



PRACTICE MANAGEMENT UPDATE 2017

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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. Administrative duties include his role as Vice-Chief Medical Information Officer for Mayo Clinic. He is a Past President of NAMDRC, 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. Describe new codes for interventional pulmonology;
2. Be aware of changes in simple and complex exercise testing;
3. Understand changes in the practice of moderate sedation.

DISCLOSURE

Dr. Peters has declared no conflicts of interest related to the content of his presentation.

Practice Management Update NAMDRC 2017

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Disclosure

- No financial disclosure
- Advisor to the AMA CPT Panel from the American College of Chest Physicians
- Member of Clinical Practice Committee of the American Thoracic Society.
- Advisory Board, ATS Coding & Billing Quarterly
- NAMDRC Board of Directors

Objectives

- Describe CPT changes relevant to pulmonary, critical care and sleep medicine
- Compare moderate sedation codes for procedures done by the same or another operator
- Review recent changes in bronchoscopy, laryngoscopy coding

Will not cover...!

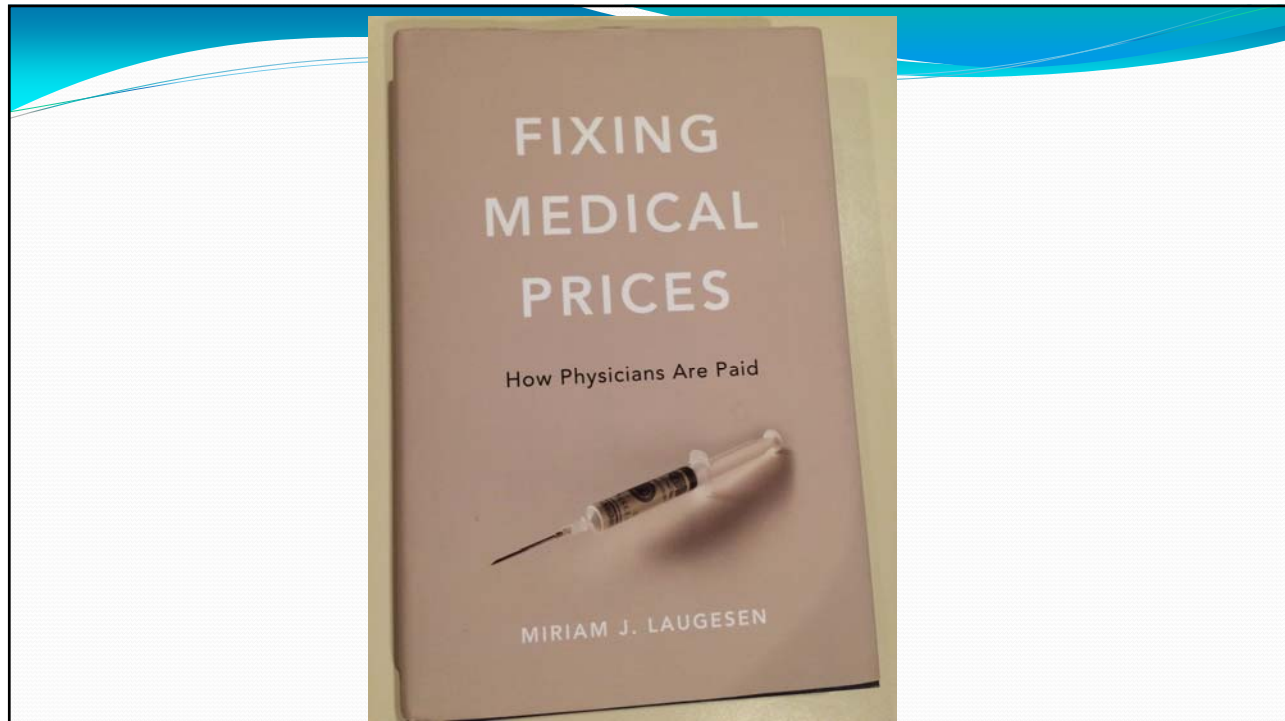
- Sustainable Growth Rate (SGR) formula replacement
- Medicare Access and CHIP Reauthorization Act (MACRA)
- Quality Payment Program (QPP)
- Advanced Alternative Payment Program (APM)
- Merit-Based Incentive Payment System (MIPS)
 - Consolidates Physician Quality Reporting System (PQRS), Value-based Modifier, Meaningful Use

Chest. 2013;144(3):731

SECOND OPINION

BY ROB ROGERS



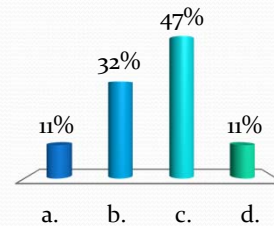


Question 1

- Which statement is true?
- a) The CPT Panel defined Certified Electronic Health Record Technology (CEHRT)
- b) The term “death panel” was a response to the federal Independent Payment Advisory Board
- c) The RBRVS Update Committee (RUC) recommended the use of expanded ICD-10 nicotine dependence codes
- d) Physician payments from CMS approximately equal hospital payments or Part D drug spending

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2017 Moderate (conscious) sedation

- Response to clinical scenarios in which a second individual provides sedation in addition to primary procedural specialist
- CPT codes revised, RBRVS Update (RUC) recommendations
- CMS removed 0.25 work RVU from bronchoscopy codes to account for sedation in patients > 5 yrs of age
- If bronchoscopist also performs sedation, must bill additional code (net neutral)

CPT® Moderate Sedation

- Moderate (conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands or light tactile stimulation. No interventions are required to maintain cardiovascular function or a patent airway, and spontaneous ventilation is adequate.
- Moderate sedation codes are not used to report administration of medications for pain control, minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100-01999).

2017 Changes Moderate Sedation

- 99143, 99144, 99145 deleted. To report moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, use 99151, 99152, 99153
- 99148, 99149, 99150 deleted. To report moderate sedation services provided by qualified individual other than the one performing the procedure, use 99155, 99156, 99157

CPT® Moderate Sedation

- **99151** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age

CPT® Moderate Sedation

- **99152** initial 15 minutes... age 5 years or older
- + **99153** each additional 15 minutes intraservice time (List separately in addition to code for primary service)
- **99155** Moderate sedation services provided by other physician...; initial 15 minutes of intraservice time, patient younger than 5 years of age
- • **99156** initial 15 minutes of intraservice time, patient age 5 years or older
- **99157** each additional 15 minutes intraservice time

Moderate Sedation coding by time (> 5 yrs age)

<u>Intraservice Time</u>	<u>Sedation by:</u>	
	<u>Bronchoscopist</u>	<u>Other</u>
• < 10 minutes	Not reported	
• 15-22 min	• 99152	99156
• 23-37 min	• 99152+99153	99156+99157
• 38-52 min	• 99152+99153x2	99156+99157x2

Moderate sedation

- Codes are defined by intraservice work, from beginning to end of face-to-face sedation procedure
- Pre- and post-service work directly related to sedation are included in the codes, but not added to the time reported
- Codes that include moderate sedation were previously listed in Appendix G of CPT®
- For 2017 removal of moderate sedation symbol, indicating that these codes no longer include the sedation portion

⊕▲ 32405 Biopsy, lung or r

⊕▲ 32550 Insertion of indv

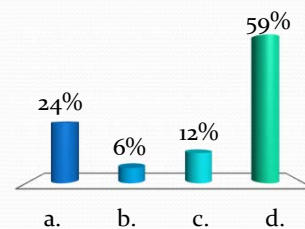
⊕▲ 32551 Tube thoracosto
water seal, ubv

Question 2

- Which one of the following is most appropriate for moderate sedation code 99152?
 - a) Sedation for bone marrow biopsy in a 4 yr old
 - b) 5 minutes of sedation for intraosseous line placement in a 70 yr old
 - c) 15 minutes sedation and muscle relaxant for electroconvulsive therapy in a 60 yr old
 - d) 15 minutes of sedation for thoracostomy chest tube placement in a 20 yr old

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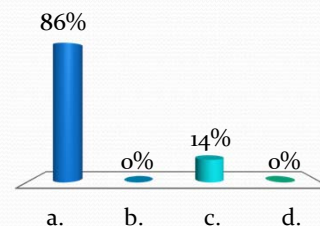


Question 3

- You provide 30 minutes of moderate sedation to a patient in the ICU, to assist a gastroenterologist performing upper GI endoscopy for bleeding in an 80 yr old man. Which statement is correct?
- a) You may code 99156+99157
 - b) You cannot be a provider of conscious sedation
 - c) Your service is included in critical care coding
 - d) Moderate sedation is included in the endoscopy codes

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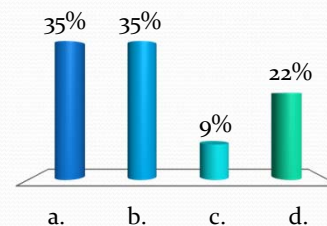


Question 4

- Which statement is correct about billing by another provider of moderate sedation code 99156, assisting you during a bronchoscopy procedure?
 - a) Another pulmonologist in your group may bill the service
 - b) A nurse anesthetist from another group can code the service
 - c) Your physician assistant may code the service
 - d) An anesthesiologist may not use these codes

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Larynx- endoscopy 2017 code changes

Response to RUC Relativity Assessment Workgroup (RAW)

- 31575 Laryngoscopy, flexible; diagnostic
- 31576 with biopsies
- 31577 with removal of foreign body(s)
- 31578 with removal of lesion(s), non-laser
- 31572 with ablation or destruction of lesion(s)
 with laser, unilateral
- 31573 with therapeutic injection(s)
 (eg, chemodenervation agent or corticosteroid,
 injected percutaneous, transoral, or via endoscope
 channel), unilateral
- 31574 with injection(s) for augmentation
 (eg, percutaneous, transoral), unilateral

Endoscopy 2017

(Revised parenthetical for laryngoscopy)

- 31615 Tracheobronchoscopy through established
tracheostomy incision
(for tracheoscopy, see laryngoscopy codes 31515-31574)

Category III CPT codes

Phrenic nerve stimulation system for central sleep apnea

- **0424T** Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
- **0425T** sensing lead only
- **0426T** stimulation lead only
- **0427T** pulse generator only
- Total 13 codes for insertion, removal, repositioning, interrogation, programming

Under review

- **31645** with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
 - **31646** with therapeutic aspiration of tracheobronchial tree, subsequent
- (For catheter aspiration of tracheobronchial tree at bedside, use 31725)

