digital evaluation and management services under CPT codes 99421-99423, NOT just communication like email with just questions to the physician. Note, you must understand all applicable regulations and follow your payers specific guidelines as to the type of digital services they recognize and reimburse. Scenario 2: The Pregnant Woman with Labor Concerns Picture yourself coding for an obstetrician. You receive documentation for a patient who emailed her doctor at midnight on Saturday. She was 38 weeks pregnant and experiencing contractions that were inconsistent, but her midwife had reassured her over the phone that everything seemed normal. However, the woman was still anxious. She emailed her doctor directly for reassurance. Her doctor, reviewing the email, checked her record, reassured her, and advised her on what to do if the situation worsened. This email was handled by the physician within 15 minutes, all during the 7-day period for reporting. The Question: Which code would best capture this service? The Answer: In this scenario, again, code 99422 is the right choice. The obstetrician is reviewing the patient's symptoms, responding to the patient's questions, and providing advice, all of which are considered evaluation and management services, even though the communication occurred through an email. Scenario 3: The Elderly Patient with Recurring Back Pain Here's a third use case: A senior patient, Mr. Johnson, is under your physician's care for back pain. Mr. Johnson regularly uses the EHR portal to communicate with his doctor regarding his pain levels and effectiveness of prescribed pain medication. Today, HE used the portal to communicate that he's had an increase in back pain. The physician accesses his record, reviews the patient's pain log and the details provided, and adjusts his prescription based on the information. Over the past 7 days, the physician has communicated several times through the portal and spent 17 minutes. All of this communication involves review of previous records, review of new patient information, and creating a plan of care. The Question: Would you report 99422 for this service? What modifier, if any, should you use? The Answer: Yes, you can report 99422 to capture the physician's time spent addressing Mr. Johnson's pain concerns and adjusting his treatment. This code captures the time spent, regardless of whether it's in-person or online, if it involves a patient-initiated digital communication through secure means. It's essential to remember, these are only a few illustrative scenarios to help understand code 99422 in different contexts. Always remember to check your payers specific guidelines. There might be special considerations for online communication for specific types of health conditions or when involving different types of providers like Physician Assistants (PAs), Nurse Practitioners (NPs), and other qualified professionals. It's vital to stay up-to-date on the latest guidelines and code revisions through regular trainings and professional development initiatives. Code 99422: A Deeper Dive with Modifiers While 99422 provides a base code, the application of modifiers can be crucial in defining specific details for patient encounters, helping you code more accurately, and ensuring proper reimbursement. For example, consider the scenario with Sarah. If the physician had only provided Sarah with her prescription, leaving her follow-up with a podiatrist to the practice nurse, Sarah's scenario might change slightly. Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. In this instance, the physician might be able to report 99422 with the modifier 25. The modifier 25 would clarify that while the nurse handled most of the follow-up and made sure to schedule an appointment with a podiatrist, the physician, that same day, provided separate evaluation and management of Sarah's foot pain. However, remember that the level of care must be separately identifiable to be coded separately from other services and, most importantly, you must refer to the guidelines set forth by the payer and applicable regulations for using modifier 25. Modifier 25 is Not for Everything Lets consider another example: Imagine you are coding for a dermatologist, and you receive documentation that on the same day as an in-person patient encounter, the dermatologist performed a routine mole check. The patient then called the dermatologist's office to discuss a rash that had been flaring. The dermatologist took the call, reviewed the patient's chart, recommended a cream to help reduce the rash, and explained how to monitor for changes. Even if the telephone call is a separately identifiable evaluation and management service, and the call is within the same day as a visit that includes the dermatologist's assessment of a mole and, thus, separate, modifier 25 does not apply to situations where the service being reported with modifier 25 is on the same day as a visit that is not itself reportable. For example, the initial office visit with the dermatologist who conducted the mole check might be coded under a level 2 office visit, for instance, 99213. Even though the telephone call on the same day could also be coded with a separate E/M code, such as 99211, a code that would have to be separately reportable under its own right, Modifier 25 cannot be used to bump up a routine office visit that could be billed at 99213 to a level 3 99214 code. This is important to know, because often when reviewing documentation from physicians and coding specialists, they see a service provided during a global period or in-person visit that is often separately identifiable but don't check the requirements to use modifier 25 and often misapply the code, leading to rejected claims, a potential for audits, and potential future regulatory issues. The AMA specifically states modifier 25 is not reported in the postoperative period or other global service periods unless the separately reported service is related to a different condition and is not related to the reason for the previous service. So, you have to think carefully, and it is not sufficient for the services to be on the same day for the modifier to be used. Modifier 24 When Separately Identifiable and Outside the Global Period Remember, the same physician cannot report another separate and identifiable service, that would be within a 10-day global surgical period or during the post-operative period of an evaluation and management service, unless it is related to a different problem, a non-surgical problem. For those cases, a modifier other than 25 would be required. Modifier 24! Modifier 24: Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period. Lets return to our patient, Sarah. Now, imagine the physician conducted a small, minimally invasive surgical procedure. A week after the procedure, Sarah accesses the portal to communicate she is experiencing a persistent cough unrelated to the surgery, and asks about treatment options. The physician uses the portal to review the medical records, analyzes the symptoms, determines Sarah's cough is from an unrelated virus, and provides advice on self-care, recommending over-the-counter cough medicine. The Question: What codes should be reported in this situation? The Answer: Since the cough is a different and unrelated issue to Sarah's recent surgical procedure, Modifier 24 can be reported with code 99422 to signify the physician provided unrelated evaluation and management services outside the 10-day global surgical period. Remember that Medicare does not recognize separate charges for a patient encounter in the first 10 days after a surgical procedure unless its related to a different condition. This situation shows that 99422 with modifier 24 allows separate coding for non-surgical, unrelated, evaluation and management services during a post-operative period when there is otherwise no code allowed within the global surgical period. The key here is the concept of unrelated, meaning the online evaluation and management is unrelated to the previous surgical procedure, occurring outside the 10-day global surgical period or any other post-operative global period. Modifier 33: Preventive Services Modifier 33: Preventive Services Remember that modifier 33 should only be used with an E/M code when a preventive service has been provided by the physician that day and, additionally, the preventive services would have required reporting under their own right, regardless of the other service. Lets return to Sarah's case. The Question: How would modifier 33 be used? The Answer: Modifier 33 could be reported in the scenario when Sarah is also receiving her yearly well-woman examination and the physician uses the portal to explain the new COVID-19 guidelines or updates on preventative immunizations, which Sarah's insurance covers at 100%. If the patient were to use the portal to obtain this information that is not required or related to the initial visit or other services on that day, modifier 33 would not apply. The code, 99422, cannot be reported if the visit's intent is for a preventive service. Modifier 33 cannot be reported as the reason for the communication through the portal in scenarios like Sarah's. This is because 99422 would only be applicable if the patient's questions are not related to preventive care but require a full evaluation and management of a problem not related to preventive care. For Sarah's example, to bill for the COVID-19 guideline or vaccination information service alone through a secure electronic service, 99422 would not apply. General Considerations for Code 99422 and Modifiers When using code 99422, there are several crucial considerations to ensure you are following correct guidelines and avoiding billing errors: Always refer to the latest edition of the CPT codes. Follow your payers guidelines specific to telehealth and digital services. Confirm the patient is established having seen the same physician or another physician within the same billing practice. The online digital evaluation and management service is for addressing new or existing problems. These services are for answering patient-initiated questions, analyzing and reviewing existing information about the patient, and providing management recommendations, including prescribing medicine, referring for specialized care, or ordering laboratory testing. Services covered under CPT codes 99421-99423 are not meant for emails requesting appointments, email communications requesting results, or other email communication for non-medical issues or questions. Modifier 99 (multiple modifiers) is required when you need to use two or more modifiers to capture a service, even when one of the modifiers can be grouped together, as they will need to be separately submitted in order to meet CMS regulations and many private payers guidelines. The use of modifier 99 is common and may be helpful with many of the modifiers reviewed above. This will often mean reporting a modifier other than 24 or 25, and then adding Modifier 99. The rules are often complicated. Final Note Compliance and Ethical Coding It's important to emphasize that staying up-to-date with CPT coding regulations and maintaining compliance are crucial for your success as a medical coder. You have to follow the ethical practices of the field of medical coding. You must ensure your billing accuracy, adherence to established guidelines, and protection of sensitive patient information. Medical coding requires ongoing professional development, and it's your responsibility to stay abreast of the latest coding revisions, guidelines, and regulatory changes. Always be cautious in applying code 99422 and its related modifiers. Your commitment to professional ethics and continual learning will ultimately shape your professional success in the exciting world of medical coding. Learn how to correctly code online digital evaluation and management services (99422) with this comprehensive guide. Discover the right codes and modifiers for various scenarios, including patient communication through secure portals and email. Explore the use of modifiers like 25, 24, and 33, and understand their implications for accurate billing and compliance. This article provides essential insights for medical coding professionals to master the nuances of coding these services. AI and automation can streamline the coding process and improve accuracy.

Does cpt 99204 need a modifier. Does cpt 26770 need a modifier. Do all cpt codes require a modifier. Does cpt 30901 need a modifier. Does 99244 need a modifier. Cpt 99422 modifier. Does cpt 92928 require a modifier. Does 99422 require a modifier.

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