

Annual update: Looking ahead at what’s new for 2024

“CPT Corner” provides general information, available at the time of publication, regarding various coding, billing and claims issues of interest to plastic surgeons. ASPS is not responsible for any action taken in reliance on the information contained in this column.

By Erika Adler

The CPT code set continues to expand and evolve to keep up with advancements in medical science and healthcare technology. The annual update to the CPT code set for 2024 created 349 editorial changes – 230 additions, 49 deletions and 70 revisions that will go into effect on Jan. 1. Luckily, many of these changes will not affect plastic surgery. Nevertheless, we did want to highlight some of the updates that were made to the Evaluation & Management section of the book.

Clarifications sought by the CMS prompted the CPT Editorial Panel to add revisions that clarify the reporting of evaluation and management (E&M) services. Compared to the significant revisions CPT introduced in the E&M codes and guidelines in recent years, changes for 2024 are relatively modest; however, they’re still important to review in order to accurately code your visits.

Office or outpatient visits

Updates to both the new and established office or other outpatient E&M CPT codes 99202-99205, 99212-99215 were made to remove time ranges and replace them with a single total time amount, which is the lowest number of

CODE	2023 GUIDELINES	2024 GUIDELINES
	Total time spent on date of the encounter	Total time on the date of the encounter that must meet or exceed
99202	15-29 minutes	15 minutes
99203	30-44 minutes	30 minutes
99204	45-59 minutes	45 minutes
99205	60-74 minutes	60 minutes
99212	10-19 minutes	10 minutes
99213	20-29 minutes	20 minutes
99214	30-39 minutes	30 minutes
99215	40-54 minutes	40 minutes

minutes in each range in the 2023 code descriptors (see table).

New language has been included in each descriptor that mandates the specific “must meet or exceed” time for each level visit. This update will align the format of these descriptors to be consistent with other E&M codes.

Activities included in time-based documentation have not changed from 2023 and include:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests or procedures

- Referring and communicating with other healthcare professionals (when not separately reported)
- Documenting clinical information in the EHR or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Split or shared E&M visits

A split or shared visit refers to visits in which a physician and non-physician practitioner work as a team to furnish all the work related to a single visit. The guidelines are used to determine which provider may report the service.

If code selection is based on total time on

the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service.

CMS finalized a revision to the definition of “substantive portion” of a split or shared visit which means more than half of the total time spent by the physician or nonphysician practitioner performed the split or shared visit, or a substantive part of the medical decision-making.

Performance of a substantive part of the medical decision-making requires that the physician(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection.

2024 conversion factor

CMS has finalized a 2024 physician conversion factor (the amount Medicare pays per relative value unit) of \$32.74. This represents a decrease of \$1.15 (or 3.4 percent) from the 2023 physician conversion factor of \$33.89.

The conversion factor is the result of a statutory 0 percent update scheduled for the MPFS in 2024, a negative 2.18 percent budget-neutrality adjustment and a funding patch Congress passed at the end of 2022 through the Consolidated Appropriations Act of 2023, which partially mitigated a cut to the 2023 conversion factor and offset part of the reduction to the 2024 conversion factor.

AUC mandate program

CMS finalized its proposal to pause implementation efforts of the Appropriate Use Criteria (AUC) program, rescind current regulations and cease educational and operational testing. The agency says it will continue to seek a way to implement the program. Any new process will be proposed in future rulemaking.

There will be no increase in the Merit-based Incentive Payment System (MIPS) performance threshold. The MIPS performance threshold will remain at 75 points for the 2024 performance period (CMS had previously proposed increasing it to 82 points). The lower threshold will make it easier to avoid a negative payment adjustment in 2026.

The weights of the different MIPS requirements will not change: The quality performance category will be weighted at 30 percent and the cost performance category will be weighted at 30 percent. Promoting Interoperability and Improvement Activities performance categories will maintain their respective 25 percent and 15 percent weights.

CMS also finalized a 180-day (minimum) performance period for the Promoting Interoperability performance category.

As always, ASPS is available to help with its members’ coding questions through its coding question submission form, which can be found at plasticsurgery.formstack.com/forms/coding_question_submission_form.

The ASPS Coding Workshop is scheduled for March 15-16. The redesigned and expanded workshop is a comprehensive, virtual learning program featuring a two-day, live interactive online meeting that delves into the complexities of coding for plastic surgery procedures. To register, go to plasticsurgery.org, click on the Education tab, scroll down and click on the link for “Plastic Surgery Coding Workshop 2024.” **PSN**

Editor’s Note: As of press time, this article contained the most up-to-date and accurate information on CPT code updates.

Developments in access to microsurgical breast recon

By Joseph Mullin and Patrick Hermes

The pages of PSN have chronicled the ongoing efforts of ASPS to ensure continued access to advanced perforator-flap breast reconstruction since April 2021. That was when the Society learned from community-based private practice members who perform substantial amounts of autologous breast reconstruction using microsurgical perforator-flap techniques that UnitedHealthcare (UHC) had announced a national policy change under which it would no longer recognize HCPCS codes S2066-68 and would require, as of July 1, 2022, use of CPT® 19364 for all microsurgical breast reconstruction.

The decision was a result of the 2021 changes to the CPT book’s family of breast reconstruction codes, which included an expanded descriptor of CPT 19364 that listed DIEP and other specific perforator-flap procedures. The formal recognition of these procedures in the CPT made the existing HCPCS S-codes related to the procedures unnecessary, and as a result CMS announced at the end of 2021 that it would formally sunset the flap S-codes as of Dec. 31, 2024. The UHC move was a precursor to similar actions by a number of commercial health insurance providers.

Progress made

At the start of 2023, ASPS launched the Initiative to Support Microsurgical Breast Reconstruction, engaging private payers, legislators and regulators in an effort to sustain S2066-68; improve public policies that mandate breast reconstruction coverage; and encourage private payers to adequately value microsurgical breast reconstruction. This resulted in the manifestation of four project teams centered on payer-facing advocacy, data



and outcomes analysis, supporting individual ASPS members, and building and leading the external stakeholder community, respectively.

ASPS developed both federal and state policy proposals to update laws to create new or strengthen existing mandates that require coverage of post-mastectomy care. Widespread efforts have also been underway to identify members of Congress to spearhead these updates on Capitol Hill. Additionally, communications occurred with every state medical society and every state and regional plastic surgery society to build support for individual state-based legislative efforts. Ten state medical societies and 29 state or regional plastic surgery societies endorsed ASPS’ model legislation.

In response to engagement by ASPS and patient groups, CMS in June held a public meeting to provide an opportunity for input on its decision to discontinue the breast reconstruction S-codes. ASPS spoke in favor of retaining the S-codes, and CMS announced on Aug. 21 that it would retain the codes indefinitely.

Despite the success of convincing CMS to retain the perforator flap S-codes, ASPS learned in September that Horizon Blue Cross Blue Shield (BCBS) of New Jersey is maintaining its previous position to no longer recognize microsurgical breast reconstruction codes, despite the CMS decision to retain the codes. ASPS and the New Jersey Society of Plastic Surgeons (NJSPS) submitted a letter of concern to Horizon BCBS of New Jersey’s leadership, requesting that they either continue to allow usage of S2066-68 or transfer their internal valuation of S2066-S2068 to CPT 19364. ASPS will meet with NJSPS and Horizon Blue Cross Blue Shield of New Jersey in December to discuss this issue.

As a result of Horizon BCBS taking this path – and reports of additional commercial health insurers following suit – ASPS will restart the project teams that worked on this issue in 2023 and proceed with the full gamut planned under the Initiative to Support Microsurgical Breast Reconstruction. **PSN**