2020 Coding Changes for Long Term EEG/VEEG Services

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Overview

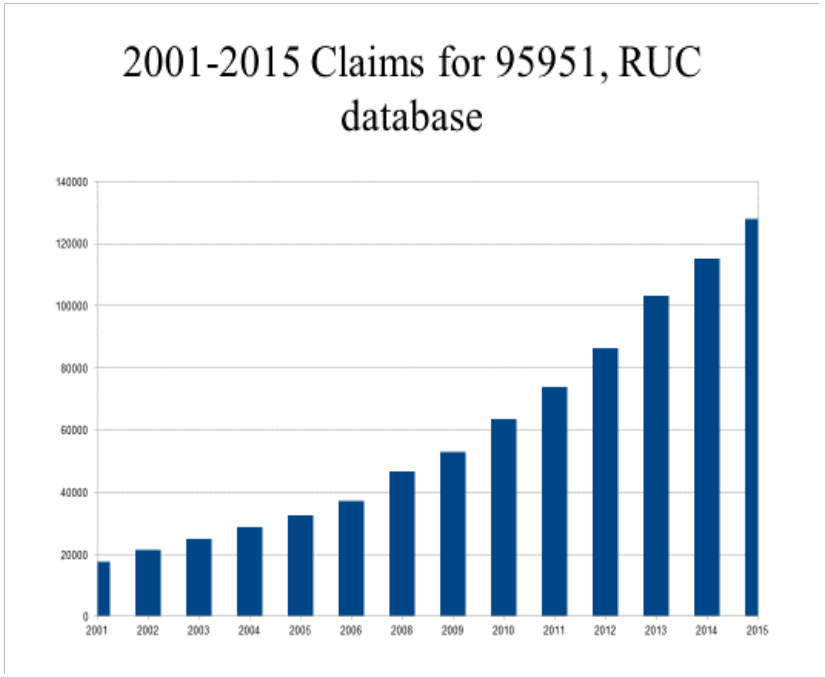
- History of how Medicare drove coding changes for Long Term EEG Coding
- Explanation of new coding structure and Medicare values and payment
- Case studies – how to use the new codes in typical patient case studies
- Q & A

Abbreviations

- Organizations: AMA, AAN, NAEC, ACNS
- CMS – Centers for Medicare and Medicaid Services
- CPT - Current Procedural Terminology
- 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



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

Recording Type	2 to 12 hours recording *Typically 8 hours*	12 to 26 hours recording *Typically 24 hours*	36 to 60 hours recording *Typically 2 Days*	60 to 84 hours recording *Typically 3 Days*	Greater than 84 hours recording *Typically 4 Days*
EEG alone	95717	95719	95721	95723	95725
EEG w/ video	95718	95720	95722	95724	95726

12/2019

Long-Term EEG Codes–**TECHNICAL** Services

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

Recording Type	Duration of LTEEG	Unmonitored *13+ patients monitored*	Intermittent Monitoring *5 to 12 pts monitored*	Continuous Monitoring *up to 4 pts monitored*
EEG alone	2 to 12 hours recording *Typically 8 hours*	95705	95706	95707
	12 to 26 hours recording *Typically 24 hours*	95708	95709	95710
EEG w/video	2 to 12 hours recording *Typically 8 hours*	95711	95712	95713
	12 to 26 hours recording *Typically 24 hours*	95714	95715	95716

12/2019

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		
With Video	**Duration/Time of Report**	**Without Video**
95718	2-12 Hours/Daily Report	95717
95720	>12-26 Hours/Daily Report	95719
95722	36-60 Hours/One Report at End	95721
95724	>60-84 Hours/One Report at End	95723
95726	>84 Hours/One Report at End	95725

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

►(95717, 95718 may be reported a maximum of once for an entire long-term EEG service to capture either the entire time of service or the final 2-12 hour increment of a service extending 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 a long as the patient needs the service. There is no upper limit to how many times it may 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)

PC Services
Complete Study/Retrospective Review Codes

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:
  - Review of EEG/VEEG data
  - 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		
With Video	**Duration/Intensity of Monitoring**	**Without Video**
	2-12 Hours	
95711	Unmonitored	95705
95712	Intermittent	95706
95713	Continuous Real-time	95707
	>12-26 Hours	
95714	Unmonitored	95708
95715	Intermittent	95709
95716	Continuous Real-time	95710

Monitoring Defined

Monitoring		
Unmonitored	**Intermittent**	**Continuous Real-Time**
• Report if criteria for intermittent or continuous are not met	• Remote or on-site • Review and document data every 2 hours • Maximum of 12 patients concurrently • >12 patients is reported as unmonitored	• Remote or on-site • Same elements as intermittent, *Plus …* • Real-time concurrent monitoring of EEG data and video (when performed) • Maximum of 4 patients concurrently • >4 patients reported as unmonitored or intermittent • If there is a break in the monitoring, reported as intermittent study

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)(eg, 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

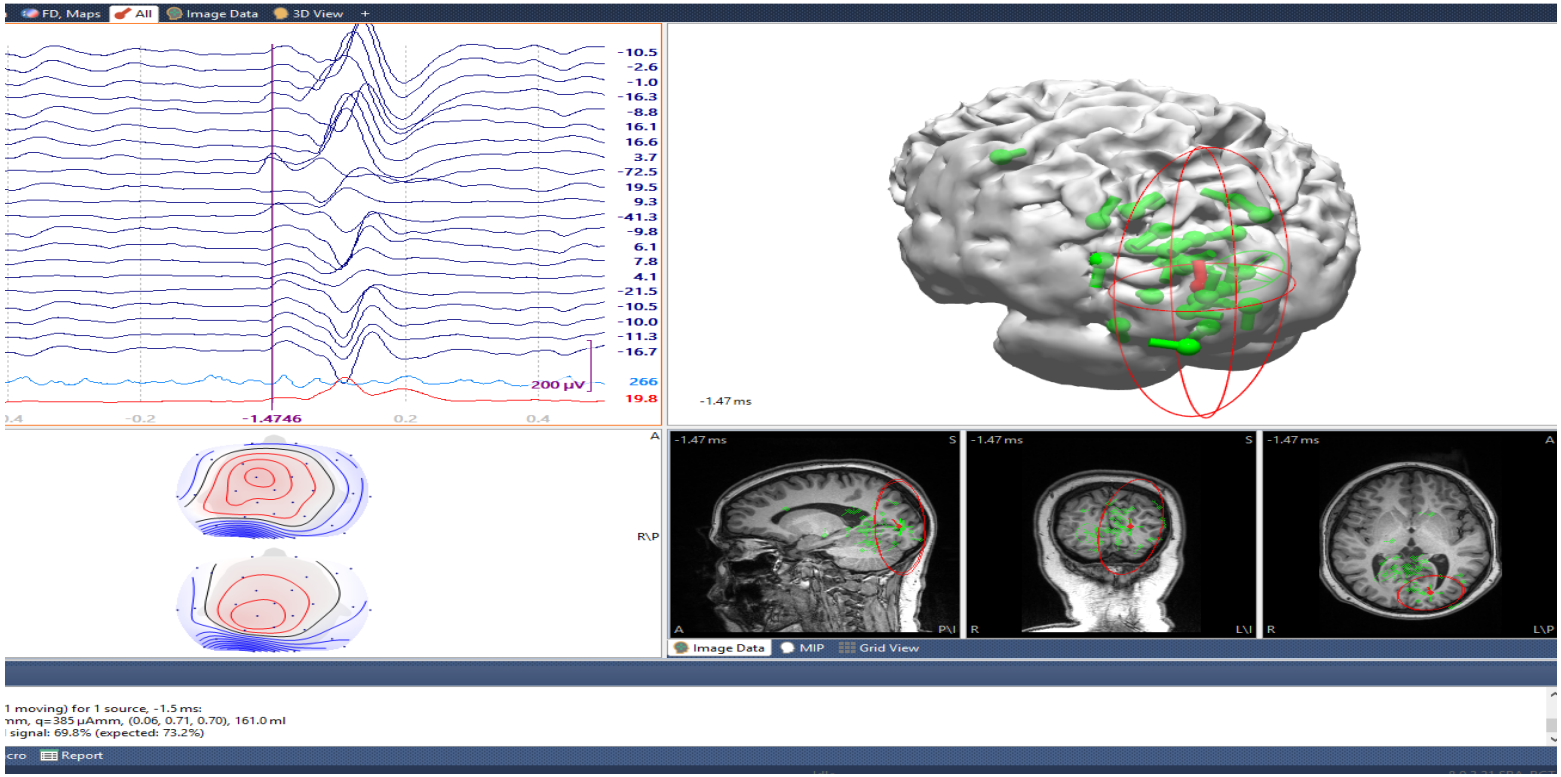


Image courtesy of Gregory L. Barkley, MD

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

Code	Work	PE	MP	Total
95951	5.99	2.82	0.33	9.14
95951-26	5.99	2.82	0.33	9.14
95951-TC	0	NA	NA	NA

- 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

95951	95720
Last reviewed in August 1995	Reviewed by RUC in October 2018
Time: Preservice time = 30 mins Intraservice time = 60 mins Postservice time = 60 mins	Time: Preservice time = 10 mins Intraservice time = 55 mins Postservice time = 15 mins
Total time = 150 minutes	Total time = 80 minutes
MD work = 5.99 RVUs	MD work = 3.86 RVUs

Payment Rates for Medicare Physician Services from 2020 Final Physician Fee Schedule (CMS-1715-F)						
CPT Code	**Descriptor**	**FACILITY (HOSPITAL)**				
		Work RVUs	**Facility PE RVUs**	**Mal-practice RVUs**	**Total Facility RVUs**	**CF= $36.0896**
95717	EEG 2-12 hr w/o video	2.00	0.78	0.12	2.90	$104.66
95718	VEEG 2-12 hr	2.50	1.13	0.18	3.81	$137.50
95719	EEG each 24 hr w/o video	3.00	1.29	0.21	4.50	$162.40
95720	VEEG each 24 hr	3.86	1.76	0.28	5.90	$212.93
95721	EEG >36<60 hr w/o video (2 day)	3.86	1.78	0.28	5.92	$213.65
95722	VEEG >36<60 hr (2 day)	4.70	2.15	0.35	7.20	$259.85
95723	EEG >60<84 hr w/o video (3 day)	4.75	2.21	0.37	7.33	$264.54
95724	VEEG >60<84 hr (3 day)	6.00	2.74	0.44	9.18	$331.30
95725	EEG >84 hr w/o video (4+ days)	5.40	2.52	0.42	8.34	$300.99
95726	VEEG >84 hr (4+ days)	7.58	3.46	0.56	11.60	$418.64

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			
HCPCS Code	**Short Descriptor**	**Payment Rate**	**APC**
95700	EEG/VEEG set up/take down	$253.07	5722 - Level 2 Diagnostic Tests and Related Services
95705	EEG w/o vid 2-12 hr unmntr		
95706	EEG w/o vid 2-12 hr intmt mntr		
95707	EEG w/o vid 2-12hr cont mntr		
95711	VEEG 2-12 hr unmonitored		
95712	VEEG 2-12 hr intmt mntr		
95708	EEG w/o vid ea 12-26 hr unmntr	$485.55	5723 - Level 3 Diagnostic Tests and Related Services
95709	EEG w/o vid ea 12-26hr intmt		
95710	EEG w/o vid ea 12-26hr cont		
95713	VEEG 2-12 hr cont mntr		
95714	VEEG ea 12-26 hr unmntr		
95715	VEEG ea 12-26hr intmt mntr		
95716	VEEG ea 12-26hr cont mntr	$908.84	5724 - Level 4 Diagnostic Tests and Related Services

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?