



Date: October 27, 2005

Trevor J. Stone, MHSA
Private Sector Advocacy Manager
American Academy of Family Physicians
11400 Tomahawk Creek Pkwy
Leawood, KS 66211

Dear Mr Stone,

Significant updates to coding policy issues

We would like to update you on our coding policy changes that we mentioned back in the March/April 2005 timeframe. Because your advice has played an instrumental role in the process of changing these policies, we want to both thank you and inform you of these changes before they are communicated to a broader audience.

Coding changes

As you know, we develop and update our clinical policies based on the most recent clinical information available, input from external professional organizations, medical societies and associations, and feedback received from the Physician Advisory Board mailbox. We are updating you on two additional coding changes that will become effective on February 6, 2006. Our participating physicians will be notified around December 1, 2005, when they receive their copy of the November/December 2005 *OfficeLink Updates*. We are asking physicians not to resubmit previously denied claims until the effective date of the change, February 6, 2006.

Code(s) Impacted	Policy Change	Rationale	Summary of Change	Implementation Date
99201-99205, 99211-99215 with preventive codes 99381-99387, 99391-99397	2 E&M codes / Same date of service	The Physician Advisory Board requested that we reconsider our policy that excluded payment of two E&M codes on the same date of service. The Coding Committee reviewed and agreed to allow a problem focused E&M billed with Modifier 25 and a preventive E&M code.	Reimburse standard E&M when billed with Modifier 25 and preventive E&M.	*2/06/06
Modifier 57	Modifier 57	The Physician Advisory Board requested that we reconsider our policy that excluded payment of an E&M code performed and appended with Modifier 57 (Decision for surgery). The Coding Committee reviewed and agreed to allow an E&M billed with Modifier 57 when the service is performed in conjunction with major surgical procedures (follow up period of 90 days).	Allow E&M code with Modifier 57 when billed with major (global 90 day) procedures.	*2/06/06

* Implementation Date: If physicians delivered services within the 180 days prior to February 6, 2006, they may resubmit their claim for payment, provided the original claim was submitted within the timely filing period as defined by the provider's contract. Late interest and penalty payments will not apply to these claims. Please note that all other policies will still apply and may impact the ultimate payment of the code(s).

I'll continue to keep you updated on these issues and look forward to sharing more details with you in the future.

Chris L. Jagmin, MD, FAAFP
Regional Medical Director