



## What Else Is New in 2022?

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**Table 1. Total Relative Value Units and National Allowables, 2021 vs 2022**

Code	2021		2022		Difference in dollars	% difference
	Total RVUs	National allowable	Total RVUs	National allowable		
99202	2.12	\$73.97	2.14	\$74.07	+\$0.10	+0.1%
99203	3.26	\$113.75	3.29	\$113.87	+\$0.12	+0.1%
99204	4.87	\$169.93	4.90	\$169.59	-\$0.34	-0.2%
99205	6.43	\$224.36	6.48	\$224.27	-\$0.09	-0.04%
99212	1.63	\$56.88	1.66	\$57.45	+\$0.57	+1.0%
99213	2.65	\$92.47	2.66	\$92.06	-\$0.41	-0.4%
99214	3.76	\$131.20	3.75	\$129.79	-\$1.41	-1.1%
99215	5.25	\$183.19	5.29	\$183.09	-\$0.10	-0.1%

The Protecting Medicare and American Farmers from Sequester Cuts Act was signed into law on December 10, 2021. This law addresses the reduction in the 2022 Conversion Factor set by the Physician Final Rule, as reported in my December column, increasing the 2022 Conversion Factor by 3%. The new conversion factor becomes \$34.61 compared to \$34.89 in 2021. With the increase in Relative Value Units on most E/M codes, the impact to 2022 rates becomes minimal. (See **Table 1**.)

Without this action by Congress, we would have seen an average reduction in allowables of 3%. The Act also extended the moratorium on the 2% Medicare sequestration cut to March 31, 2022 and reduces the cut to 1% from April 1, 2022 through June 30, 2022.

### New Codes

At the very end of last year, the Centers for Medicare & Medicaid Services added a new Place of Service. New POS 10 is for Telehealth Provided in Patient's Home. The description for POS 02 has been revised to Telehealth Provided Other than in Patient's Home. The new POS will not be available for use until April 1, 2022.

The POS Workgroup created this code, though Medicare has stated that they do not have a use for it. While they will accept it for claims processing because that is required under HIPAA, providers should continue to use the current Medicare billing instructions for telehealth claims.



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Finally, new modifier 93 (*Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system*) became effective January 1, 2022. This would be used for those payers that want phone calls billed with an E/M code instead of CPT's time-based codes 99441-99443.

There is no payer guidance around the use of this new POS or modifier. While I will continue to monitor responses from private payers, I would not change your current telehealth billing practices until guidance is received from private payers.

Three new ICD-10 codes were also added:

- Z28.310 Unvaccinated for COVID-19
- Z28.311 Partially vaccinated for COVID-19
- Z28.39 Other under-immunization status

Code Z18.310 is assigned when the patient has not received at least one dose of a COVID-19 vaccine. Code Z28.311 may be assigned when the patient has received at least one dose of a multidose COVID-19 vaccine regimen but has not received the full set of doses necessary to meet the Centers for Disease Control and Prevention definition of "fully vaccinated" at the time of the encounter. These new codes should not be used until April 1, 2022.

### Reminders

CMS has increased the allowable to administer influenza, pneumococcal, and hepatitis B virus vaccines to \$30 from an average rate of \$17.63 in 2021. This is for codes G0008 (influenza), G0009 (pneumococcal), and G0010 (hepatitis B). The amount is subject to a geographic adjustment.

Hopefully, private payers will follow their example. I suggest you check your charge amounts as payers adjudicate on the lesser of your charge amount or their allowable. ■