

Coding for Outpatient Practice NAMDRC 2014

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Disclosure

- No financial disclosure
- I serve on Advisory Committee to the AMA CPT Panel from the American College of Chest Physicians
- Member of Reimbursement and Regulatory Committee of the ACCP, and the Clinical Practice Committee of the American Thoracic Society.

Objectives

- Review “classic” and new features of outpatient Evaluation and Management (E&M) coding
- Understand changes to coding and documentation for pulmonary function testing
- Describe changes in coding for pleural procedures

Coding Categories for Pulmonary

- Evaluation and Management (E&M)
 - Outpatient
 - Inpatient
 - Consultations
 - Critical Care
- Surgery
 - Respiratory System (includes bronchoscopy, pleural procedures)
- Medicine
 - Pulmonary (includes PFTs)

Recent E&M CPT changes

- “Physician” replaced by “physician or other qualified healthcare professional” throughout
- Qualified health care professional is qualified by education, training, licensure/regulation, and facility privileging, who performs a professional service within scope of practice and independently reports the service
- A “clinical staff member” works under the supervision of a physician or other qualified health care professional and is allowed by law, regulation, and facility policy to perform or assist in a specified professional service, but does not individually report that service

Recent E&M CPT changes

- Addition of time guidelines (sometimes invoked, e.g. for “prolonged services” codes)
- Recognition that RUC estimates of intra-service (face-to-face) time correlate reasonably with physician work
- Pre- and post-work (e.g. reviewing records, tests, communicating with other professionals) is included in calculating the total work

E&M New Outpatient

New Pt Visit	History	Exam	Decision-making	Time
99201	Problem-focused	Problem-focused	Straightforward	10 min
99202	Expanded	Expanded	Straightforward	20 min
99203	Detailed	Detailed	Low	30 min
99204	Comprehensive	Comprehensive	Mod	45 min
99205	Comprehensive	Comprehensive	High	60 min

Established Outpatient

Code	History	Exam	Decisionmaking	Time
99211	N/A	N/A	N/A	5 min
99212	Problem- focused	Problem- focused	Straight-forward	10 min
99213	Expanded	Expanded	Low	15 min
99214	Detailed	Detailed	Mod	25 min
99215	Comprehensive	Comprehensive	High	40 min

Medical Decision Making

Complexity of Medical Decision Making

Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
minimal	minimal or none	minimal	straightforward
limited	limited	low	low complexity
multiple	moderate	moderate	moderate complexity
extensive	extensive	high	high complexity

Example EMR Outpatient Service Recognition

BACK HOME LIST PREV NEXT INFO PAGE PAGE PAGE PAGE ENTER LOGOFF HELP HELP

Patient Info Documents Viewers/Labs Allergies/Immuniz Orders/Meds

Service Recognition/Charge Entry

E&M Code: E&M Modifier: Visit Date: 14JAN

N6 - Comprehensive, > 90 Min 99205 & 99354
 N5 - Comprehensive-High, > 60 Min 99205
 N4 - Comprehensive-Moderate, 45 Min 99204
 N3 - Detailed-Low, 30 Min 99203
 N2 - Expanded Prob Focus-Strfwd, 20 Min 99202
 N1 - Problem Focused-Strfwd, 10 Min 99201
 ___ Established Patients ___
 E7 - Comp-Prolong High > 115 Min
 E6 - Comprehensive High >70 Min 99215 & 99354
 E5 - Comprehensive-High, > 40 Min 99215
 E4 - Detailed-Moderate, 25 Min 99214
 E3 - Expanded Prob Focused-Low, 15 Min 99213
 E2 - Problem Focused-Strfwd, 10 Min 99212
 E1 - Brief Visit, 5 Min 99211
 ___ Follow-up Visits ___
 F7 - Follow-up Visit >115 Min-Prolonged
 F6 - Follow-up Visit >70 Min-Prolonged
 F5 - Follow-up Visit >40 Min or More 99215
 F4 - Follow-up Visit 25 Min 99214
 F3 - Follow-up Visit 15 Min 99213
 F2 - Follow-up Visit 10 Min 99212

OK

ICD9
518.89
182.0
840.4
519.4

Visit Charges and D
 N5,Comp-High 6
 ! Restrictive L
 Metastatic Enc
 Injury Rotator C

Add Detail

Help

- 9965

Prolonged Services add-on codes

- + 99354 Prolonged service in the office or other outpatient setting; first hour
- +99355 each additional thirty minutes
- +99356 Prolonged service in the inpatient or observation setting; first hour
- +99357 each additional thirty minutes

Code Modifiers

- Used to alter or clarify base code
- Examples
 - 25 Separate E&M service same day as a procedure
 - 51 Multiple procedures
 - 52 Reduced service
 - 59 Distinct procedural service

Code Modifiers

- -25 modifier
- Example: Pulmonary consultation for abnormal chest radiograph
- Later the same day, bronchoscopy performed
- Code E&M consultation with -25 modifier, and bronchoscopy

Code Modifiers

- -50 Bilateral procedure (31622 presumes bilateral; not used if add-on code exists)
- -51 Multiple procedures at same session (not used if multiple endoscopy applies. Example: bronchoscopy plus thoracentesis; 31622, 32422-51)
- -59 Distinct procedural service (e.g. 31629 for TBNA hilar node plus 31625-59 for bronchial bx of visible mass)

Question 1

- Which one of the following justifies a consultation code (99241-99245)?
 - Primary physician sends a 55 yr-old man, who was seen by an office colleague for bronchitis last year, for ongoing management of COPD.
 - Primary provider sends a 68 yr-old woman for evaluation of OSA.
 - A 45 yr-old man seen in post-surgical ICU for day 1 ventilator management.
 - New referral of a 70 yr-old woman for evaluation and management of diffuse pulmonary infiltrates.
 - ER physician requests opinion regarding COPD exacerbation in a 55 yr-old man seen in clinic two years ago for lung nodule.

What happened to Consults?!

- *A consultation is a type of E&M service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific problem...*
- Confusion regarding definition
- Concerns regarding overuse; Medicare audits claimed high error rate
- CMS ceased payments beginning 2010
- As some other payers are following, must consider payer-specific billing

CPT Consult Criteria

Office or Other Outpatient Consultations					
Patient: New or Established					
Required Components: 3/3					
Code	99241	99242	99243	99244	99245
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	X				
Expanded Problem-Focused		X			
Detailed			X		
Comprehensive				X	X
Medical Decision Making (Complexity) (#3)					
Straightforward	X	X			
Low			X		
Moderate				X	
High					X
Contributory Factors					
Presenting Problem (Severity) (#1)					
Self-limited or Minor	X				
Low to Moderate		X			
Moderate			X		
Moderate to High				X	X
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Typical Face-to-Face Time (#4)					
Minutes	15	30	40	60	80

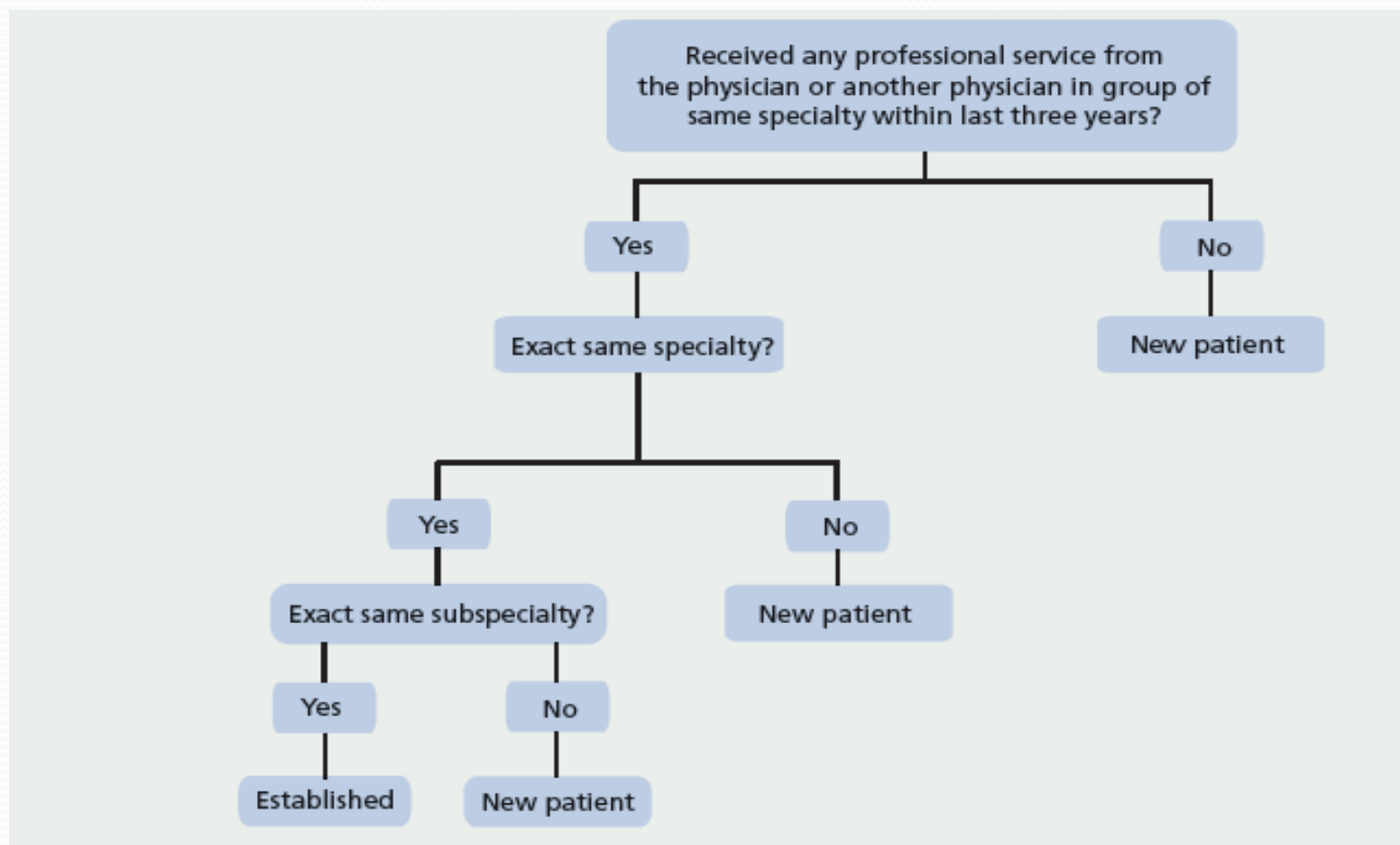
Inpatient Consultations					
Patient: New or Established					
Required Components: 3/3					
Code	99251	99252	99253	99254	99255
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	X				
Expanded Problem-Focused		X			
Detailed			X		
Comprehensive				X	X
Medical Decision Making (Complexity) (#3)					
Straightforward	X	X			
Low			X		
Moderate				X	
High					X
Contributory Factors					
Presenting Problem (Severity) (#1)					
Self-limited or Minor	X				
Low to Moderate		X			
Moderate			X		
Moderate to High				X	X
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Bedside/Unit/Floor Time (#4)					
Minutes	20	40	55	80	110

Suggested Crosswalk

<u>Consult Code</u> ->	<u>New</u>	<u>Established</u>
• 99241	• 99201	99212
• 99242	• 99202	99212
• 99243	• 99203	99213
• 99244	• 99204	99214
• 99245	• 99205	99215

New versus Established Patient

- **New Patient** has not received any E&M service from same specialty/subspecialty (including physician or other provider in same group within 3 years



Question 2

- Which one of the following is considered a “New Patient” for coding purposes?
 - a) 30 yr-old woman evaluated for asthma, seen 2 years ago by an office colleague for cough.
 - b) 60 yr-old man seen by your clinic Sleep specialist for OSA two years ago, comes to you for interstitial lung disease.
 - c) 58 yr-old woman seen in your group for cough 30 months ago, comes now for 9 cm lung mass and hemoptysis.
 - d) 60 yr-old woman seen in by NP in your group last year for COPD, now seen by you in hospital for pulmonary embolism and respiratory failure.
 - e) 70 yr-old man referred last year for thoracentesis, comes now for wheezing.

Hospital Observation Care

- **Initial Day: 99218-20**
- Hx, exam; low, moderate or high complexity of decision-making
- 99217 for discharge next day
- If longer stay, use outpatient established patient
- **Observation and Discharge Same Day: 99234-36**
- Must document the admission and discharge phases for cumulative code

Documentation FAQ

- Need to re-document history that has not changed?
 - Document interval Hx, refer to ROS, PFSH
- Must physician document all parts?
 - No, but indicate physician review
- Patient unable to give Hx?
 - Document sources, limitations
- What are common reasons for down-coding or denial of level of service?
 - ROS without 10 elements, missing FH, SH
 - Documentation to support level of medical decision making

“Pulmonary diagnostic testing and therapies”

- *Chest wall manipulation for the mobilization of secretions and improvement in lung function can be performed using manual (94667, 94668) or mechanical (94669) methods. Manual techniques include cupping, percussing, and use of a hand-held vibration device. A mechanical technique is the application of an external vest or wrap that delivers mechanical oscillation.*
- **94667** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
- **94668** subsequent
- **94669** Mechanical chest wall oscillation to facilitate lung
- function, per session

Pulmonary Function Testing

- Codes reported with other PFTs > 75% of time
- 10 codes deleted from two sections of CPT in 2012

Noninvasive Vascular Diagnostic Studies (3)

- **93720** Plethysmography, total body; with interpretation and report
- **93721** tracing only, without interpretation and report
- **93722** interpretation and report only

PFTs - Deleted Codes

Pulmonary Other Procedures (7)

- **94240** Functional residual capacity or residual volume...
- **94260** Thoracic gas volume
- **94350** Determination of maldistribution of inspired gas...
- **94360** Determination of resistance to airflow, oscillatory or plethysmographic methods
- **94370** Determination of airway closing volume, single breath tests
- **94720** Carbon monoxide diffusing capacity (e.g., single breath, steady state)
- **94725** Membrane diffusion capacity

Pulmonary Function Testing 2012

- 4 codes added
 - plethysmography (94726)
 - gas dilution testing (94727)
 - airway resistance testing (94728)
 - determination of diffusion capacity (+94729)

Pulmonary Function Testing 2012

Deleted Code	Description	New Code	Description
93720	Plethysmography, complete	94726	Plethysmography for determination of lung volumes
93721	Plethysmography, tracing		
93722	Plethysmography, interp & report		

Pulmonary Function Testing 2012

Deleted Code	Description	New Code	Description
94240	Functional residual capacity or residual volume: helium, nitrogen Thoracic gas volume	94726	Plethysmography for lung volumes/airway resistance
94260	Determination of maldistribution of inspired gas: helium, nitrogen	94727	Gas dilution or washout for determination of lung volumes
94350	Airway closing volume		
94370			
94360	Resistance to airflow	94726	Plethysmography for lung volumes/airway resistance
		94728	Airway resistance by impulse oscillometry
94720	CO diffusing capacity	94729	Diffusing capacity (eg, carbon monoxide, membrane)
94725	Membrane diffusion capacity		

Pulmonary Function Testing 2012

New Plethysmography Code

- **94726** Plethysmography for determination of lung volumes and, when performed, airway resistance

Report with:

94010 Spirometry

94060 Bronchodilation/Spirometry

94070 Bronchospasm provocation

94729 Diffusing capacity

Pulmonary Function Testing 2012

- **94726** Plethysmography for determination of lung volumes and, when performed, airway resistance

Do Not Report with:

94727 Gas dilution or washout

94728 Airway resistance by impulse oscillometry

Pulmonary Function Testing 2012

New Gas Dilution Code

- **94727** Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes

Report with:

94010 Spirometry

94060 Bronchodilation/Spirometry

94070 Bronchospasm provocation

94729 Diffusing Capacity

Do Not Report with:

94726 Plethysmography

Pulmonary Function Testing 2012

New Airway Resistance Code

- **94728** Airway resistance by impulse oscillometry

Report with:

94729 Diffusing capacity

Do Not Report with:

94010 Spirometry

94060 Bronchodilation/Spirometry

94070 Bronchospasm provocation

94375 Respiratory flow volume loop

94726 Plethysmography

Pulmonary Stress Testing

- **94620** Pulmonary stress testing; simple (e.g. 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-exercise oximetry)
- Editorial revision to include 6-minute walk test and oximetry, since most common

Continuous Bronchodilator

- **94644** Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
(For services less than 1 hour, use 94640)
- **94645** each additional hour (list separately)
(Use 94645 in conjunction with 94644)

Exhaled Nitric Oxide

- **95012** Nitric oxide expired gas determination
For NO determination by spectroscopy, use
Category III code 0064T
- Typically before and after anti-inflammatory therapy (payer might question diagnostic use); no set maximum number of visits

Question 3

- Which of the following is true regarding Pulmonary Function Tests (PFTs)?
 - a) Exhaled NO (95012) can be coded only once for the assessment of cough.
 - b) Diffusing capacity (94729) can be coded alone for follow-up of interstitial disease.
 - c) Bronchospasm provocation (94070) cannot be coded with gas dilution lung volumes (94727).
 - d) Airway resistance by oscillometry (94728) should not be coded with plethysmography for lung volumes (94726).
 - e) In a patient with giant bullae, plethysmography can be coded in addition to gas dilution lung volumes.

Surgery-Lungs and Pleura 2014

- **32200** Pneumonostomy, with open drainage of abscess or cyst
(32201 has been deleted)
(For percutaneous image-guided drainage of abscess or cyst of lungs or mediastinum by catheter placement, use 49405)
- **49405** Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

Pleural “Introduction and Removal”

- **32550** Insertion of indwelling tunneled pleural catheter with cuff

(Do not report 32550 in conjunction with 32554, 32555, 32556, 32557 when performed on the same side of the chest)

(If imaging guidance is performed, use 75989)

Pleural Procedures

- **32551** Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
 - *Traditional open procedure without image guidance*
- **32552** Removal of indwelling tunneled pleural catheter with cuff
- **32553** Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple

Pleural Procedures

- **32554** Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
- **32555** with imaging guidance
- **32556** Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- **32557** with imaging guidance

Pleural Procedures, “Destruction”

- **32560** Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
 - *Code chest tube placement separately*
- **32561** Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
- **32562** subsequent day
 - *Use these codes only once per day*

Question 4

- Which one of the following is true regarding chest tube insertion and management?
 - a) Open thoracostomy chest tube placement (32551) typically includes ultrasound.
 - b) For thoracentesis (32554), add the appropriate image guidance code (eg, ultrasound, CT).
 - c) Ultrasound guidance (75989) can be coded in addition to placement of tunneled catheter (32550).
 - d) Pleurodesis (32560) includes placement of the chest tube.
 - e) If fibrinolytic agent is instilled (32561) twice during the same day, 12 hours apart, the procedure should be coded twice.

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SECOND OPINION

BY ROB ROGERS



Mind Your Business

