Evaluation and Management CPT Changes for 2015

The American Medical Association recently published the updated Current Procedural Terminology (CPT®) manual for 2015, including code changes. Here are the evaluation and management (E & M) code changes for 2015.

New Evaluation & Management Codes

- **99490** Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
  - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
  - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
  - Comprehensive care plan established, implemented, revised, or monitored.

- **99498** Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Deleted Evaluation & Management Codes

- **99481** Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure) (now reported with 99184)

- **99482** Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure) (now reported with 99184)

- **99488** Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

Revised Evaluation & Management Codes

- **99487** Complex chronic care management services, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

- Complex chronic care management services, with the following required elements:
  - multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
  - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
  - establishment or substantial revision of a comprehensive care plan;
  - moderate or high complexity medical decision making;
  - 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
  - each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.