2020 Coding Changes for Long Term EEG/VEEG Services

PRESENTED BY:
NATHAN B FOUNTAIN, MD
SUSAN T HERMAN, MD
MARC R NUWER, MD, PHD
Overview

• History of how Medicare drove coding changes for Long Term EEG Coding
• Explanation of new coding structure and Medicare values and payment
• Case studies – how to use the new codes in typical patient case studies
• Q & A
Abbreviations

- Organizations: AMA, AAN, NAEC, ACNS
- CMS – Centers for Medicare and Medicaid Services
- RUC – AMA RVS Update Committee
- PC – Professional Component
- TC – Technical Component
- HOPPS – Hospital Outpatient Prospective Payment System
- APC – Ambulatory Payment Classification
- DRG – Diagnosis-Related Group
VEEG, Code 95951, Identified by CMS as High Volume for Medicare

- In November 2016, Medicare Physician Fee Schedule final rule for 2017 identified 95951 as a “high volume service”
  - Total Medicare utilization of 10,000 or more claims
  - Volume growth in claims increased by at least 100% over 5 years
  - 95951 Medicare claims data: from 53,000 (2009) to 115,000 (2014)
  - Likely reasons – increased use in ICU and coding of 95951 for ambulatory studies with video
- CMS asked AMA Relative Update Committee (RUC) to review code.
- RUC seeks input from interested medical societies – AAN and ACNS; NAEC included as subject matter experts

2001-2015 Claims for 95951, RUC database
Long Term EEG Code Proposals Considered by AMA CPT Editorial Panel

• AAN, ACNS, and NAEC agreed to update VEEG codes before the RUC review.

• Proposed code changes were considered by CPT Panel at 4 meetings – June, Sept 2017 and Feb, May 2018.

• Reasons for multiple delays:
  ◦ Significant industry (ambulatory EEG testing companies) presence at CPT meetings and medical societies were directed to develop a proposal with corporate partners and the EEG technologists.
  ◦ Difficult to differentiate services provided to hospital inpatients and patients tested in their homes
  ◦ Industry wanted no site of service differential for technical service
  ◦ Code set difficult for other specialists on CPT panel to understand
Valuing New Code Set

• Professional Codes were surveyed by the AAN under direction of the RUC in summer 2018
  ◦ Physicians asked to provide time and intensity of new codes by comparing codes with reference codes.
  ◦ Surveys sent to over 2000 physician members of AAN, ACNS, NAEC and AES and completed by about 150 physicians for each new PC code

• RUC made recommendations on Physician Work RVUs and Practice Expense at Oct 2018 meeting
  ◦ Physician survey drove the assignment of values for professional codes
  ◦ Surveys for new codes showed significantly less time for physician service
Timeline for New Code Adoption

- July 2019 – CMS proposes values for new codes in Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient (HOPPS) Proposed Rules for 2020
- Medical Societies collaborate to improve Medicare values and outpatient payment by meeting with CMS and initiating congressional strategy
- Aug 2019 – AMA releases CPT Manual for 2020 with new codes and CPT instructions on the use of the codes
- Nov 2019 – Final Medicare values published in MPFS Rule for 2020 and Outpatient Hospital Payments for 2020
- January 1, 2020 – New codes take effect
New Long Term EEG Codes Taking Effect January 1, 2020

• Deletion of CPT Codes:
  ◦ 95950 – 8 channel EEG
  ◦ 95951 – VEEG
  ◦ 95953 – ambulatory 16 channel EEG
  ◦ 95956 – prolonged EEG without video (bedside EEG study)

• 10 codes established for the professional component of Long Term EEG services, differentiated by duration, daily vs retrospective reports, and with or without video

• 13 codes for the technical component of services (doesn’t include physician work):
  ◦ Billed for office-based and home studies (not billed for hospital inpatients or outpatients, but may be reported)
  ◦ All studies bill one code for setup/takedown of the EEG
  ◦ Additional codes differentiated by length of time and level of monitoring.
### Long-Term EEG Codes—PROFESSIONAL Services

<table>
<thead>
<tr>
<th>Recording Type</th>
<th>2 to 12 hours recording</th>
<th>12 to 26 hours recording</th>
<th>36 to 60 hours recording</th>
<th>60 to 84 hours recording</th>
<th>Greater than 84 hours recording</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Typically 8 hours</td>
<td>Typically 24 hours</td>
<td>Typically 2 Days</td>
<td>Typically 3 Days</td>
<td>Typically 4 Days</td>
</tr>
<tr>
<td>EEG alone</td>
<td>95717</td>
<td>95719</td>
<td>95721</td>
<td>95723</td>
<td>95725</td>
</tr>
<tr>
<td>EEG w/ video</td>
<td>95718</td>
<td>95720</td>
<td>95722</td>
<td>95724</td>
<td>95726</td>
</tr>
</tbody>
</table>

### Long-Term EEG Codes—TECHNICAL Services

**Set Up/Take Down Code** billed one time during recording period; in-person service – 95700

<table>
<thead>
<tr>
<th>Recording Type</th>
<th>Duration of LTEEG</th>
<th>Unmonitored 13+ patients monitored</th>
<th>Intermittent Monitoring 5 to 12 pts monitored</th>
<th>Continuous Monitoring up to 4 pts monitored</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEG alone</td>
<td>2 to 12 hours recording Typically 8 hours</td>
<td>95705</td>
<td>95706</td>
<td>95707</td>
</tr>
<tr>
<td></td>
<td>12 to 26 hours recording Typically 24 hours</td>
<td>95708</td>
<td>95709</td>
<td>95710</td>
</tr>
<tr>
<td>EEG w/ video</td>
<td>2 to 12 hours recording Typically 8 hours</td>
<td>95711</td>
<td>95712</td>
<td>95713</td>
</tr>
<tr>
<td></td>
<td>12 to 26 hours recording Typically 24 hours</td>
<td>95714</td>
<td>95715</td>
<td>95716</td>
</tr>
</tbody>
</table>
Professional Component (PC) Services - 95717-95726
Physician Services
Long-Term EEG Monitoring Professional Component (PC) Services (95717-95726)

• Time-based

• Includes:
  ◦ Review recorded EEG events
  ◦ Analysis of spike and seizure detection and ICU trending
  ◦ Interpretation and report

• Evaluation and Management Codes may be reported separately

• Cortical stimulation (95961 and 95962) may be reported separately
Long-Term EEG Monitoring
PC Services (95717-95726)

• Reporting is based on the following elements:
  1. Duration of recording
  2. When the report is generated
  3. Performed with or without video
  4. Physician access to EEG and video data during recording or after testing is completed
## PC Services

### Conceptual Framework of 10 New PC Codes

<table>
<thead>
<tr>
<th>With Video</th>
<th>Duration/Time of Report</th>
<th>Without Video</th>
</tr>
</thead>
<tbody>
<tr>
<td>95718</td>
<td>2-12 Hours/Daily Report</td>
<td>95717</td>
</tr>
<tr>
<td>95720</td>
<td>&gt;12-26 Hours/Daily Report</td>
<td>95719</td>
</tr>
<tr>
<td>95722</td>
<td>36-60 Hours/One Report at End</td>
<td>95721</td>
</tr>
<tr>
<td>95724</td>
<td>&gt;60-84 Hours/One Report at End</td>
<td>95723</td>
</tr>
<tr>
<td>95726</td>
<td>&gt;84 Hours/One Report at End</td>
<td>95725</td>
</tr>
</tbody>
</table>
PC Services
2-12 Hour Codes

Report 95717-95718 ONCE for an entire service:

- a complete EEG service that lasts only 2-12 hours; OR
- the final 2-12-hour increment of an EEG service that extends beyond 24 hours

Tip: 95718 was formerly coded as 95951-26, 52. 95717 was formerly coded as 95956-26, 52.

N.B., If 24-hour EEG runs 26 hours and 1 minute, the final 2 hours and 1 minute are used for a separate report using either code 95717 or 95718.
PC Services
Each Increment >12 Hours, Up to 26 Hour Codes

#•95719 Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video

• #•95720 with video (VEEG)

Tip: 95720 was formerly coded as 95951-26.
95719 was formerly coded as 95956-26.
PC Services
Each Increment >12 Hours, Up to 26 Hour Codes

► (95719, 95720 may be reported only once for a recording period greater than 12 hours up to 26 hours.

For multiple-day studies, 95719, 95720 may be reported after each 24-hour period during the extended recording period.

95719, 95720 describe reporting for a 26-hour recording period, whether done as a single report or as multiple reports during the same time)

Tip: This code may be used every day for as long as the patient needs the service. There is no upper limit to how many times it may be used during an admission. If a patient is monitored for three weeks and you make 21 separate reports, you could bill 95720 x 21 times.
PC Services
Complete Study/Retrospective Review Codes

• **95721** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video

• **95722** greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)

• **95723** greater than 60 hours, up to 84 hours of EEG recording, without video

• **95724** greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)

• **95725** greater than 84 hours of EEG recording, without video

• **95726** greater than 84 hours of EEG recording, with video (VEEG)
Tip: 95721 - 95726 were formerly coded as 95953 as there was no provision for video.

95953 was reported for each 24 hours, the new codes are single codes for the entire service which is typically 3 days.

(When the entire study includes recording greater than 36 hours, and the professional interpretation is performed after the entire recording is completed, see 95721, 95722, 95723, 95724, 95725, 95726)

(Do not report 95721, 95722, 95723, 95724, 95725, 95726 in conjunction with 95717, 95718, 95719, 95720)
Technical Component (TC) Services - 95700, 95705-95716
EEG Technologist Services
EEG Technologist - Definitions

**EEG technologist:** An individual who is qualified by education, training, licensure/certification/regulation (when applicable) in seizure recognition. An EEG technologist(s) performs EEG setup, takedown when performed, patient education, technical description, maintenance, and seizure recognition when within his or her scope of practice and as allowed by law, regulation, and facility policy (when applicable).

⚠ Tip: This is new language about qualifications of those able to perform long-term EEG recordings.
Technical Component (TC)
Services: Setup (95700)

#●95700 Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels

►(95700 should be reported once per recording period)

►(For EEG using patient-placed electrode sets, use 95999)

►(For setup performed by non-EEG technologist or remotely supervised by an EEG technologist, use 95999)
TC Services: Monitoring (95705-95716)

• Time-based – 2 - 12 hour or 12 – 26 hours recording

• Includes:
  o Review of EEG/VEEG data
  o Written technical description of data and interventions
    ▪ Includes the following required elements: uploading and/or transferring EEG/VEEG data from EEG equipment to a server or storage device; reviewing raw EEG/VEEG data and events and automated detection, as well as patient activations; and annotating, editing, and archiving EEG/VEEG data for review by the physician or other qualified health care professional. For unmonitored services, the EEG technologist(s) annotates the recording for review by the physician or other qualified health care professional and creates a single summary.
## TC Services: Monitoring (95705-95716)

### Conceptual Framework of 12 New TC Codes

<table>
<thead>
<tr>
<th>With Video</th>
<th>Duration/Intensity of Monitoring</th>
<th>Without Video</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-12 Hours</td>
<td></td>
</tr>
<tr>
<td>95711</td>
<td>Unmonitored</td>
<td>95705</td>
</tr>
<tr>
<td>95712</td>
<td>Intermittent</td>
<td>95706</td>
</tr>
<tr>
<td>95713</td>
<td>Continuous Real-time</td>
<td>95707</td>
</tr>
<tr>
<td></td>
<td>&gt;12-26 Hours</td>
<td></td>
</tr>
<tr>
<td>95714</td>
<td>Unmonitored</td>
<td>95708</td>
</tr>
<tr>
<td>95715</td>
<td>Intermittent</td>
<td>95709</td>
</tr>
<tr>
<td>95716</td>
<td>Continuous Real-time</td>
<td>95710</td>
</tr>
</tbody>
</table>
## Monitoring Defined

<table>
<thead>
<tr>
<th>Unmonitored</th>
<th>Intermittent</th>
<th>Continuous Real-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report if criteria for intermittent or continuous are not met</td>
<td>• Remote or on-site</td>
<td>• Remote or on-site</td>
</tr>
<tr>
<td></td>
<td>• Review and document data every 2 hours</td>
<td>• Same elements as intermittent, <em>Plus</em> …</td>
</tr>
<tr>
<td></td>
<td>• Maximum of 12 patients concurrently</td>
<td>• Real-time concurrent monitoring of EEG data and video (when performed)</td>
</tr>
<tr>
<td></td>
<td>• &gt;12 patients is reported as unmonitored</td>
<td>• Maximum of 4 patients concurrently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• &gt;4 patients reported as unmonitored or intermittent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If there is a break in the monitoring, reported as intermittent study</td>
</tr>
</tbody>
</table>
TC Services: Monitoring 2-12 Hour Codes (95705-95707, 95711-95713)

Report 95705-95707, 95711-95713 ONCE for:

- A complete EEG service that lasts only 2-12 hours; OR
- The final 2-12-hour increment of an EEG service that extends beyond 26 hours

(95705, 95706, 95707, 95711, 95712, 95713 may be reported a maximum of once for an entire longer-term EEG service to capture either the entire time of service or the final 2-12 hour increment of a service extending beyond 26 hours)
Related Revisions

None of the following codes can be reported in conjunction with Codes 95700 – 95726

95812    Electroencephalogram (EEG) extended monitoring; 41-60 minutes

95813    greater than 1 hour and less than 2 hours 61-119 minutes

95816    Electroencephalogram (EEG); including recording awake and drowsy

95819    including recording awake and asleep

95822    recording in coma or sleep only

95824    cerebral death evaluation only
Related Revisions

**95957**  Digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis)

(Do not report 95957 for use of automated software. For use of automated spike and seizure detection and trending software when performed with long-term EEG, see 95700-95726)
Example of proper use of 95957: EEG, average of 29 O1-onset spikes in red, explaining 68.9% of signal, Confidence Volume=161 ml; individual spikes in green. Note propagation of spikes on EEG tracing.

Image courtesy of Gregory L. Barkley, MD
Medicare Rules for 2020
Assign Values and Payment Rates
CPT Medicare Payment Relative to Site of Services – Current Practice

- **Inpatient care:**
  - Professional fee paid to physician using -26 modifier
  - Technical fee paid by DRG to hospital using IPPS (DRG values based upon hospital cost reporting) Top-down methodology based upon hospital-supplied cost data

- **Outpatient care: Provider-based billing (hospital/facility)**
  - Professional fee paid to physician using -26 modifier
  - Technical fee paid to medical center using HOPPS (APC charges based upon hospital cost reporting averaged for all procedures in the APC) Top-down methodology

- **Outpatient care: private office**
  - Professional fee bundled with technical payment, so-called global billing using CMS MFS largely following RUC recommended values. Bottom-up methodology by RUC PE
Example of RVUs for Existing VEEG Code

<table>
<thead>
<tr>
<th>Code</th>
<th>Work</th>
<th>PE</th>
<th>MP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>95951</td>
<td>5.99</td>
<td>2.82</td>
<td>0.33</td>
<td>9.14</td>
</tr>
<tr>
<td>95951-26</td>
<td>5.99</td>
<td>2.82</td>
<td>0.33</td>
<td>9.14</td>
</tr>
<tr>
<td>95951-TC</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

- 95951: global
- 95951 – 26: professional component
- 95951 – TC: technical component
- Total RVUs multiplied by a geographically-adjusted conversion factor to determine payment
Valuing the new CPT Code 95720, formerly 95951

<table>
<thead>
<tr>
<th></th>
<th>95951</th>
<th>95720</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last reviewed</td>
<td>Last reviewed in August 1995</td>
<td>Reviewed by RUC in October 2018</td>
</tr>
<tr>
<td>Time:</td>
<td>Preservice time = 30 mins Intraservice time = 60 mins Postservice</td>
<td>Time: Preservice time = 10 mins Intraservice time = 55 mins Postservice time = 15 mins</td>
</tr>
<tr>
<td></td>
<td>time = 60 mins</td>
<td></td>
</tr>
<tr>
<td>Total time</td>
<td>Total time = 150 minutes</td>
<td>Total time = 80 minutes</td>
</tr>
<tr>
<td>MD work</td>
<td>MD work = 5.99 RVUs</td>
<td>MD work = 3.86 RVUs</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Descriptor</td>
<td>FACILITY (HOSPITAL)</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
</tr>
<tr>
<td>95717</td>
<td>EEG 2-12 hr w/o video</td>
<td>2.00</td>
</tr>
<tr>
<td>95718</td>
<td>VEEG 2-12 hr</td>
<td>2.50</td>
</tr>
<tr>
<td>95719</td>
<td>EEG each 24 hr w/o video</td>
<td>3.00</td>
</tr>
<tr>
<td>95720</td>
<td>VEEG each 24 hr</td>
<td>3.86</td>
</tr>
<tr>
<td>95721</td>
<td>EEG &gt;36&lt;60 hr w/o video (2 day)</td>
<td>3.86</td>
</tr>
<tr>
<td>95722</td>
<td>VEEG &gt;36&lt;60 hr (2 day)</td>
<td>4.70</td>
</tr>
<tr>
<td>95723</td>
<td>EEG &gt;60&lt;84 hr w/o video (3 day)</td>
<td>4.75</td>
</tr>
<tr>
<td>95724</td>
<td>VEEG &gt;60&lt;84 hr (3 day)</td>
<td>6.00</td>
</tr>
<tr>
<td>95725</td>
<td>EEG &gt;84 hr w/o video (4+ days)</td>
<td>5.40</td>
</tr>
<tr>
<td>95726</td>
<td>VEEG &gt;84 hr (4+ days)</td>
<td>7.58</td>
</tr>
</tbody>
</table>
Medicare Physician Fee Schedule for 2020 – TC Codes

- CMS did not finalize national payment rates for technical component codes – TC codes will be contractor priced for 2020
  - Rates will be set by regional Medicare Administrative Contractors (MACs) for 2020
  - Private payers will set own rates – subject to negotiation as with any other service

- Possibility for national values in the future once Medicare has gathered data on how ambulatory / in home services are reported
Medicare HOPPS Rule for 2020

- Hospital outpatient services that are clinically similar and require similar resources are classified into payment groups called Ambulatory Payment Classifications (APCs).
- Each APC has a separate payment rate, which accounts for facility costs, including equipment, supplies, and hospital staff time.
- APCs do not include the services of physicians or non-physician practitioners paid separately under the Medicare Physician Fee Schedule.
- CMS finalized APC assignments for the new TC Codes and moved the TC codes VEEG with Continuous Monitoring (95713 and 95716) to higher paying APCs than originally proposed.
## Final CY 2020 Hospital Outpatient Prospective Payment System Payment Rates

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Short Descriptor</th>
<th>Payment Rate</th>
<th>APC</th>
</tr>
</thead>
<tbody>
<tr>
<td>95700</td>
<td>EEG/VEEG set up/take down</td>
<td>$253.07</td>
<td>5722 - Level 2 Diagnostic Tests and Related Services</td>
</tr>
<tr>
<td>95705</td>
<td>EEG w/o vid 2-12 hr unmntr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95706</td>
<td>EEG w/o vid 2-12 hr intmt mntr</td>
<td>$253.07</td>
<td></td>
</tr>
<tr>
<td>95707</td>
<td>EEG w/o vid 2-12hr cont mntr</td>
<td>$485.55</td>
<td>5723 - Level 3 Diagnostic Tests and Related Services</td>
</tr>
<tr>
<td>95711</td>
<td>VEEG 2-12 hr unmonitored</td>
<td>$485.55</td>
<td></td>
</tr>
<tr>
<td>95712</td>
<td>VEEG 2-12 hr intmt mntr</td>
<td>$908.84</td>
<td>5724 - Level 4 Diagnostic Tests and Related Services</td>
</tr>
<tr>
<td>95708</td>
<td>EEG w/o vid ea 12-26 hr unmntr</td>
<td>$908.84</td>
<td></td>
</tr>
<tr>
<td>95709</td>
<td>EEG w/o vid ea 12-26hr intmt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95710</td>
<td>EEG w/o vid ea 12-26hr cont</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95713</td>
<td>VEEG 2-12 hr cont mntr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95714</td>
<td>VEEG ea 12-26 hr unmntr</td>
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<td>95715</td>
<td>VEEG ea 12-26hr intmt mntr</td>
<td>$908.84</td>
<td></td>
</tr>
<tr>
<td>95716</td>
<td>VEEG ea 12-26hr cont mntr</td>
<td>$908.84</td>
<td></td>
</tr>
</tbody>
</table>
Case Studies: Tips on Using the New Codes
Case Study 1: EMU (or ICU) Inpatient

- Patient admitted to the hospital EMU and hooked up to VEEG on Monday at 11 am and remains hospitalized receiving VEEG until Friday at 2 pm.

- **How do you code for the Professional Fee?**
  - Code 95720 is reported for each 24 hour period starting Monday at 11 am = 95720 x 4 (Monday – Thursday). Daily reports are written, which are distinct from daily progress note.
  - Code 95718 is reported for the additional 3 hours on Friday, include daily and summary report.
Case Study 1: EMU (or ICU) Inpatient – Coding Questions

• **Does it matter when to start counting time for PC code reporting?** No, hospitals can count 24 hour periods as they currently do (midnight-midnight; 8 am – 8 am), but the 2-12 hour codes can only be used one time in conjunction with the 24 hour codes at the end of the testing period.

• **How do breaks in recording impact PC coding?** Breaks in VEEG recording due to other diagnostic testing (i.e. MRI) or patient showering should be considered when reporting the 8 or 24 hour PC codes, but will likely not impact their reporting – a 2 hour break for an MRI will still allow for a 22 hour VEEG, which the physician can report.
Case Study 1: EMU (or ICU) Inpatient – TC Coding

• Patient admitted to the hospital EMU and hooked up to VEEG on Monday at 11 am and remains hospitalized and receives VEEG until Friday at 2 pm.

• Are Technical Component Codes reported for inpatients?

  ◦ Most insurers, including Medicare, do not pay separately for the hospital’s technical fee by CPT Code. Some hospitals are reimbursed under a bundled payment system by Diagnostic Related Group (DRG).

  ◦ Many hospitals ask departments to report the Technical Codes for budgeting and revenue determinations.
Case Study 1: EMU (or ICU) Inpatient – Technical Codes

- Patient admitted to the hospital and hooked up to VEEG on Monday at 11 am and remains hospitalized and receives VEEG until Friday at 2 pm.
  - Set up/Take down TC Code (95700) reported for all patients
  - Technical Codes reported depends on the number of patients monitored concurrently and can vary daily:
    - **95716** – 12-26 hours; up to 4 patients continuously monitored, concurrently
    - **95715** – 12-26 hours; 5 – 12 patients monitored concurrently, tech checking recording at least once every 2 hours or continuous monitoring requirements not met.
    - **95713** – 2-12 hours, continuous or **95712** – 2-12 hour, intermittent (same rules as for 24 hour codes)
  - For this case, the TC codes reported are likely a combination of 95716 x 4 and 95713
Case Study 2: Outpatient Clinic

• A patient seen in the outpatient clinic is hooked to VEEG at 8AM for a 5 hour test.

• How do you code for the Professional Fee?
  ◦ Code 95718 is reported one time for the service. This PC code is used for all outpatient VEEG testing that is greater than 2 hours and less than 12 hours.

• How do you code for the Technical Fee?
  ◦ Code 95700 is reported for the set up and take down service
  ◦ Depending on the level of monitoring occurring that day, Code 95713 – 2-12 hours, continuous monitoring or 95712 – 2-12 hour, intermittent monitoring is reported.
  ◦ Hospital facility fees for outpatient services typically are reimbursed with a bundled payment (Ambulatory Payment Classifications, APCs), but the center needs to report the TC code being used for APC assignment.
Case Study 3: Ambulatory Patient Tested at Home

• A private practice epileptologist orders ambulatory VEEG testing for 3 days. The patient is hooked up in his home at 11 am on Monday and the test is stopped Thursday at 2pm. The total time of VEEG recording is 75 hours. The data and recording is provided to the reading epileptologist following the completion of the study.

• How does the epileptologist code for the Professional Fee?
  ◦ Code 95724 is reported for the PC service as it covers the review and interpretation of recordings between 60 and 84 hrs. The epileptologist writes a single report summarizing the activity seen over the 3 days of recording.
Case Study 3: Ambulatory Patient Tested at Home

- A private practice epileptologist orders ambulatory VEEG testing for 3 days. The patient is hooked up in his home at 11 am on Monday and the test is stopped Thursday at 2pm. The total time of VEEG recording is 75 hours. The data and recording is provided to the reading epileptologist following the completion of the study.

- **How are the Technical Component Codes Reported?**
  - Technical Component codes are reported by the private practice physician or an EEG testing company (whomever employs the technologists and owns the equipment and supplies.)
  - Code 95700 is reported for set up and take down of the test.
Case Study 3: Ambulatory Patient Tested at Home

- **How are the Technical Component Monitoring Codes reported?**
  - If *continuously* monitored throughout recording:
    - Code 95716 x 3 (daily Mon-Weds), and 95713 for the last 3 hours (Thurs)
  - If *intermittently* monitored throughout recording:
    - Code 95715 x 3 (daily Mon-Weds) and 95712 for the last 3 hours (Thurs)
  - If *not actively* monitored throughout recording:
    - Code 95714 x 3 (daily Mon-Weds) and 95711 for the last 3 hours (Thurs)

- **For ambulatory testing in the patient’s home 3 types of codes are reported – a professional code, set up/take down code (95700), and a level of monitoring code(s).**
Case Study 3 - Ambulatory Patient Tested at Home

• CMS did not finalize national relative value units/payment rates (will show as $0.00 in fee schedule) for the TC codes in the Medicare Physician Fee Schedule.

• The TC codes will be priced by the Medicare contractors in 2020. The Medicare Administrative Contractors (MACs) will assign RVUs for their geographic jurisdiction.

• Private payers will also set their own rates for TC codes - subject to independent negotiations between payer representative and health care providers (as is the case with existing services.)
Questions?