

Coding and Billing Questions from 2020 Review

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Disclaimer: *This presentation is offered as guidance to NEPHO providers and office administration. If you are a BILH employed practice please follow up with your practice Leadership on guidance reviewed during this presentation.*

Agenda

- ▶ Introduction
- ▶ 2021 E/M Updates
 - ▣ Overview of Changes
 - ▣ Documentation Examples
 - Primary Care
 - Specialists
- ▶ COVID 19 Coding and Billing Updates
 - ▣ ICD-10 Coding
 - ▣ CPT 99072 Overview
- ▶ Telehealth Visit Review
 - ▣ Primary Care
 - ▣ Cardiology
- ▶ Anxiety and Depression Coding Review
- ▶ NEPHO Next Steps



Overview of 2021 E/M Changes

- ▶ Effective 1/1/2021
- ▶ Remove history and exam as key components - code descriptor “which requires a medically appropriate history and/or examination”
- ▶ Code selection based on MDM or time
- ▶ 99201- will be deleted
- ▶ 99211 - same requirements - no components need to be met and physician presence is not required (nurse visits)
- ▶ 99202 & 99212- Straightforward
- ▶ 99203 & 99213 - Low
- ▶ 99204 & 99214 - Moderate
- ▶ 99205 & 99215 - High

Visit Time Range Updates

▶ New Patient Codes

- 99202: 15-29 minutes
- 99203: 30-44 minutes
- 99204: 45-59 minutes
- 99205: 60-74 minutes

▶ Established Patient Codes

- 99211: Outlier
- 99212: 10-19 minutes
- 99213: 20-29 minutes
- 99214: 30-39 minutes
- 99215: 40-54 minutes

MDM Updates

- ▶ Revision of MDM definitions
- ▶ Number and Complexity of Problems Addressed
- ▶ Amount and/or Complexity of Data to be Reviewed and Analyzed
- ▶ Risk of Complications and/or Morbidity or Mortality of Patient Management
- ▶ There will be a new table for calculating medical decision-making
 - “Number of diagnosis or management options” will become “Number and complexity of problems addressed”
 - “Amount and/or complexity of data to be reviewed” will become “Amount and/or complexity of data to be reviewed and analyzed”
 - “Risk of complications and/or morbidity or mortality” will become “Risk of complications and/or morbidity or mortality of patient management”

Prolong Service Code

- ▶ A major component of the 2021 E/M changes is the introduction of CPT prolong service code 99417 effective January 1, 2021.
- ▶ The code reflects a “**prolonged office or other E/M service that requires at least 15 minutes or more of total time either with OR without direct patient contact on the date of the primary E/M service (either CPT codes 99205 or 99215)**”.
- ▶ CPT 99417 Code may only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and not medical decision making. A service of less than 15 minutes should not be reported.

Documentation Examples Primary Care

- ▶ Chief complaint: Patient presents for visit due to fall related to fever and blurry vision, patient has been feeling weak and is experiencing chills. Patient presents with spouse who offers additional history related the patients current condition.
 - The patient is an established patient with prior history obtained – there is no changes in the patient history (PFSH, living environment & medical history)
 - Leveling based off time:
 - The provider spent 10 minutes prior to the visit reviewing the patient history and chronic conditions: 10 minutes
 - The provider meets with the patient and spouse face-to-face for 20 minutes, reviews current health status and confirms with patient and spouse that there have been family stressors that have caused issues with low blood sugar affecting diabetes management: 20 minutes
 - The providers reaches out to the patients endocrinologist to set up an appointment to discuss potential monitoring devices to help manage blood sugar levels: 10 minutes
 - ❖ Total visit time: 40 minutes day of encounter – patient visits supports 99215
 - Leveling based off MDM:
 - 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment (Diabetes)
 - Anxiety/Stress – new problem
 - Discussion of management of care for Diabetes and Stress
 - ❖ Patient visit supports 99214 (moderate risk)

Documentation Examples Cardiology

▶ Leveling based off MDM:

- ❑ Established patient is seen for follow-up to recheck carotid artery stenosis. The patient was seen 3 months ago and stenosis was normal. Today there are no symptoms of TIA or CVA. Patient denies headaches.
- ❑ Exam: General: No acute distress, pleasant, alert, and oriented times 3. Speech is normal. Voice is normal. WT: 129. BP: Right arm 175/69, left arm 168/62. HR: 84. TEMP: 97.8. Chest: Clear to auscultation bilaterally, normal effort. Heart: RRR. Easily palpable bilateral carotid pulses with no jugular venous distention. Pedal pulses normal. Moves all extremities with 5/5 strength. No edema. Skin: WNL.
- ❑ Provider reviews prior vascular studies
- ❑ Provider will be ordering an MRA of the neck to address potential issues
 - The number and complexity of problems addressed here are low
 - The patient has one stable, chronic condition
 - The cardiologist reviewed the ultrasound and ordered a neck MRA
 - Data is limited and the level of risk is low
 - ❖ Patient visit supports 99213 (low risk)

COVID 19 Coding Updates

- ▶ Code only confirmed diagnosis as documented by the provider, documentation of a positive test result, or a presumptive positive test result.
- ▶ **U07.1** - 2019-nCoV acute respiratory disease.
 - ❑ If the provider document “suspected,” “possible,” “probable,” or “inconclusive, assign a code explaining the reason for the encounter.
- ▶ **Z20.828** - Contact with and suspected exposure to other viral communicable diseases (actual exposure).
- ▶ **Z03.818** - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure, but ruled out after evaluation).
- ▶ **Z11.59** - Encounter for screening for other viral diseases (for asymptomatic individuals being screened for COVID-19, have no know exposure to the virus, and test results are either unknown or negative).
- ▶ Sequencing: U07.1 should be the primary diagnosis, followed by appropriate codes for associated manifestations:
 - ❑ J12.89 (other viral pneumonia)
 - ❑ J20.8 (acute bronchitis due to other specified organisms)
 - ❑ J22 (unspecified acute lower respiratory infection NOS)
 - ❑ J40 (bronchitis, not specified as acute or chronic)
 - ❑ J80 (acute respiratory distress syndrome)
 - ❑ J98.8 (other specified respiratory disorders)
- ▶ Use appropriate codes for the signs and symptoms, e.g., R05 (cough), R06.02 (shortness of breath), or R50.9 (fever, unspecified).



CPT 99072 - COVID 19 Update

- ▶ 99072- Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.
 - ▶ CPT code 99072 encompasses the following:
 - Time over what is included in the primary service of clinical staff (RNs, LPNs, MTAs)
 - Pre-visit phone call to screen patients (symptom checks)
 - Provide instructions on social distancing during the visit
 - Check patients for symptoms upon arrival
 - Apply and remove PPE
 - Perform additional cleaning of the exam/procedure/imaging rooms, equipment, and supplies
- ▶ Additional coding guidelines for 99072:
 - The time counted in any other time-based visit or service during the same encounter cannot be counted twice to report this code
 - You do not need to link the code to a particular diagnosis code such as ICD-10-CM U07.1 *COVID-19*
 - You may report 99072 with an evaluation and management (E/M) service or procedure even if it is not COVID related
 - You may report 99072 only once per in-person patient

Telehealth Video Visits Review

- ▶ Telehealth is here to stay so creating a solid practice Telehealth program is necessary to better support patient access to care. The following should be a focus when building your Telehealth program:
 - ❑ HIPAA Compliant platform
 - ❑ Follow telehealth rules and regulations
 - Contact your malpractice carrier (should policy have updates to provide Telehealth services)
 - Understand state licensing rules (providing services across state lines)
 - Obtain verbal patient consent (document in note)
 - Document provider location and patient location for visit
 - Understand payer policies (Medicare & Commercial)
 - ❑ Educate patients on technology
 - ❑ Encourage an interactive visit with the patient to better support medical necessity

Telehealth Visit Chronic Condition Capture

▶ Chronic Condition Capture During Telehealth Visit:

- ❑ Document plan of care for chronic conditions, condition status
 - **Example:** A Fib I48.91 – heart rate within normal limits, converting back to normal sinus rhythm, apixaban is helping to regulate heart rate
- ❑ Chronic conditions need to be captured/recaptured annually
 - **Example:** Depression (F33.8) or depression in remission (F33.4), Opioid dependence (F11.20) or opioid dependence in remission (F11.21)
 - Depression: when depression has stabilized coding depression in remission would be appropriate
- ❑ Chronic conditions should be discussed and documented during a new patient visit
 - **Example:** New patient visit with the following chronic conditions: Hypertension I10, CKD state 3 N18.3, Recurrent depressive disorder F33.8, Opioid dependence in remission F11.21
- ❑ Document confirmed chronic conditions to their highest specificity
 - **Example:** Diabetes with CKD stage 3: E11.22, N18.31 stage 3a (1st code diabetes with chronic kidney disease then code chronic kidney disease)

Example Telehealth Consent and Exam

▶ **Solid Patient Consent:**

- ❑ The patient verbally provided informed consent to participate in this real-time, interactive virtual clinical encounter. He understands the risks and limitations of a virtual visit including but not limited to the lack of a full exam. He understands that the services delivered by the provider are part of their continuing care and he has been made aware of how to access in-person care if needed.

▶ **Telehealth PHYSICAL EXAM - PCP**

- ❑ Gen: NAD, Well-kempt
- ❑ Head: Normocephalic and atraumatic.
- ❑ Eyes: Conjunctivae and EOM are normal.
- ❑ Pulmonary/Chest: Effort normal.
- ❑ Neuro: A&Ox3 (Alert and oriented person, place, time)
- ❑ Psych: mood and affect appropriate
- ❑ Skin: No lesions noted by patient on video

Telehealth Exam Components Capture

- ▶ Exam components to help support a Telehealth exam:
 - ❑ HEENT: Use a flashlight or phone based light to look at the throat and nose
 - ❑ Skin: Have the patient press on a rash to observe any scaling or redness
 - ❑ Cardiovascular: Find pulses at the radial, carotid, femoral and jugular venous
 - ❑ Abdominal exam: Have the patient feel for masses and/or describe location of symptoms such as pain
 - ❑ Musculoskeletal: Self palpitation can be used to show locations of pain or point of tenderness. Range of motion can be assessed and directed by the provider
 - ❑ Neurologic: Observe patient gait, have them squat and get up and down from a chair and/or walk across the room

Have the patient be more involved and interactive in the visit, have patient family members or care giver offer additional information to better support the reason for the visit. Include their information in the note to help support the visit medical necessity.

Anxiety and Depression Coding Review

- ▶ There are 21 new codes that describe withdrawal from substances including alcohol, cocaine, and opioids
- ▶ Remember to code to the highest specific and remember “in remission”
- ▶ Top 20 codes for Anxiety, Depression, Alcohol and Substance Abuse

F39	Unspecified mood disorder (affective)
F60.0	Paranoid personality disorder
F45.42	Pain disorder with related psychological factors
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.5	Major depressive disorder, single episode, in partial remission
F33.8	Other recurrent depressive disorders
F31.9	Bipolar disorder, unspecified
F31.7	Bipolar disorder, currently in remission
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F11.10	Opioid abuse, uncomplicated
F11.11	Opioid abuse, in remission
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F12.980	Cannabis use, unspecified with anxiety disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission

NEPHO - 2021 Education Plan

- ▶ Continue to support practices with coding and billing updates

- ▣ Coding and Billing Webinars Include:

- Coding education for Primary Care and Specialty
 - ICD-10 CM 2021 updates
 - CPT 2021 updates
 - Better support practice compliance
 - Improve management of denials
 - Best practice to support an appeal
 - Risk Adjustment coding capture
 - Telehealth
 - Diabetes with complications

- ▣ Ad Hoc Practice Education Sessions

- ▣ Ad Hoc Practice Audits

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Thank you

Resources:

<https://www.nepho.org/covid-19-billing-and-coding/> (NEPHO website)

<https://www.cms.gov/>

<https://med.noridianmedicare.com/web/jfb/topics/nmp>

<https://www.cdc.gov/nchs/icd/icd10cm.htm>