

Two New Codes Introduced for Neurology in 2009

The 2009 CPT Manual includes updates that affect neurology. Here's what you need to know.

Over the years, various carriers have provided their own instructions for reporting the Epley maneuver for canalith repositioning. With the 2009 edition of the CPT Manual, the Epley maneuver for patients with Benign Positional Vertigo (BPV) is now associated with code 95992. According to CPT, the code can be used once per day per patient in addition to providing the E/M service, explains Marc Nuwer, MD. "However, Medicare has decided instead to bundle it into the E/M service for that day."

That means that practices will use the code differently for Medicare compared to most other carriers. "For some carriers, the new code 95992 would be used along with the E/M service code," Dr. Nuwer says. "For Medicare, neurologists should consider using the Prolonged Service codes, whenever that applies, instead of using the new code 95992."

Here's how it works. Prolonged Service codes apply whenever the duration of services exceeds 30 minutes beyond the base time for a particular E/M service, Dr. Nuwer notes. The code for Prolonged Service is 99354: First hour of prolonged outpatient service (31 to 74 minutes).

The usual E/M services for BPV are limited by auditors to level 3 for E/M code families with five codes. That includes New Outpatient, Established Outpatient, and Outpatient Consultation E/M services, Dr. Nuwer continues. E/M services for BPV are limited to level 3, "because auditors note that the name includes 'benign,' and benign conditions almost by definition cannot go above level 3." The base time for New Outpatient level 3 is 30 minutes, for Established Outpatient level 3 is 15 minutes, and for Outpatient Consultation level 3 is 40 minutes.

Given these base times, for an established Medicare outpatient where a total of 50 minutes were taken in the E/M and the canalith repositioning maneuver, the correct coding would be 99213 plus 99354, Dr. Nuwer explains. "If 45 minutes or fewer were taken for the E/M and the canalith repositioning maneuver, then only the E/M could be coded and billed."

Importantly, when using the Prolonged Service codes, be certain to explicitly mention in the chart the total time for that day.

Actigraphy Code

Also new in the 2009 CPT manual is a code for Actigraphy: 95803. Actigraphy is a method of testing sleep/activity patterns via a device worn by the patient for a specific period of time, usually one to two weeks. Actigraphy devices are typically worn like a wrist watch or attached to ankles (to monitor of PLM) or the trunk. Collected data are downloaded and analyzed via proprietary system software to help identify sleep patterns.

The devices are usually used in conjunction with sleep diaries. In the case of possible obstructive sleep apnea, actigraphy can serve as a sort of screening tool. Patients who show clear signs of apnea are candidates for polysomnography, which is necessary to confirm the diagnosis of OSA and direct treatment.

Code 95803 covers actigraphy testing, recording, analysis, interpretation, and report for a minimum of 72 hours up to 14 consecutive days of recording. CMS has applied no value to the code; carriers will base payment on a per-case basis following review of documentation, according to "The Coding Institute" (codinginstitute.com). **PN**

Summary of Codes Discussed

95992: Reports the Epley maneuver for patients with Benign Positional Vertigo (BPV).

99354: Reports the first hour of prolonged outpatient service (31 to 74 minutes).

99213: Established patient, office or other outpatient visit (Expanded).

95803: Covers actigraphy testing, recording, analysis, interpretation, and report, minimum 72 hours up to 14 consecutive days of recording.