Auto Casualty, Workers' Comp

CPT 2022: Care Management and Other CPT Coding Updates

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It's that time of year again! The American Medical Association (AMA) recently updated its CPT® codes. The most significant changes in the 2022 code set include:

- Care Management CPT Codes
- Digital Medicine CPT Codes
- Anesthesia for Percutaneous Image-Guided Spinal Procedures
- Summary of the 2022 CPT Code Updates

Let’s take a closer look at these changes and what they mean for the workers’ compensation and auto casualty industries.

Care Management CPT Codes

As healthcare systems across the U.S. strive to treat patient populations while keeping health risks and healthcare costs low, care management has emerged as a useful tool. Care management, which is based on the principle that intervening with individuals from certain populations will reduce health risks and decrease the cost of care, is a team-based, patient-centered approach to assist patients and their support systems in managing medical conditions more effectively. Care management also encompasses care coordination activities required to help manage chronic illness (AHRQ, 2018).

Progression of Code Development

Care Management codes were first introduced by the AMA in 2013, when they added the transitional care management code set. As health care has continued to evolve over the years, the AMA has continuously refined and added codes to report various Care Management services. See the chart below to better understand the progression of these codes over the years.

Year Introduced in CPT	Care Management Type	CPT Procedure Codes
2013	Transitional Care	99495, 99496
2015	Complex Chronic Care	99487, 99489
2015	Chronic Care	99490, 99491
2021		+99439 (Add-on code for 9949

In 2022, the AMA added four new CPT codes to report Principal Care Management services, created an add-on code for CPT Code 99491 and revised existing procedure codes.

In order to fully grasp the addition of the new Principal Care Management codes, it is vital to first understand the three care management paths.

- **Chronic Care** addresses multiple (two or more) chronic conditions expected to last at least 12 months, performed either by (a) the clinical staff directed by a physician or other qualified healthcare professional (QHP) or (b) by the physician or a QHP.
- **Complex Chronic Care** addresses multiple (two or more) moderate or highly complex chronic conditions expected to last at least 12 months, performed by clinical staff directed by a physician or other qualified healthcare professional.
- **Principal Care** address one **single** high-risk, complex chronic condition expected to last at least three months, performed either by (a) the clinical staff directed by a physician or other qualified healthcare professional (QHP) or (b) by the physician or a QHP.

These services are mutually exclusive and should not be reported together during the same calendar month, noted throughout the parenthetical guidelines in the CPT 2022 Manual.

Procedure Code Description Changes

CPT Code Changes Key

	New Code
	Revised Code

Procedure Code	Description
● 99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
● +99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately

Care Management Services Table

Per a comment made at the 2022 CPT Symposium, the chosen care management path determines the code assignment. The AMA provided a table outlining the codes, service, staff type, unit duration, maximum monthly units to assist in code selection (AMA, 2021).

Case Management Services

Code	Service	Staff Type	Unit Duration (Time Span)	Units Ma Per Mont
99490	Chronic Care Management	Clinical Staff	20 minutes (20-39 minutes)	1
+99439	Chronic Care Management	Clinical Staff	40-59 minutes X 1 (60 or more minutes X 2)	2
99491	Chronic Care Management	Physician or Qualified Health Care Professional	30 minutes (30-59 minutes)	1
+99437	Chronic Care Management	Physician or Qualified Health Care Professional	30 minutes (60 minutes or more)	No Limit
99487	Complex Chronic Care Management	Clinical Staff	30 minutes (60-89 minutes)	1
+99489	Complex Chronic Care Management	Clinical Staff	30 minutes (≥ 90 minutes X 1) (≥ 120 minutes X 2, etc.)	No Limit
99424	Principal Care Management	Physician or Qualified Health Care Professional	30 minutes (30-59 minutes)	1
+99425	Principal Care Management	Physician or Qualified Health Care Professional	30 minutes (60 minutes or more)	No Limit
99426	Principal Care Management	Clinical Staff	30 minutes (30-59 minutes)	1
+99427	Principal Care Management	Clinical Staff	30 minutes (60 minutes or more)	2

Table source: American Medical Association CPT 2022

Digital Medicine CPT Codes

Like Care management, digital medicine continues to evolve, and thus, the AMA introduced a new CPT code section this year to report remote monitoring of non-physiological parameters.

Remote Therapeutic Monitoring

Unlike Remote Physiologic Monitoring (RPM), which measures a physiological parameter, such as heart rate, weight and glucose levels, Remote Therapeutic Monitoring (RTM) reviews data related to therapeutic responses, including signs, symptoms, and functions. RTM devices must be ordered by a physician and FDA approved. Additionally, RTM services are mutually exclusive to RPM services (Kanter, 2021).

Remote Therapeutic Monitoring Treatment Management Service

Remote Therapeutic Monitoring Treatment Management Service (RTMTM) utilizes RTM results to manage patients under a specific treatment plan, requiring at least one interaction with a patient or caregiver. Providers can report RTMTM and Care Management services together, but the time is separate. The guidelines state to report new code 98980 once, regardless of the number of therapeutic monitoring modalities performed in a calendar month (Kanter, 2021).

New Procedure Codes

Procedure Code	Description
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment.
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days.
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes.
+98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure).

Anesthesia for Percutaneous Image-Guided Spinal Procedures

In 2022, the AMA also introduced a new family of anesthesia codes.

Prior Anesthesia Codes

The AMA Editorial Panel noted prior CPT codes 01935 (Anesthesia for percutaneous image-guided procedures on the spine and spinal cord; diagnostic) and 01936 (Anesthesia for percutaneous image-guided procedures on the spine and spinal cord; therapeutic) were reported inappropriately with other services. Furthermore, the panel concluded that there is no need for separate diagnostic and therapeutic codes— the anesthesia work was the same (Vorenkamp, 2021).

New Family of Codes

In the 2022 update, the Editorial Panel created a new family of codes, placing them in three categories sorted by type of service and body site. According to the presentation at the 2022 CPT Symposium, new codes 01937 and 01938 are considered “diagnostic.”

Type of Service	By Site
Injection, Drainage, or Aspiration	• Cervical or Thoracic Spine • Lumbar or Sacral spine
Destruction Procedures by Neurolytic Agent	
Neuromodulation or Intravertebral Procedures (e.g., Kyphoplasty, Vertebroplasty)	

New Procedure Codes

Procedure Code	Description
01937	Anesthesia for percutaneous image-guided injection, drainage o aspiration procedures on the spine or spinal cord; cervical or thoracic.
01938	Anesthesia for percutaneous image-guided injection, drainage o aspiration procedures on the spine or spinal cord; lumbar or sacral.
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic.
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral.
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on th spine or spinal cord; cervical or thoracic.
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on th spine or spinal cord; lumbar or sacral.

Summary of 2022 CPT Code Changes

- New Principal Care Management codes should be used for a single complex condition.
- CPT code selection for care management is dependent on the path chosen for treatment.
- Parameters for Remote Therapeutic Monitoring are based on response to a therapeutic treatment.
- Remote Therapeutic Monitoring and Remote Physiological Monitoring are mutually exclusive.
- Anesthesia for percutaneous image-guidance spinal procedures are now by type of service and body site.

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