Coding & Documentation

CME

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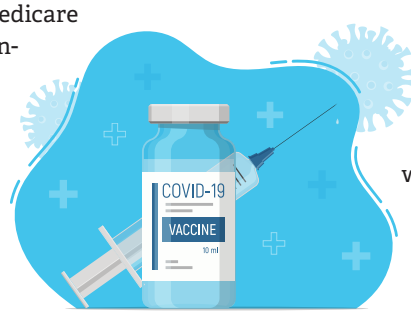
MEDICARE COVERAGE FOR COVID-19 VACCINE ADMINISTRATION POST-PHE

Q Will Medicare Part B cover the supply and administration of COVID-19 vaccines after the public health emergency ends on May 11?

A Yes, the recommended COVID-19 vaccines will be covered under Medicare Part B as a preventive service that is not subject to deductible or coinsurance. However, on Jan. 1, 2024, the payment amount for vaccine administration will be reduced to that of other vaccines covered under Part B.



See the Medicare website (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies) for current payment allowances and coding guidance for COVID-19 vaccine administration.

CODING FOR FRACTURE CARE FOLLOW UP

Q A patient who was treated for a closed fracture by an emergency medicine physician presented to our family medicine clinic for follow-up care. Can we report a fracture care code for this?

A Yes, if you append modifier 55 (post-operative care) to the code for the fracture care. However, if the emergency department physician did not report modifier 54 (surgical care only), your claim may be denied as a duplicate claim. You or your billing staff may have to contact the other physician's billing office to ask that they file a corrected claim with modifier 54 for the initial fracture care. After you report your initial visit with a fracture care code and modifier 55, report each follow-up visit during the global period with code 99024 (post-operative follow-up visit). You should separately report any x-rays and cast changes provided in the office.

MIDPOINT RULE FOR TIME-BASED CPT CODING

Q When does the midpoint rule for time apply to a CPT code?

A The midpoint rule applies when CPT does not include an alternate rule for time-based code selection in the code's prefatory instruction, code descriptor, or parenthetic instruction. For example, the midpoint rule applies to codes 99401-99404 for preventive medicine counseling because there is no contradictory time instruction for those codes. Therefore, if you spend 23 minutes or more on this service, you can bill for a 99402 because you have passed the midpoint between the times described by 99401 (15 minutes) and 99402 (30 minutes).

Examples of when the midpoint rule does not apply include the following:

- Prefatory instructions for code 99291 state that it is used to report the first 30-74 minutes of critical care on a given date and critical care of less than 30 minutes is reported with other E/M codes,
- The code descriptor of 99423 (online digital evaluation and management service for an established patient for up to seven days with cumulative time during the seven days being 21 or more minutes) is clear that the service reported must include a minimum of 21 minutes,
- A parenthetic instruction for code 99457 (remote physiologic treatment management services) states, "Do not report 99457 for services of less than 20 minutes."

ADMINISTERING COVID-19 VACCINES OBTAINED FREE OF CHARGE

Q Does Medicare require physicians to report the code for the COVID-19 vaccines if we obtained them without charge, or can we report just the administration fee?

A Medicare does not require physicians to report a code for a vaccine supplied at no cost to the physician. However, some billing systems or claims clearinghouses may be configured to require both an administration code and a vaccine product code to prevent revenue loss due to missed charges. When this is the case, it is necessary to report the vaccine product code with no charge, or a charge of one cent if the system requires claim lines to be submitted with a charge. Other payers may have policies requiring codes for both the vaccine product and its administration. FPM

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EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

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