

CMS Adds 11 Codes to Telehealth List

The Centers for Medicare & Medicaid Services (CMS) is adding 11 codes to the list of telehealth services payable under the Medicare Physician Fee Schedule (MPFS). Coverage is retroactive to March 1, 2020, and is effective for the duration of the public health emergency (PHE) for COVID-19. Learn More »

Appropriate Use Criteria Testing Period Extended

The Appropriate Use Criteria (AUC) program, slated to begin Jan. 1, 2021, has been postponed. A notice on the Centers for Medicare & Medicaid Services (CMS) website states that the educational and operations testing period will now continue through 2021. Learn More »

3 New Codes for Infectious-Agent Detection

Three new CPT® codes have been created, Oct. 6, that will allow clinicians to distinguish the tests for influenza A, influenza B, and respiratory syncytial virus (RSV) that include SARS-CoV-2 from those that don't. The new codes, along with associated parenthetical note changes, new guidelines, 40 code revisions, and one code deletion (87450), are effective immediately. Learn More »

Use Gastro E/M Scenarios to Ease 2021 Anxiety

By now, everyone knows of the seismic shift in office/outpatient evaluation and management (E/M) service coding that will go into effect Jan. 1, 2021. Although all medical coders will be affected by the changes, each specialty will have their own challenges. Learn More »

When to Apply Modifiers 26 and TC

Modifiers 26 and TC are unique coding tools that may be used in specific circumstances. It can be easy to become perplexed trying to keep the components of a procedure straight and remembering when these modifiers should be applied. To dispel some of the confusion, this article will explore common uses of modifiers 26 and TC and discuss the requirements of when and how to utilize them correctly. Understanding the appropriate use of modifiers 26 and TC is key to filing clean claims and avoiding denials for duplicate billing. Learn More »









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AAPC, 2233 S Presidents Dr., Suite F, Salt Lake City, Utah 84120 | 800-626-2633