ANO REVENUE CYCLE MANAGEMENT MONTHLY NEWSLETTER

September 2023

CODING HIGHLIGHT

Pneumococcal Vaccine

CPT codes:

90732: Pneumococcal polysaccharide vaccine, 23 valent, for adults or immunosuppressed patients. Administered intramuscularly or subcutaneously.

HCPCS code G0009 for Medicare patients.

ICD10 to use – Z23: Encounter for immunization.

Flu season is fast approaching, make sure if you are administering a Flu vaccine that it is documented and identified for billing. The Flue CPT code will be based on the NDC # of the vaccine you purchased.

"Many women fear the word 'menopause', so I prefer to call it Puberty, Part II."

Monthlu humor

Q&A

Q: When will the new ICD10 codes become effective?
A: New codes, revisions and deleted codes become effective October 1, 2023.

Q: What changes are being made for ICD-10-CM's in 2024?
A: ICD-10-CM code set for fiscal year 2024 will add over 390 new codes, delete 25 current codes and revise 22 codes. New codes are added to identify known conditions with improved specificity.

Do you have a question you would like answered? Send us your questions at info@ano-rcm.com

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"Whatever the mind can conceive and believe, the mind can achieve." ~ Napoleon Hill

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WHEN TO USE MODIFIER QW:

If a lab has a certificate of waiver, then modifier QW is mandatory for procedures listed on the CMS waived list, with a few exceptions. The following codes do not require modifier QW:

- 81002 – Urinalysis, by dip stick or tablet

- 81025 – Urine pregnancy test

- 82270 – Blood, occult, by peroxidase activity, single determination

- 82272 - Blood, occult, by peroxidase activity, 1 - 3 determinations

- 82962 – Glucose, blood by glucose monitoring device

- 83026 – Hemoglobin; by copper sulfate method

- 84830 – Ovulation tests, by visual color comparison

- 85013 – Blood count; spun microhematocrit

- 85651 – Sedimentation rate

**AAPC: Healthcare Business Monthly; September 2023 issue; *When to Use Modifier QW*

WELL VISIT AND SICK VISITS

Are you able to bill a *preventive* visit with a *sick* visit? YES! If an abnormality is discovered or a preexisting problem is addressed, which requires additional work and is significant, then you can code both. If the preexisting problem or abnormality does not require additional work, then you cannot code for both.

If the abnormality or preexisting problem required additional work then remember to code the well visit with a Z code to indicate *Encounter for routine exam with abnormal findings*.

Make sure to informaiton your patients that due to addressing the preexisting problem or discovering another issue, that you will be coding the visit as a sick visit and not just a wellness visit. A sick visit can trigger the patient to owe a copay for the visits and you do not want any surprises for your patients.

Sick visit vs Wellness visits

**AAPC: Healthcare Business Monthly; September 2022 issue; *Can You Code well and Sick Visits Together?*

BILLING UNDER ANOTHER PROVIDER'S CREDENTIALS

Many practices hire new providers and have them start prior to being fully credentialed and contracted with the required insuance companies. The misconception with this situation is, practices are under the impression they can have the new provider see patients and bill under a fully credentialed provider within the practice. This is inaccurate information and can cause potential issues for the practice. This type of billing is considered to be Fruadulant billing. Fraud is the intentional deception of the healthcare system to receive unlawful benefits or payments.

There are some situations when a provider can bill for their services under another providers credentials. However, intentionally billing services rendered by an 'Uncredentialed' provider under a credentialed provider will probably not apply.

- **Incident-to services**
- **Locum Tenens agreements**
- **Reciprocal billing**

To avoid potential issue such as this, start your credentialing process before their start date. Credentialing can be a lengthy process, with some insurance companies now taking up to 120 days. If your new provider is not fully credentialed on their first day utilize your provider in other areas:

- **Perform services that are not billable** –Postoperative care that is within the global period, peer-to-peer authorization reviews, talking through test results with patients, prescription renewal phone calls.
- **Out of Network** – Inform your patients that you have a new provider, but they are out of network with their insurance company at this time. Let the patient decide if they want to see an out of network provider.
- **In Network** – Schedule patients that have the credentialed insurance plans with the new provider.
- **Self-Pay** – Allow the new provider to see the self-pay patients.
- **Retroactive Participation** – Some insurance companies will allow retroactive participation. Schedule patients with these types of insurances with the new provider.

The OIG explains: "Because the Government invests so much trust in physicians on the front end, Congress provided powerful criminal, civil, and administrative enforcement tools for instances when unscrupulous providers abuse that trust. The Government has broad capabilities to audit claims and investigate providers when it has a reason to suspect fraud.

Suspicion of fraud and abuse may be raised by irregular billing patterns or reports from others, including your staff, competitors, and patients."

**AAPC: Healthcare Business Monthly; September 2023 issue; *Billing Encounters Under Another Physicians's Credentials*

DEMENTIA CODING

In 2023 ICD-10-CM codes representing dementia were finally expanded. Dementia is a term that covers several different diseases associated with memory loss that deteriorates over time. The most common is Alzheimer's disease, with vascular dementia a close second. Some symptoms that change over time with the severity of the disease are; anxiety, agitation, psychotic, behavioral, and mood disturbances. Severity is classified as unspecified, mild, moderate and severe. Each level of severity consist of codes that represent specific symptoms. They also code for patients without any symptoms.

Behavioral symptoms and definitions provided through ICD-10-CM

- Agitation: restlessness, rocking, anger, violence, shouting, pacing, aggression, exit-seeking, profanity, threatening, or combativeness.
- Behavioral disturbance: social disinhibition, sleep disturbance, or sexual disinhibition.
- Psychotic disturbance: suspiciousness, hallucinations, delusional state, or paranoia.
- Anxiety: as stated
- Mood disturbance: apathy, anhedonia, or depression

Dementia Diagnosis Coding Tables for 2023

Vascular Dementia (F01.-)

Symptoms		Unspecified	Mild	Moderate	Severe
	Without any symptoms	F01.50	F01.A0	F01.B0	F01.C0
	With agitation	F01.511	F01.A11	F01.B11	F01.C11
	*With other behavioral disturbance	F01.518	F01.A18	F01.B18	F01.C8
	With psychotic disturbance	F01.52	F01.A2	F01.B2	F01.C2
	With mood disturbance	F01.53	F01.A3	F01.B3	F01.C3
	With anxiety	F01.54	F01.A4	F01.B4	F01.C4
	* Wandering Z91.83				

Dementia in Other Diseases Classified Elsewhere (F02.-)

Symptoms		Unspecified	Mild	Moderate	Severe
	Without any symptoms	F02.80	F02.A0	F02.B0	F02.C0
	With agitation	F02.811	F02.A11	F02.B11	F02.C11
	*With other behavioral disturbance	F02.818	F02.A18	F02.B18	F02.C18
	With psychotic disturbance	F02.82	F02.A2	F02.B2	F02.C2
	With mood disturbance	F02.83	F02.A3	F02.B3	F02.C3
	With anxiety	F02.84	F02.A4	F02.B4	F02.C4
	* Wandering Z91.83				

Unspecified Dementia (F03.-)

Symptoms		Unspecified	Mild	Moderate	Severe
	Without any symptoms	F03.90	F03.A0	F03.B0	F03.C0
	With agitation	F03.911	F03.A11	F03.B11	F03.C11
	*With other behavioral disturbance	F03.918	F03.A18	F03.B18	F03.C18
	With psychotic disturbance	F03.92	F03.A2	F03.B2	F03.C2
	With mood disturbance	F03.93	F03.A3	F03.B3	F03.C3
	With anxiety	F03.94	F03.A4	F03.B4	F03.C4
	* Wandering Z91.83				

The patient's record must support the level of severity and symptoms reported.

**AAPC: Healthcare Business Monthly; Juse 2023 issue; *Clear Up Dementia Coding Confusion*

If you have any questions or would like a specific code highlighted in our next newsletter, please send those requests to info@ano-rcm.com.