NEGOTIATING CODING AND DOCUMENTATION CHANGES FOR PULMONOLOGIST

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Alan L. Plummer, MD, was born in Ogallala, Nebraska in 1940. He received his undergraduate degree from the University of Nebraska and earned his MD (1966) from Northwestern University. He spent his internship at Passavant Memorial Hospital at Northwestern, and his residency and Fellowship in Pulmonary Diseases and Critical Care at the Mayo Clinic.

Dr. Plummer moved to Emory in the fall of 1971 and is currently an Emeritus Professor of Medicine at the Emory University School of Medicine. He has served as The Emory Clinic Section Chief for Pulmonary, Allergy and Critical Care and has served as the Director of the Emory University Division of Pulmonary, Allergy and Critical Care. He is the Associate Medical Director of the Respiratory Care Department at Emory University Hospital, the Medical Director of the Pulmonary Function Laboratory of The Emory Clinic and is the Associate Medical Director of the Emory University Hospital Pulmonary Function Laboratory.

Dr. Plummer participated in all three phases of the HSIAO studies to develop the RBRVS payment system. He is the RUC Advisor for the ATS and has served as a RUC member and as an Alternate RUC committee member for the Pulmonary Community.

He was a Consulting Editor for the Pulmonary Coding Alert and is the Editor of the ATS Coding and Billing Quarterly. He also has served as President of NAMDRC, is active in NAMDRC affairs and is still active in a number of state and national medical organizations.

He greatly enjoys his fantastic, wonderful twelve grandchildren and enjoys spending quality time with each one. He also enjoys golf, boating, exercise, yoga, reading, and traveling with his marvelous wife, Ginny.

OBJECTIVES:

Participants should be better able to:

1. The participant will be informed about the new changes in ICD-10-CM.
2. The participant will be informed about the work value changes in certain CPT codes which affect reimbursement to pulmonary physicians.
3. The participant will have a review of the use of the changes in moderate sedation coding for pulmonary procedure.
4. The participant will be updated on certain 3rd party payers' intent to slash payments for E/M codes with a -25 modifier.

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NEGOTIATING CODING & DOCUMENTATION CHANGES FOR PULMONOLOGISTS

NAMDRC Annual Meeting

March 23, 2018

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DISCLAIMER

Emeritus Professor of Medicine, Emory University School of Medicine

Editor, ***ATS Coding & Billing Quarterly***

ATS RUC Advisor

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AGENDA

- CPT changes for 2018
- Moderate sedation revisited, briefly
- E/M services reported with modifier -25
- New pulmonary hypertension ICD-10-CM codes for 2018

REIMBURSEMENT FOR CVC & ARTERIAL CATHETER INSERTIONS

- **36556** identified by CMS as part of a screen of high cost procedures of >$10M
- RUC surveyed **36555** (<5 y/o), **36556** (>5 y/o), **36620** (artline) and **93503** (Swan-G)
- Pulmonology/CCM performed 16.13% of **36556**, 5.75% of **36620** & 1.76% of **93503**
- Represents a **loss** of $2.26M to Pulmonology/CCM community.

RUC & CMS 2018 RECOMMENDATIONS

CPT Code	Short Descriptor	CY 2017 wRVU	CY 2018 Proposed wRVU	CY 2018 Final wRVU
36555	Insert non-tunneled central venous cath, < 5yo	2.43	1.93	1.93
36556	Insert non-tunneled central venous cath, ≥ 5yo	2.50	1.75	1.75
36620	Arterial cath, percutaneous	1.15	1.00	1.00
93503	Insert flow-directed cath (eg. Swan-Ganz) for monitoring	2.91	2.00	2.00

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- Represents a loss of $2.26M to Pulmonology/CCM community, primarily from **36556**.

QUESTION ONE

- Which entity(ies) may change CPT physician work values?
  1. CPT
  2. AMA
  3. RUC
  4. CMS

Question 1 (Plummer) - Which entity(ies) may change CPT physician work values?

a. CPT

b. AMA

c. RUC

d. CMS

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QUESTION ONE

- Which entity(ies) may change CPT physician work values?
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QUESTION TWO

- Which entity is **most** important in changing CPT MD work values?
  1. CPT
  2. AMA
  3. RUC
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Question 2 (Plummer)- Which entity is most important in changing CPT MD work values

a. CPT

b. CPT

c. RUC

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QUESTION TWO

- Which entity is **most** important in changing CPT MD work values?
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    2. AMA
    3. RUC
    4. **CMS**

CODING FOR MODERATE SEDATION

- For 2017, CMS removed 0.25 wRVUs from bronchoscopy codes for moderate sedation.
- Add **99152** for MS of first 15 minutes
- Add **99153** for MS for 15 minute increments
- If a second provider gives MS, then use **99156** for the 1st 15 minutes and **99157** for subsequent 15 minute intervals.
- **99152** or **99156** add back the 0.25 wRVUs lost from CMS' changes.

CODING FOR MODERATE SEDATION

Moderate sedation performed by:

IServ time	Bronchoscopist	2nd Provider
< 8 min	Not reported separately	
8-22 min	**99152**	**99156**
23-37 min	**99152+99153**	**99156+99157**
38-52 min	**99152+99153x2**	**99156+99157x2**

CODING FOR MODERATE SEDATION

- A 67 y/o patient undergoes bronchoscopy with EBUS. 3 LN areas are sampled. Moderate sedation was 25 minutes. How would you code this procedure?
- **31653**
- **99152**
- **99153**
- Answer: **31653**, **99152**, **99153**

CODING FOR MODERATE SEDATION

- The MD work value for **31653** is 4.96
- The MD work value for **99152** is 0.25.
- The MD work value for **99153** is 0.00.
- It is important to code **99153** the extra time for moderate sedation as it reimburses MS practice expenses to the site of the procedure (0.31 RVUs [$11.16] for FAC and 1.45 RVUs [$52.19] for Non FAC).

QUESTION THREE

- Which of the following is **false** about **99153**?
  1. Physician work is zero.
  2. Includes 22-37 minutes of MS.
  3. Can only be used in a facility.
  4. Only practice expense is included.

Question 3 (Plummer) - Which of the following is false about 99153?

a. Physician work is zero.

b. Includes 22-37 minutes of MS.

c. Can only be used in a facility.

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POTENTIAL PAYMENT PROBLEMS FOR E/M w -25 MODIFIER

- Anthem stated it would reduce 2018 payments for E/M w **-25** modifier by 50% in Spring 2017. Not all states would be affected.
- AMA HOD, June 2017, passed resolution advocating against payment reductions for E/M w 25 and sent letter to Anthem.
- In December, Anthem stated the reduction would only be 25%

POTENTIAL PAYMENT PROBLEMS FOR E/M w -25 MODIFIER

- Implementation date moved to 3/1/2018.
- Work and practice expense for E/M services and procedures not duplicative.
- AADA, CMA, KMA, ACC all backing AMA effort. Discussions are ongoing.
- Policy will affect CA, CO, CT, IN, KY, MA, MI, NE, NH, NY, OH, WI and GA & VA upon contract renewal.

ICD-10 CODING FOR PULMONARY HYPERTENSION

- With ICD-9, there were only 2 codes for pulm. hypertension: primary & secondary.

ICD-9 and ICD-10 (2015) Crosswalk for Pulmonary Hypertension

ICD-9	ICD-10 (2015)
416.0 Primary pulmonary hypertension	**I27.0** Primary pulmonary hypertension
	I27.1 Kyphoscoliotic heart disease
416.8 Secondary pulmonary hypertension	**I27.2** Other secondary pulmonary hypertension
	I27.81 Cor pulmonale, chronic
?	**I27.82** Chronic pulmonary embolism
	I27.89 Other specified pulmonary heart disease (ie, Eisenmenger's

How to revise (c.1999!), and stay within the boxes?

w/or w/o pHTN!

ICD-10 CODING FOR PULMONARY HYPERTENSION

- With ICD-9, there were only 2 codes for pulm. hypertension: primary & secondary.
- In 2013, a new WHO classification for pulmonary hypertension was adopted.

2013 WHO Classification of Pulmonary Hypertension

Group I: Idiopathic and known causes

Group II: Left heart disease

Group III: Lung disease and hypoxemia

Group IV: Chronic thromboembolic

Group V: Unclear, multifactorial etiologies

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ICD-10 (2015)

I27 Other pulmonary heart diseases

I27.Ø Primary pulmonary hypertension
EXCLUDES 1 *pulmonary hypertension NOS (I27.2)*
secondary pulmonary hypertension (I27.2)

I27.1 Kyphoscoliotic heart disease

I27.2 Other secondary pulmonary hypertension
Pulmonary hypertension NOS
Code also associated underlying condition
AHA: 2016,2Q,8; 2014,4Q,21

I27.8 Other specified pulmonary heart diseases

I27.81 Cor pulmonale (chronic)
Cor pulmonale NOS
EXCLUDES 1 *acute cor pulmonale (I26.Ø-)*
AHA: 2014,4Q,21

I27.82 Chronic pulmonary embolism
Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.Ø1)
EXCLUDES 1 *personal history of pulmonary embolism (Z86.711)*

I27.89 Other specified pulmonary heart diseases
Eisenmenger's complex
Eisenmenger's syndrome
EXCLUDES 1 *Eisenmenger's defect (Q21.8)*

I27.9 Pulmonary heart disease, unspecified
Chronic cardiopulmonary disease

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ICD-10 CODING FOR PULMONARY HYPERTENSION

- With ICD-9, there were only 2 codes for pulm. hypertension: primary & secondary.
- In 2013, a new WHO classification for pulmonary hypertension was adopted.
- When ICD-10 became law on 10/1/2015, the coding had improved.
- Through the efforts of the ATS, new ICD-10 coding for PTH began 10/1/2017.

ICD-10 (2018) for Pulmonary Hypertension

Effective 10/1/17! ☺

2018 version of ICD-10 codes	
I27.0 Primary pulmonary hypertension (**Group I**)	**I27.24** Chronic thromboembolic pulmonary hypertension (**Group IV**)
I27.1 Kyphoscoliotic heart disease	**I27.29** Other secondary pulmonary hypertension (**Group V**)
I27.20 Pulmonary hypertension, unspecified	**I27.81** Cor pulmonale (chronic)
I27.21 Secondary pulmonary arterial hypertension	**I27.82** Chronic pulmonary embolism
I27.22 Pulmonary hypertension due to left heart disease (**Group II**)	**I27.83** Eisenmenger's syndrome
I27.23 Pulmonary hypertension due to lung diseases and hypoxia (**Group III**)	**I27.89** Other specified pulmonary heart diseases . . .

ICD-10 CODING FOR PULMONARY HYPERTENSION

- **I27.0**, Primary PHT, **excludes** secondary pulmonary hypertension.
- **I27.21**, **includes** drug, toxin-induced secondary Group 1 pulm hypertension.
- Code **also** associated conditions: Adverse effect of appetite depressants (**T50.5X5**), HIV (**B20**), congenital heart disease (**Q20-Q28**), pulm vascular disease (**M33.2-**, **M34.-**, **M05.-)**, portal HTN(**K76.6**)

ICD-10 CODING FOR PULMONARY HYPERTENSION

- A 28 y/o patient is seen with pulmonary hypertension. Before developing PHT, she had been using appetite suppressants for 5 years. What ICD-10 codes should be used?
- **I27.0** Primary pulmonary hypertension
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- **I27.21** Secondary pulmonary hypertension
- **T50.5X5** Toxic effect of appetite suppress.

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- **T50.5X5** Toxic effect of appetite suppress.

QUESTION FOUR

- Which of the following statements about pulmonary hypertension ICD-10 coding is **true**?
  1. ICD-10 coding exactly follows the 2013 WHO pulmonary hypertension codes.
  2. The new ICD-10 codes go into effect on 1/1/2018.
  3. When coding for secondary PHT, a second code describing the primary disease is necessary.
  4. The ICD-10 codes are similar to the ICD-9 codes for pulmonary hypertension.

Question 4 (Plummer) - Which of the following statements about pulmonary hypertension ICD-10 coding is true?

a. ICD-10 coding exactly follows the 2013 WHO pulmonary hypertension codes.

b. The new ICD-10 codes go into effect on 1/1/2018.

c. When coding for secondary PHT, a second code describing the primary disease is necessary.

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FUN ICD-10 CODING

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- This was my 68 y/o brother-in-law's ultra light airplane he crashed while landing!
- He emailed me the picture and said he survived with bruises and cuts on his R heel, R leg below knee, R knee and L leg.
- He was taken to the local ED and evaluated. No broken bones were found.
- How do we code the ED visit?

FUN ICD-10 CODING

- **99283-5** ED visit.
- Suturing: Superficial wounds, **12001-7**, Intermediate wounds, **12031-7** (>30 cms would be **12007** or **12037**). Depends on total length of the wounds.
- **V95.11** Ultralight crash injury occupant
- **S81.011A** R knee laceration.
- **S81.811A** R lower leg laceration.
- **S91.311A** R foot laceration.
- **S81.812A** L lower leg laceration.

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Questions?

? ? ? ? ? ? ? ? ?

ICD-10-CM FUN CODING

A 73 year old never smoker female current patient was seen in the office the next day after attending the opera. During the opera, she became disinterested and began knitting on a new sweater. A new scene occurred which caught her eye, but caused her to injure her left hand with the knitting needle. How would you code this level 3 visit?

ICD-10-CM FUN CODING

- **99213** for the office visit.
- **S65.202A** for the injury to the superficial palmer arch of the left hand.
- **Y93.01** for the injury from the knitting needle.
- **Y92.253** for the opera site of the injury.