Coding TB

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Overview

- ICD-10, CPT and HCPCS codes
- New Guidelines and Documentation
- Coding disease, Non- disease and symptoms
- Coding Office Visit, LTBI, Telehealth and DOT

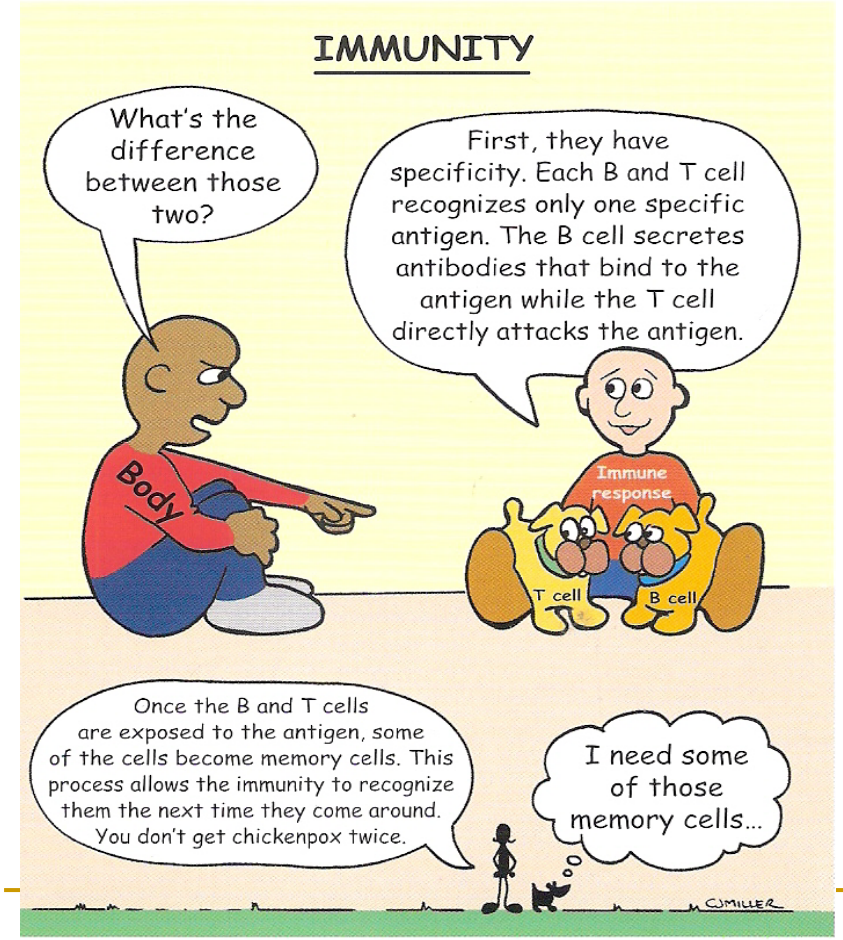
San Diego County TB Control and Refugee Health

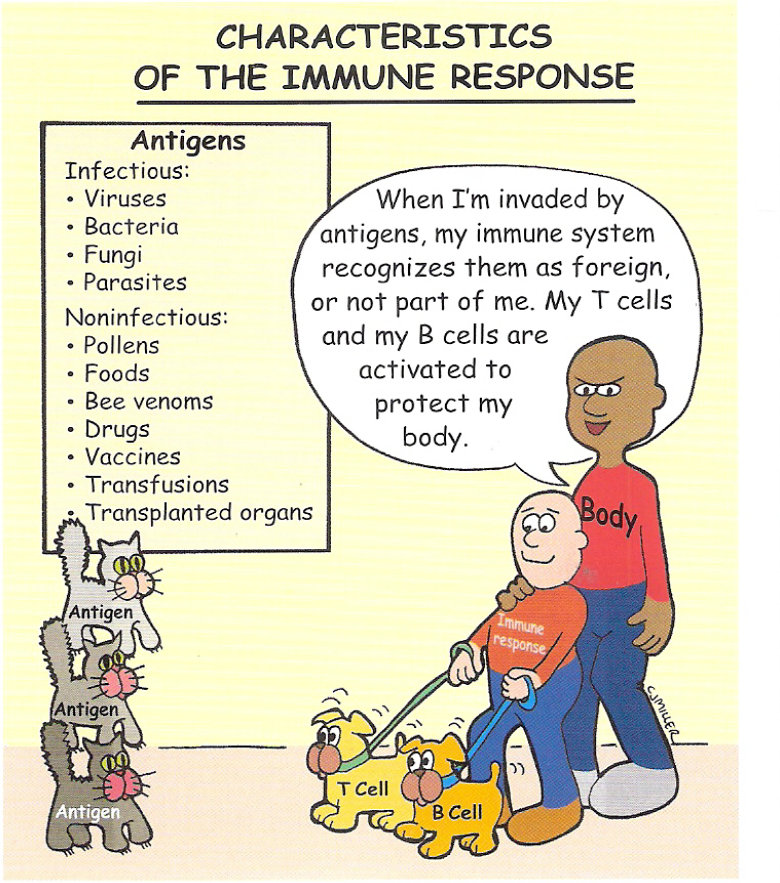
San Diego County TB Control

- Free-standing, full-service clinic primarily focus on TB testing and treatment.
- 1 main clinic and 4 regional clinics
- In-house/building laboratory and
- In-clinic x-ray and x-ray mobile van
- 89 staff members including providers,
- PHN is work as the case manager
- Do not have hospital affiliation.

How TB spread?

Cell-mediated immune response





Snapshot of Value Base Care

- Started on 2010 Affordable Care Act (ACA)
- Enacted by 111th United States Congress
- Otherwise known as Obama Care
- The goal is
    a. Expand healthcare insurance coverage
    b. Lower healthcare cost
    c. Improve healthcare quality
    d. It also expand Medi-aid eligibility

Medical Coding…

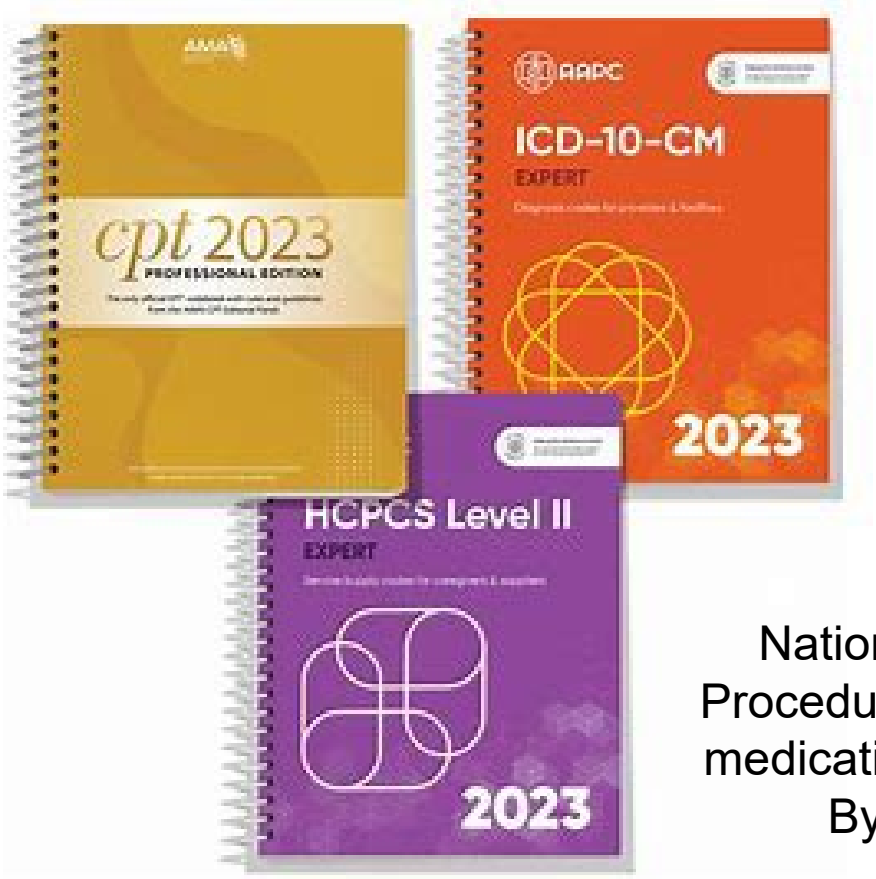
- Complex and challenging
- Thousands of conditions, diseases, injuries and other services performed by providers
- Coding classify these for easier reporting and tracking
- It standardized the language and presentation to make it easier to understand, tracked and modified.

Coding and Revenue?

- Backbone of the healthcare revenue cycle.
- It ensured payers and patients reimburse providers for services delivered.
- It translate a patient encounter into the languages used for claims submission and reimbursement
- It Involves extracting information from medical record and clinic documentation *(includes review and analysis)*
- It is the transformation of diagnosis, procedure and medical services to universal alpha numeric codes.
- It takes place when a patient was discharge or leaves the office.

Sources, Tools and References

CPT – Procedure codes by AMA



ICD-10-CM Diagnosis codes Outpatient By WHO

HCPCS
National procedure code
Procedure, supplies, devices, medication and transportation
By CMS and AMA

Source, Tools and References

CPT vs HCPCS

CPT

- 5-digit numeric code
- Inpatient and outpatient
- Report medical procedure and services
- Develop and owned by AMA

HCPCS

- 4-5 Alphanumeric code
- Inpatient and outpatient
- Procedure, services, supplies, devices, drugs and transportation
- Created by CMS for Medicare and Medicaid
- Maintained by AMA and CMS

Source, Tools and References

Superbill, Chargemaster and Cheat sheet **(see handout)**

Superbill

- Demographic, procedure &other services
- Diagnosis, billing codes

Chargemaster

- A comprehensive list of service cost and Medi-Cal service rates;
- Use as reference to make changes billing rates

Provider cheat sheet

- List of services, from screening to X-ray, list do not include OV
- Applicable diagnosis are listed in every line to complement the procedure codes.
- Rules are noted with explanation
- Cheat sheet examples: Skin test and X-ray

Documentation

What and Why is it important?

- It is the record pertinent facts, findings, and observations about an individual's health history.
- It includes past and present illnesses, examinations, tests, treatments, and outcomes.
- It reduces many of the hassles associated with claims processing
- May serve as a legal document to verify the care provided.

Documentation

What and Why is it important?

CMS provide guidelines

- Patient's records are complete and legible.
- Demographic informations accurate.
- Patient's past and present diagnosis is documented.
- Progress, response to, changes in treatment and revision of diagnosis is documented.
- Health risk factor is identified.
- Every page are authenticated.
- Requires wet signature.

Visit the *Center for Medicare and Medicaid Services CMS (CERT)*

Universal Guidelines

Medical Necessity

- It refers to appropriateness of service and supplies provided.
- It is described as care that is reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.
- it is an act that is unavoidable.

Universal Guidelines

Medical Necessity

Medical Necessity drive code selection

- Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.

- *Note - It will not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted.

Universal Guidelines

Medical Necessity

Medical necessity drive code selection

- Note - The volume of documentation should not be the primary influence upon which a specific level of service is billed. It should support the level of service reported.

- Note -The service should be documented during, or as soon as practicable after it is provided to maintain an accurate medical record.

Coding

Evaluation and Management

(See handout for coding guidelines)

- Chief Complaint
- New Patient and Established Patient
  - ✓ Seven Components
  - ✓ 3 key Components, HPI, Exam, MDM
- Changes in 2021
  - ✓ Medical Decision Making (MDM)
  - ✓ Time
- Billable time –with patient (not administrative task)

Coding TB

(See coding handout)

- Screening TB
  - ✓ Procedure
  - ✓ Diagnosis
- Active TB, Initial and recurring
  - ✓ Procedure
  - ✓ Diagnosis
  - ✓ MDR codes
- LTBI, Initial and recurring
  - ✓ Procedure
  - ✓ Diagnosis
- DOT (UB04 or CMS1450)
  - ✓ Procedure H0033
  - ✓ Diagnosis A15 – A19.9

Telehealth

(See handout for telehealth)

- Telehealth (last updated, January 2023)
- Documentation requirements
- Providers should also note the following:

  "Medi-Cal service or benefit being delivered via telehealth meets the procedural definition and components of the CPT or HCPCS code(s) as well as any other requirements described in this section of the Medi-Cal provider manual".

  e.g., H0033 – Oral medication administration - direct observation
- Consent

Telehealth

Reimbursable Telehealth Service

Telehealth modality are reimbursable when billed

- Modifier 95 Provided via synchronous, inter- active audio and visual telecommunications systems
- Modifier 93 Provided via synchronous telephone or other real-time interactive **audio-only** telecommunications systems
- Modifier GQ Provided via asynchronous store and forward telecommunications systems

**Modifier should be attached to Evaluation and Management codes*

Final thought…

Create a culture of compliance.

"Just because your competitor is doing something doesn't mean you can or should."

When in doubt, ask question or for help.

Source: *Office of inspector general*
Healthcare fraud prevention and enforcement action team (HEAT)