

**Table 20: 41 HCPCS Codes that Currently Cannot be Billed Concurrently with TCM by the Same Practitioner and are Active Codes Payable by Medicare PFS**

<b>Code Family</b>	<b>HCPCS Code</b>	<b>Descriptor</b>
<b>Prolonged Services without Direct Patient Contact</b>	99358	Prolonged E/M service before and/or after direct patient care; first hour; non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service
	99359	Prolonged E/M service before and/or after direct patient care; each additional 30 minutes beyond the first hour of prolonged services
<b>Home and Outpatient International Normalized Ratio (INR) Monitoring Services</b>	93792	Patient/caregiver training for initiation of home INR monitoring
	93793	Anticoagulant management for a patient taking warfarin; includes review and interpretation of a new home, office, or lab INR test result, patient instructions, dosage adjustment and scheduling of additional test(s)
<b>End Stage Renal Disease Services (patients who are 20+ years)</b>	90960	ESRD related services monthly with 4 or more face-to-face visits per month; for patients 20 years and older
	90961	ESRD related services monthly with 2-3 face to face visits per month; for patients 20 years and older
	90962	ESRD related services with 1 face-to-face visit per month; for patients 20 years and older
	90966	ESRD related services for home dialysis per full month; for patients 20 years and older
	90970	ESRD related services by dialysis less than a full month of service; per day; for patients 20 years and older
<b>Analysis of Data</b>	99091	Collection and interpretation of physiologic data
<b>Complex Chronic Care Management Services</b>	99487	Complex Chronic Care with 60 minutes of clinical staff time per calendar month
	99489	Complex Chronic Care; additional 30 minutes of clinical staff time per month
<b>Care Plan Oversight Services</b>	G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities within a calendar month; 30+ minutes
	G0182	Physician supervision of a patient receiving Medicare-covered hospice services (patient not present) requiring complex and multidisciplinary care modalities; within a calendar month; 30+ minutes

Source: CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies Final Rule. Center for Medicare and Medicaid Services on 11/15/2019