



## PRACTICE MANAGEMENT UPDATE 2018

STEVE G. PETERS, MD

PROFESSOR OF MEDICINE  
MAYO CLINIC  
ROCHESTER, MN

**Steve G. Peters, MD**, is a Professor of Medicine at the Mayo Clinic in Rochester, MN, where his practice is focused mainly on critical care and lung transplantation. After graduating Princeton University and the University of Rochester School of Medicine, he completed training in internal medicine, pulmonary and critical care at the Mayo Graduate School of Medicine. He is board certified in these three specialties and in clinical informatics. Administrative duties at Mayo Clinic include roles as Vice Medical Information Officer and Director of the Center for Translational Informatics. He is a current Board Member and Past President of NAMDRC, previously served on the Board of Directors from 1997-2003, and as an officer beginning as Secretary in 2003. He has been the ACCP Advisor to the CPT Panel of the AMA since 2002, and also serves on the clinical practice committee of the ATS.

### OBJECTIVES:

Participants should be better able to:

1. Be aware of CPT and RUC processes for reviewing and valuing procedural codes;
2. Describe changes to coding for pulmonary function and exercise testing;
3. Understand changes to therapeutic bronchoscopy coding and documentation.

FRIDAY, MARCH 23, 2018 11:15 AM

# Practice Management Update 2018

Coding and Documentation  
NAMDRRC Annual Meeting

Steve G. Peters, MD

## Disclosure

- No financial conflicts
- ACCP Advisor to AMA CPT Panel
- ATS Clinical Practice Committee
- ATS Coding & Billing Quarterly Advisory Board

## Objectives

- Be aware of CPT and RUC processes for reviewing and valuing procedural codes
- Describe changes to coding for pulmonary function and exercise testing
- Understand changes to therapeutic bronchoscopy coding and documentation

## Sacrifices must be made



## Pulmonary stress testing 2017

- **94620** Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
- **94621** complex (including measurements of CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic recordings)
- AMA Relative Assessment Workgroup (RAW) review suggested that 94620 is potentially mis-valued, and that the two examples are substantially different tests

## Pulmonary stress testing CPT 2018

- **94617** Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
- **94618** Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed  
(94620 has been deleted. To report pulmonary stress testing, use 94618)
- 94620 deleted under “concept permanence” rule as the meaning of the original code changed

## Question 1

- Which statement is true regarding exercise testing for bronchospasm, 94617?
  - a. Measurement of oxygen saturation is not included
  - b. If bronchospasm is induced, you should not bill additionally for bronchodilator treatment
  - c. If the patient develops palpitations, you may code for an ECG recording
  - d. You may not code an E&M service on the same day

## Question 1 (Peters)- Which statement is true regarding exercise testing for bronchospasm, 94617?

- a. Measurement of oxygen saturation is not included
- b. If bronchospasm is induced, you should not bill additionally for bronchodilator treatment
- c. If the patient develops palpitations, you may code for an ECG recording
- d. You may not code an E&M service on the same day

## Question 2

- Which statement is true regarding pulmonary stress testing (six minute walk), 94618?
  - a. A physician must directly observe the test
  - b. An arterial blood gas measurement is included
  - c. If the patient must stop before completing six minutes, the test may still be coded
  - d. Spirometry may not be coded on the same day

### Question 2 (Peters) - Which statement is true regarding pulmonary stress testing (six minute walk), 94618?

- a. A physician must directly observe the test
- b. An arterial blood gas measurement is included
- c. If the patient must stop before completing six minutes, the test may still be coded
- d. Spirometry may not be coded on the same day

## Pulmonary stress testing CPT 2018

- **94621** Cardiopulmonary exercise testing, including measurements of minute ventilation, CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic recordings
- Do not report with codes for ECG monitoring (93000-93010; 93040-93042), cardiac stress testing (93015-93018), expired gas collection or oxygen uptake (94250, 94680-94681, 94690), or oximetry (94760-94761)

## Question 3

- Which one of the following is true regarding cardiopulmonary exercise testing, 94621?
  - a. If the patient develops chest pain with ST depression, you may also code for cardiac stress testing, 93015
  - b. If you supervise the test but a colleague issues the report, you may code the supervision separately
  - c. You may report indirect calorimetry for nutritional assessment the same day
  - d. If the patient develops hypoxemia and you perform oxygen titration, this should not be separately coded

**Question 3 (Peters) - Which one of the following is true regarding cardiopulmonary exercise testing, 94621?**

- a. If the patient develops chest pain with ST depression, you may also code for cardiac stress testing, 93015
- b. If you supervise the test but a colleague issues the report, you may code the supervision separately
- c. You may report indirect calorimetry for nutritional assessment the same day
- d. If the patient develops hypoxemia and you perform oxygen titration, this should not be separately coded

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://PollEv.com/app)

## Bronchoscopy

- Therapeutic bronchoscopy, CPT 2017 version:
- **31645** with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
- **31646** with therapeutic aspiration of tracheobronchial tree, subsequent
  
- Identified by AMA RAW as potentially mis-valued
- Modified by removal of “lung abscess” and addition of “same hospital stay” for subsequent code



## Therapeutic Bronchoscopy CPT 2018

- **31645** with therapeutic aspiration of tracheobronchial tree, initial
- **31646** with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay

## RVU updates

- 94617      0.70
- 94618      0.48
- 94621      1.42
  
- 31645      2.88
- 31646      2.78

## Question 4

- Which is true regarding therapeutic bronchoscopic aspiration of the bronchial tree?
  - a. You may code the initial procedure 31645 in an outpatient setting
  - b. Endotracheal intubation is an inherent part of the procedure
  - c. You may not use code 31645 for therapeutic aspiration via an existing tracheostomy tube
  - d. You may not use 31645 and 31646 on the same hospital day

## Question 4 (Peters) - Which is true regarding therapeutic bronchoscopic aspiration of the bronchial tree?

- a. You may code the initial procedure 31645 in an outpatient setting
- b. Endotracheal intubation is an inherent part of the procedure
- c. You may not use code 31645 for therapeutic aspiration via an existing tracheostomy tube
- d. You may not use 31645 and 31646 on the same hospital day

## Radiology- Chest 2018

- Deletion of nine codes (**71010- 71035**), addition of four codes, modification to parentheticals of other codes:
- **71045** Radiologic examination, chest; single view
- **71046** 2 views
- **71047** 3 views
- **71048** 4 or more views

## Bundled in Critical Care

- ...the following services are included in critical care when performed during the critical period: interpretation of cardiac output measurements (93561, 93562), chest X-rays (**71045, 71046**), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers [99090]); gastric intubation (43752, 43753); transcutaneous pacing (92953); ventilator management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600).

## E&M changes 2018

- New INR home management
- **99363, 99364** deleted; anticoagulation management excluded from other non-face to face services
- **93792** Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
- If separately identifiable E&M on same day report with modifier -25

## E&M changes 2018

- **93793** Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
- Do not report E&M on same day

