



# Coding and Documentation 2009 Update

**Presented by Healthcare Services Group**



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and CONSULTANTS



# Overview of Topics

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- 2009 Diagnosis Code Changes
- 2009 CPT Code Changes
- Hospital Acquired Conditions (HAC) & Present on Admission (POA) Indicator Reporting
- Preparing for the RACs
- Top 10 RAC/OIG Targets
- Office of Inspector General (OIG) Work Plan



# 2009 Diagnosis Code Changes

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## 435 New Diagnosis Codes Effective 10/1/08

- Primary Diagnosis Codes
- Additional Digits Required
- Manifestation Codes
  - Not allowed to be reported as a primary diagnosis
  - Describes a manifestation of some other underlying disease, not the disease itself
- Other Specified Codes
  - "Other" or "Not Elsewhere Classified"
- Unspecified Codes



# 2009 Diagnosis Code Changes

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- 60 Revised Diagnosis Codes
  - Majority of revisions are for:
    - Neoplasms – 28 changes 209.00 – 209.69
    - Nervous System/Sensory Organs – 15 changes
      - Migraine 346.00 – 346.91
      - Meniere's Disease 386.00 – 386.04
    - Skin/Subcutaneous Tissue – 9 changes
      - Pressure Ulcers 707.00 – 707.09



# 2009 Diagnosis Code Changes

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- 25 Deleted Diagnosis Codes
  - Commonly used diagnoses now deleted:
    - 599.7 – Hematuria
    - 780.6 – Fever
    - 788.9 – Other Symptoms Involving Urinary System
    - 997.3 – Respiratory Complications



# 2009 Diagnosis Code Changes

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- Updating Your Practice/Facility
  - Highlight changes that will affect your practice
    - New codes in the 249 category for secondary diabetes will likely be used with all specialties
  - Identify all electronic & paper documents that need coding changes
    - Create a checklist & timeline for updating all documents
    - Diagnosis Codes 10/1/08 – CPT Codes 1/1/09
      - Encounter forms
      - Practice management software
  - Physician Education
    - New codes often require adjustments in documentation
    - Create physician “cheat-sheet”



# 2009 Diagnosis Code Changes

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- **Infectious & Parasitic Diseases – 29 New**
  - Numerous “pox” viruses added
    - Cowpox 051.01
    - Monkeypox 059.01
    - Sealpox 059.12
- **Neoplasms – 81 New Codes**
  - Leukemia Codes (204.02 – 208.92) – 25 new codes
    - Type of Leukemia
    - Acute, Chronic, Subacute, Other, Unspecified
    - “In Relapse”
  - Malignant Carcinoid Tumors (209.0 – 209.29) – 24 new codes
  - Benign Carcinoid Tumors (209.4 – 209.69) – 24 new codes
    - Both malignant & benign are site specific



# 2009 Diagnosis Code Changes

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- **Endocrine, Nutritional and Metabolic, Immunity – 35 New Codes**
  - Secondary Diabetes Mellitus Codes – 31 New Codes
    - Secondary Diabetes Mellitus Codes
      - With/Without Complications
      - Controlled/Uncontrolled/Unspecified
    - Secondary Diabetes Mellitus Codes with Manifestations
- **Blood and Blood Forming Organs –1 New**
  - Heparin-Induced Thrombocytopenia (HIT) 289.84



# 2009 Diagnosis Code Changes

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- **Nervous System & Sense Organs – 80 New**
  - Headaches
    - Cluster headaches
    - Tension-type headaches
    - Post-traumatic headache
    - New daily persistent headache
    - Primary headaches
      - Thunderclap
      - Cough
      - Exertional
      - Stabbing
  - Migraines
    - With and Without Aura
    - Menstrual Migraine
    - Hemiplegic Migraine
    - Persistent Migraine Auras With Manifestations
    - Chronic Migraine
  - Retinopathy of Prematurity
    - Stages 0 – 5



# 2009 Diagnosis Code Changes

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- **Circulatory System – 1 New Code**
- **Respiratory System - 3 New Codes**
  - Methicillin Resistant Pneumonia Due To Staphylococcus aureus (MRSA)
- **Digestive System – 9 New Codes**
  - Eosinophilic esophagitis
  - Eosinophilic gastritis
  - Eosinophilic gastroenteritis
  - Eosinophilic colitis



# 2009 Diagnosis Code Changes

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- **Genitourinary System** – 14 New Codes
  - New Hematuria Codes
    - Gross hematuria
    - Microscopic Hematuria
    - Hematuria, Unspecified
  - Deformity/Disproportion of Reconstructed Breasts
- **Complications of Pregnancy, Childbirth and Puerperium** – 26 New Codes
  - Cervical Shortening Codes
  - Fetal Hematologic Conditions
  - Fetal Conjoined Twins
  - Maternal Complications from In Utero Procedures
  - Fetal Complications from In Utero Procedures



# 2009 Diagnosis Code Changes

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- **Skin and Subcutaneous Tissue – 25 New Codes**
  - Exfoliation Due to Erythematous Conditions
    - Percentage of Body Surface
  - Pressure Ulcers
    - Stages 1- 5
    - Unstageable
    - Unspecified
  - Pressure Ulcer Revisions
    - By Site
- **Musculoskeletal System & Connective Tissue – 7 New Codes**
  - Stress Fracture Codes
    - Femoral Neck
    - Shaft of Femur
    - Pelvis



# 2009 Diagnosis Code Changes

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- **Certain Conditions Originating in the Perinatal Period – 8 New Codes**
  - Newborn Affected By:
    - Amniocentesis
    - In Utero Procedure
    - Other Surgical Procedures on Mother
  - Necrotizing Enterocolitis in Newborn
    - Stages 1- 3
- **Symptoms, Signs and Ill-Defined Conditions – 30 New Codes**
  - Fever (780.6 Deleted)
    - Fever, Unspecified
    - Fever Presenting with Conditions Classified Elsewhere
    - Postprocedural Fever
    - Postvaccination Fever
  - Chills (Without Fever)
  - Abnormal Pap Smears/Cytology Smears – 17 Codes



# 2009 Diagnosis Code Changes

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- **Injury and Poisoning – 8 New Codes**
  - Ventilator Associated Pneumonia
  - Other Respiratory Complications
  - Disruption of Wound
  - Disruption of Traumatic Injury Wound Repair
  - Infusion / Transfusion Reaction
- **E Codes – 7 New Codes**
- **V Codes – 66 New Codes**
  - Carrier or Suspected Carrier of MRSA
  - Supervision of Other High Risk Pregnancy
  - Wheelchair Dependence
  - Other Aftercare Involving Use of Plastic Surgery
  - Family Disruption
  - Contact/Exposure to Hazardous Materials



# 2009 CPT CODE CHANGES

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CPT Changes Effective 1/1/09

136 New Codes

92 Deleted Codes

126 Revised Codes



# 2009 CPT CODE CHANGES

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## CPT Changes Effective 1/1/09

The 2009 CPT Code Book has added a LARGE amount of new and revised text which includes:

- Detailed text explaining new procedures with coding/billing guidelines
  - Highlighted in green throughout the CPT book
    - Description of procedures
    - Correct code to bill based on description
    - Modifier usage
    - Notations indicating deleted code and the new code to be reported



# 2009 CPT CODE CHANGES

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- Category III Codes – 8 New Codes; 22 Deleted
- Anesthesia – 2 New Codes
- Musculoskeletal – 6 New Codes; 2 Deleted Codes
  - Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer assisted adjustment – CPT codes 20696 & 20697
  - Total disc arthroscopy (artificial disc) – CPT code 22856
  - Revision including replacement of total disc arthroplasty
    - CPT code 22861
  - Removal of total disc arthroplasty – CPT 22864
  - Decompression fasciotomies – CPT codes 27027 & 27057
  - DELETED
    - Computer-assisted surgical navigational procedure for musculoskeletal procedures – CPT 20986 & 20987



# 2009 CPT CODE CHANGES

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- Cardiovascular – 4 New Codes
  - Bypass Graft
    - With Vein; hepatorenal – 35535
    - With Vein; tibial-tibial; peroneal-tibial or tibial/peroneal; trunk-tibial – 35570
    - With Other Than Vein; ilio-mesenteric – 35633
    - With Other Than Vein; iliorenal – 35634
- Digestive – 11 New Codes; 3 Deleted Codes
  - Destruction of Internal Hemorrhoids – 46930
    - Deleted 46934 - 46935
  - New Laparoscopy Codes 49652 - 49657



# 2009 CPT CODE CHANGES

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- Urinary System – 5 Deleted Codes
  - Transurethral Resection of Prostate
    - CPT codes 52606, 52612, 52614, 52620 & 53853
- Male Genital System – 1 New Code
- Nervous System – 10 New; 1 Deleted
  - Detailed text & coding guidelines for:
    - Stereotactic Radiosurgery (Cranial)
      - New Codes 61796 – 61800
    - Stereotactic Radiosurgery (Spinal)
      - New Codes 63620 & 63621
- Eye & Ocular Adnexa – 2 New Codes



# 2009 CPT CODE CHANGES

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## Radiology –

- Radiation Oncology – 6 Deleted Codes
  - CPT Codes 77781 – 77784
- Nuclear Medicine – 4 New Codes
  - New Code 78808
    - Injection Procedure for Radiopharmaceutical Localization by Non-Imaging Probe Study (i.e. parathyroid adenoma)
  - Deleted Codes 78890 & 78891
    - Previously described the components of computer processing required for nuclear medicine procedures
    - Now included directly in the 78000 codes
- Pathology & Lab – 7 New Codes; 1 Deleted



# 2009 CPT CODE CHANGES

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- Medicine – Infusion – 15 New; 15 Deleted
  - Deleted Intravenous Infusion Codes
    - CPT Codes 90760 – 90779
  - New Headings
    - Hydration – Detailed text
      - New Intravenous Infusion Codes
        - CPT Codes 96360 – 96361
    - Therapeutic, Prophylactic & Diagnostic Injections and Infusions (Excludes Chemotherapy & Other Highly Complex Drug or Highly Complex Biologic Agent Administration)
      - Detailed Text explaining services
        - CPT Codes
        - 96365 - 96379



# 2009 CPT CODE CHANGES

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- Medicine – Dialysis – 20 New; 8 Deleted
  - Dialysis
    - Deleted Codes 90918 – 90925
  - New Heading
    - End-Stage Renal Disease Services
      - Detailed text and coding guidelines
      - New Codes
        - CPT Codes 90951 – 90970 – categorized by:
          - Patient's Age
          - Face-to-Face Physician Visits
          - Place of Service
          - Monthly vs. Less Than a Full Month Services
  - Gastroenterology – 1 Deleted Code



# 2009 CPT CODE CHANGES

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- Medicine –
  - Cardiovascular Device Monitoring – Implantable & Wearable Devices – 26 New Codes
    - VERY Detailed Text and Guidelines for:
      - Attended Surveillance
      - Device – Single, Dual or Multiple Lead
      - Electrocardiographic Rhythm Derived
      - Implantable Cardiovascular Monitor (ICM)
      - Implantable Cardioverter-Defibrillator (ICD)
      - Implantable Loop Recorder (ILR)
      - Interrogation Device Evaluation (in person)
        - Pacemaker
        - Implantable cardioverter-defibrillator
        - Implantable cardiovascular monitor
        - Implantable loop recorder



# 2009 CPT CODE CHANGES

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- Medicine –
  - Cardiovascular Device Monitoring – Implantable & Wearable Devices, continued:
    - VERY Detailed Text and Guidelines for:
      - Pacemaker
      - Peri-Procedural Device Evaluation & Programming
      - Physiologic Cardiovascular Data Elements
      - Programming Device Evaluation
    - New Codes – CPT 93228 – 93299



# 2009 CPT CODE CHANGES

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- Medicine –
  - Echocardiography
    - Very Detailed Text and Guidelines
      - New Code – 93306
  - Transesophageal Echocardiography (TEE)
    - New Codes 93351 – 93352
  - Non-Invasive Vascular Diagnostic Studies
    - 12 Deleted Codes
      - 93727; 93731- 93736; 93741 – 93744 & 93760 – 93762



# 2009 CPT CODE CHANGES

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- Evaluation & Management
  - Critical Care Services –
    - **Detailed Text & Guidelines**
  - Deleted Pediatric Critical Care (CC) Codes –
    - 99289 & 99290
  - Deleted Pediatric CC Codes – 99293 & 99294
    - Initial & Subsequent Inpatient (IP) CC
      - Patient 29 Days through 24 months
  - Deleted Neonatal CC Codes – 99295 – 99296;
    - NEW CODES 99466 - 99467
  - Deleted Neonatal Intensive Care – 99298 – 99300



# 2009 CPT CODE CHANGES

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- Evaluation & Management
  - Deleted Newborn (NB) Care
    - History & Exam – 99431 & 99435
    - Normal NB Care - 99432 –
      - NEW INITIAL CARE CODES – 99460,99461 & 99464
    - Subsequent Hospital NB Care – 99433 – NEW SUBSEQUENT CODE 99462
    - ATTENDANCE AT DELIVERY – 99436 - NEW Code 99464
      - **Highly utilized code now deleted**
    - Newborn Resuscitation – 99440 – NEW CODE 99465

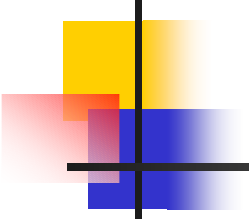


# 2009 CPT CODE CHANGES

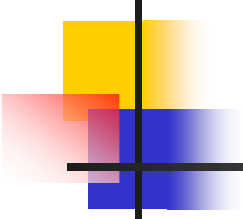
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- Evaluation & Management
  - Inpatient (IP) Neonatal Critical Care
    - New Codes (28 days of age or less)
      - Initial – 99468; Subsequent 99469
  - IP Pediatric Critical Care
    - New Codes (Through 24 Months of Age)
      - Initial – 99471; Subsequent 99472
  - IP Pediatric Care
    - New Codes (2 years through 5 years of age)
      - Initial - 99275; Subsequent 99476
  - Subsequent Intensive Care Per Day – New
    - Body Weight Less Than 1500 grams – 99478
    - Body Weight of 1500 - 2500 grams – 99479
    - Body Weight of 2501 – 5000 grams - 99490

# Hospital-Acquired Conditions (HAC) & Present On Admission (POA) Indicator Reporting

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- Payment Adjustment for Certain Hospital-Acquired Conditions
    - Hospital Acquired Conditions
      - Are High Cost or High Volume or Both
      - Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis
      - Could reasonably have been prevented through the application of evidence-based guidelines
    - Discharges on or after 10/1/08
      - IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (i.e. was not present on admission)
      - Case would be paid as though the secondary diagnosis were not present

# Hospital-Acquired Conditions (HAC) & Present On Admission (POA) Indicator Reporting

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- Hospital-Acquired Conditions
    - Foreign Object Retained After Surgery
    - Air Embolism
    - Blood Incompatibility
    - Pressure Ulcer Stages III & IV
    - Falls & Trauma
    - Catheter-Associated Urinary Tract Infection
    - Vascular Catheter-Associated Infection
    - Manifestations of Poor Glycemic Control
    - Surgical Site Infection Following
      - Coronary Artery Bypass Graft (CABG)
      - Orthopedic Procedures
      - Bariatric Surgery
    - Deep Vein Thrombosis & Pulmonary Embolism Following Certain Orthopedic Procedures



# Preparing for the RACs

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- Identify Risk Areas
  - Inpatient
    - Surgical Procedures in Wrong Setting
    - Excisional Debridement
    - IRF Services Following Joint Replacement Surgery
    - Cardiac Defibrillator Implant in Wrong Setting
    - Treatment for Heart Failure & Shock in Wrong Setting
    - Respiratory System Diagnoses with Ventilator Support
    - Extensive OR Procedures Unrelated to Principal Dx
    - DRG Changes Due to Wrong Dx Code or Principal Assignment
    - DRG Changes Due to Wrong Procedure Code(s)



# Preparing for the RACs

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- Identify Risk Areas
  - Outpatient
    - Speech-Language Pathology Services
    - Infusion Services
    - Colonoscopies
  - Physician
    - Pharmaceutical Injectables
    - Vestibular Function Testing
    - Duplicate Claims



# Preparing for the RACs

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- Implement DRG audits
  - Monitor upcoding/downcoding
- Assign a nurse auditor to review medical necessity & other identified high-risk areas
- Billing Compliance
  - Review bill error/correction reports
  - Review incorrect units billed
- Pharmacy/Ancillary Charges in Chargemaster
  - Verify units of service
  - Verify correct dosages



# Top 10 RAC & OIG Targets

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- Incident-to Errors
  - PA's & NP's not following billing guidelines related to the physician's presence in the office
- Place of Service Errors
  - Physicians billing a place of service code for the physician's office when services were performed in an ASC or outpatient facility for higher reimbursement
- E/M Billed During Global Period
  - Utilizing modifier -24 when service should have been included in global surgical package



# Top 10 RAC & OIG Targets

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- Medical Necessity
  - Documentation not supporting the level of service provided
- Psychiatric Services
  - Overutilization of outpatient psychiatric services
- Social Worker Services in Facilities
  - Providing services for inpatient hospital or skilled nursing facilities that cannot be billed under Part B



# Top 10 RAC & OIG Targets

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- Pharmaceutical Coding in Physician Offices
  - Incorrect use of codes or units for injections
- Stark Violations
  - Physicians referring patients to services that they or a family member have a financial interest
- Duplicate Billing
- Debridement Coding
  - Errors in coding surgical debridement vs. active wound care management



# Office of Inspector General (OIG) Physician Work Plan

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## Physician OIG Work Plan for 2009

- Medicare Payments for Colonoscopy Services
  - A colonoscopy may include biopsies to remove polyps, tumors, or other lesions
  - Consultations/office visits may also be required
  - OIG to determine if colonoscopy was properly supported, billed & paid in accordance with Medicare requirements



# Office of Inspector General (OIG) Physician Work Plan

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- Outpatient Physical Therapy Services Provided by Independent Therapists
  - Focusing on independent therapists that have a high utilization rate for outpatient therapy services
    - Review that services were medically necessary & properly documented
- Medicare Payments for Unlisted Procedure Codes
  - Review provider usage of unlisted procedure codes
    - Subject to individual review and manual pricing



# Office of Inspector General (OIG) Physician Work Plan

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- Medicare Billings with Modifier –GY
  - -GY Modifier
    - Services not covered by Medicare
    - Medicare beneficiaries are acquiring large medical bills that they are responsible for paying
    - OIG examining patterns & trends for physicians & suppliers utilizing modifier -GY



# Office of Inspector General (OIG) Hospital Work Plan

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## Hospital OIG Work Plan for 2009

- Reliability of Hospital-Reported Quality Measure Data
  - Will review hospitals' controls for ensuring accuracy of data related to quality of care that they submit to CMS for Medicare reimbursement
  - Will determine whether hospitals have implemented sufficient controls to ensure their quality measurement data is valid



# Office of Inspector General (OIG) Hospital Work Plan

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- Provider Bad Debts
  - Will determine whether bad debt payments were appropriate under Medicare regulations
  - Will determine if recoveries of prior year writeoffs were properly used to reduce the cost of beneficiary services for the period in which the recoveries were made
- Coding & Documentation Changes Under the MS-DRG System
  - Will examine coding trends & patterns under the new system to determine whether certain MS-DRG's are vulnerable to potential upcoding



# Office of Inspector General (OIG) Hospital Work Plan

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- Serious Medical Errors (“Never Events”)
  - Will review hospitals’ compliance with CMS requirements by identifying several hospital-acquired conditions using the Present on Admission coding system



# Contact Information

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