
Changes in Coding 2017

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Personal attention. Verifiable results.



“Everything will be chaotic and confusing next year with all the changes ... so in other words: same old, same old.”

Overview of ICD-10

- **Over 69,000 codes (ICD-9 had approximately 17,000)**
- **Codes start with an “alpha” character, except “U”**
- **5-7 characters in a code**
- **“X” place holders**
- **Chapters reorganized from ICD-9**
- **21 chapters in ICD-10, 19 in ICD-9**
- **Alphabetical index**
- **Tabular index**
- **Allows for further expansion**

2016- What to Expect

- **The Code freeze is over!**
- **There will be thousands of new codes that the practices will have to use starting on October 1, 2016**
- **There have not been any new changes in ICD since 2012**
- **The changes are significant for physician practices**
- **1,943 NEW codes**
- **305 DELETED codes**
- **422 REVISED codes**
- **Total of 2670 changes for the coming year!**

Changes, Revisions and Deleted Codes

- **More than 300 changes in cancer care**
- **More than 400 changes in eye codes**
- **More than 300 Uro/OB-Gyn code changes**
- **Nearly 500 changes to newborn codes**
- **Nearly 400 new, changed, or deleted injury, mortality and family injury codes**

New Codes

- **Consider the impact of new codes on your clinical documentation, billing and medical policies**
- **These new codes and updates will provide greater specificity**
- **Before ICD-10, on average about 150-200 codes were changed annually with ICD-9, and going forward we will not have as many changes as we do with 2017**
- **Make sure that your billing service, your practice management system, your EHR and clearing house is prepared for the new changes effective October 1, 2016.**

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- **In many instances an existing ICD-10-CM code will be deleted effective October 1, 2016 and could be replaced by multiple, more specific codes.**
 - **A list of the proposed new ICD-10-CM codes are available on the CDC (Centers for Disease Control and Prevention) website.**
 - **We will continue to see additions, deletions and revised codes each October until the United States moves to ICD-11-CM.**
 - **The revisions include simple changes, such as a singular word in the code. It could be changing “of” to “due to”.**

Tips Moving Forward

- **The most important thing that a practice can do is to stop using unspecified codes, unless there are no other codes that describe the patient's condition.**
- **Some codes that were eligible for reimbursement in 2015-2016 will no longer be allowed in 2016-2017.**
- **Review local and national coverage rules for coding changes.**
- **If you use a vendor for billing or coding, make sure that they are ready on October 1, 2016 with the new codes.**

Non-Specific Codes

- **CMS previously allowed providers some leniency when assigning diagnoses during the first year of ICD-10.**
- **But that will expire on October 1, 2016**
- **Commercial carriers who did not adopt the CMS directive, already reject claims for unspecified or non-specific diagnoses.**
- **It is a big concern for providers, that the impact of diagnosis driven denials will effect reimbursement.**
- **Better Documentation=Fewer Unspecified codes**

CPT Changes for 2017

- **Over 700 changes in CPT codes for 2017**
- **Appendix B—“Summary of Additions, Deletions, and Revisions”**
- **Note the new codes that pertain to your specialty. Highlight changes in your CPT book, especially those for your specialty.**
- **Make sure you know how to apply the new codes.**
- **What documentation you need to support the new codes.**
- **Review all changes to guidelines, notes, or other instructions.**

What do I do now?

- **Highlight changes that affect your specialty**
- **Create a “cheat sheet” for codes that the documentation is different from 2016. Meet with your providers to update them on these changes.**
- **Review all superbills, encounter forms, lab forms, or any forms that have CPT codes posted on them.**
- **Make sure your software is updated.**
- **Train billing staff on changes.**

Reimbursement by Specialty

- **CMS proposes to reduce rates for “Interventional Radiology, Pathology, and Vascular Surgery”**
- **CMS proposes a rate increase for “Family Medicine, Allergy and Immunology, Endocrinology, Geriatrics, Hematology/Oncology, Internal Medicine, Pediatrics and Rheumatology”**

New Modifier

- **Modifier 95**
- **Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System.**
- **This service is defined as a real-time interaction between a physician/or other qualified healthcare provider and a patient who is located at a distant site from the provider. Documentation must support the key components of the service provided. This modifier may only be appended to the services that are listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via a real time interactive audio and video telecommunication system.**

Telemedicine Requirements

- **Must be furnished via an interactive telecommunications system.**
- **Service must be provided by a physician or other qualified healthcare professional.**
- **Must be furnished to an eligible telehealth individual.**
- **The patient receiving the service must be located in a telehealth originating site.**

Telemedicine Place of Service

- **CMS has added a new place of service (POS) code-02- to use when a service is provided through a telehealth communication.**
- **02-Place of service in an “Unassigned” Place of service.**

Moderate Sedation

- Appendix G has been removed from the CPT code set. This appendix was a summary of CPT codes that included Moderate (conscious) sedation.
- The symbol for “moderate sedation”, the bull’s eye has been removed.
- 441 codes no longer include moderate sedation. Largest changes in the 2017 CPT book.
- There are new codes 99151-99157
- Refer to the code 99151 for description, total intraservice time, patient’s age, and codes to use.

Moderate Sedation

Codes 99141-99150 were deleted.

- **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
- **99152** initial 15 minutes of intraservice time, patient age 5 years or older
- +● **99153** each additional 15 minutes intraservice time (List separately in addition to code for primary service)

E & M Changes

- **Health and Behavior/Assessment/Intervention**
- **Codes 96160 and 96161 are new, and they replace the code 99420**
- **96160 Administration of patient focused health risk assessment instrument with scoring and documentation**
- **96161 Administration of caregiver-focused health risk assessment for the benefit of the patient, with scoring and documentation**

Musculoskeletal Codes

- **Code 22851 has been deleted for 2017. Replace this code with one of the new codes.**
- **Three new add-on codes for biomechanical device insertion. They are 22853, 22854, and 22859.**
- **Four new codes describe the insertion of an interlaminar/interspinous stabilization device. There are two primary codes and two add-on codes for additional levels. They are 22867 and 22869 and the add-on codes are +22868 and +22870**

Bunionectomy Codes

- Deleted codes 28290, 28293, and 28294
 - Revisions to codes 28292 and 28296
- ▲ 28292 Correction, hallux valgus (bunion) (bunionectomy), with sesamoidectomy or **or without**, when performed; **Keller, McBride** with resection of proximal phalanx base, **or Mayo type procedure** when performed, any method
- The revisions remove references to names and add specifics about what is performed during the procedure.

Laryngoscopy Codes

- Changes include “**fiberoptic**” being removed from the codes and the addition of new codes.
- New Codes:
 - 31572 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
 - 31573 Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenerivation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
 - 31574 Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral

Respiratory Codes

- ▲ 31575 Laryngoscopy, flexible **fiberoptic**; diagnostic
- ▲ 31576 with biopsy(**ies**)
- ▲ 31577 with removal of foreign body(**s**)
- ▲ 31578 with removal of lesion(**s**), **non-laser**

Cardiovascular Codes

- Codes 35450, 35452, 35458, and 35460 for open transluminal angioplasty have been deleted.
- Codes 35471, 35472, 35475, and 35476 for percutaneous transluminal angioplasty have been deleted.
- Codes 36147, 36148 for introduction of a catheter for ACshunt created for dialysis were deleted.
- Codes 36870 and 75791 have been deleted.

Cardiovascular Codes

- There are new codes for visceral, aortic, brachiocephalic and venous balloon angioplasty that bundle open and percutaneous procedures together. The new codes include radiological supervision and interpretation, so you would no longer code the radiology codes.
- These related Radiology codes have been deleted.

Cardiovascular Codes

- **36456** Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn

- **36473** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

- +● **36474** subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Cardiovascular Codes

New Codes

● **37246** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

+● **37247** each additional artery (List separately in addition to code for primary procedure)

● **37248** Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

+● **37249** each additional vein (List separately in addition to code for primary procedure)

Digestive System Codes

- New Codes

- 43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed

- 43285 Removal of esophageal sphincter augmentation device

Radiology Codes

- Deleted Codes: 75791, 75962, 75964, 75966, 75968, 75978

New Codes:

- 76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

Radiology/Mammogram Codes

- Mammogram codes 77051, 77052, 77055, 77056, and 77057 were deleted.
- New Codes:
 - 77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
 - 77066 bilateral
 - 77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

Lab Changes

- **Drug Screening codes 80300-80304 have been deleted.**
- **The new drug screen test codes for 2017 are 80305-80307 and will be based on the method that is used for testing and it will then be reported with one unit of service.**

Flu Vaccines

- Flu vaccine codes will now be coded by dosage, not age.
- This change affects codes 90655-90661.
- Example: 90655, “administered to children 6-35 months of age” has been removed from the description, and instead says “0.25 ml dosage”.

Psychotherapy

- **Psychotherapy codes 90832-90834, and 90836-90838 have been revised. They no longer say “and/or family member”. This has been removed.**
- **90846 Family psychotherapy (without the patient present), 50 minutes**
- **90847 Family psychotherapy (with patient present), 50 minutes**
- **50 minutes have been added to these codes**

Physical Therapy Codes

- **Deletion of 97001, 97002**

- **New evaluation codes: 97161, 97162, 97163**

These codes are now coded as to complexity, low, moderate, or high and are structured like the present E&M codes. Documentation for these codes consist of: History, Exam, Clinical Presentation and Clinical decision making.

- **New reevaluation code: 97164**

Occupational Therapy Codes

- **Deletion of 97003, 97004**

- **New evaluation codes: 97165, 97166, 97167**

These codes are now coded as to complexity, low, moderate, or high and are structured like the present E&M codes. Documentation for these codes consist of: History, Exam, Clinical Presentation and Clinical decision making.

- **New reevaluation code: 97168**

Ophthalmic Changes

- **Changes in the description of fluorescein angiography code 92235 and indocyanine-green angiography code 92240.**
- **These codes have changed that they apply whether the service is unilateral or bilateral.**

- **New Code:**
- **92242 Fluorescein angiography and indocyanine-green angiography performed at the same patient encounter with interpretation and report, unilateral or bilateral.**

Wound Care

- **97602** This code has been revised to include larval therapy. This is otherwise referred to as maggot therapy.
- **97602** Removal of devitalized tissue from wounds, non-selective debridement without anesthesia (example: wet-to-moist dressings, enzymatic, abrasion, larval therapy) including topical applications, wound assessment, and instructions for on going care, per session.

Claim Denials

- **Lack of Documentation is the #1 reason for Claims Denials**
- **Providers can fix that by documenting the following:**
 - **History of illness from onset to decision for the surgery**
 - **Prior courses of treatment and results**
 - **Current symptoms and functional limitations**
 - **Physical exam detailing objective findings supporting history of illness**
 - **Results of any special tests**

Resources

- **American Academy of Professional Coders**
- **ICD-10-CM book**
- **CPT Book**
- **American Academy of Pediatrics**
- **Intelicode**
- **CMS-(Centers for Medicare and Medicaid Services)**
- **CDC-(Center for Disease Control and Prevention)**