



# **STATE OF TENNESSEE**

## **PCMH AND THL WEBINAR**

**Coding Errors**

**04/27/2020**

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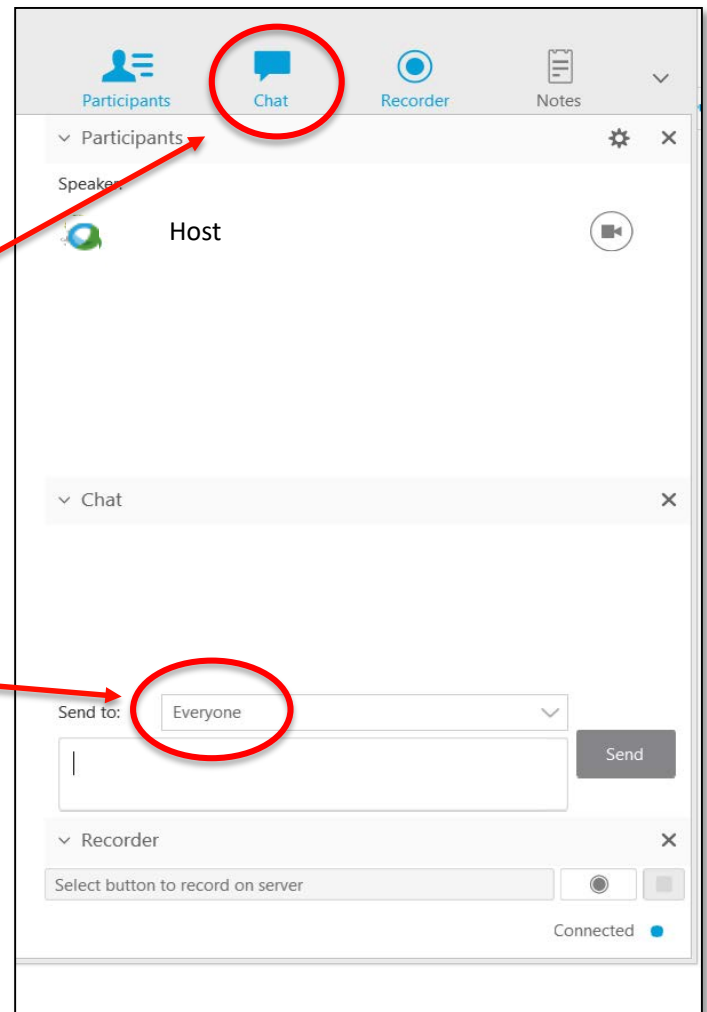


Lori has 20 years of experience working in the business side of medicine. Lori began her career in patient accounts and then moved into billing and coding for a multi-specialty clinic. She was eventually promoted to Billing Supervisor and then to Compliance Officer, where she wrote, maintained and trained employees and providers on fraud and abuse. In 2015, Lori received her MBA from Quincy University in Quincy, IL. Lori has traveled the country educating coders and physicians on complex coding topics such as Hem/Onc and E/M guidelines. Lori is the Member Relations Officer for the AAPC National Advisory Board, an active member of her local AAPC Chapter, and is a Regional Director for AAPC Services.

# Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the **chat box** function
- Select "Everyone" and enter your question or comment
- This will also be used during all Q&A portions of the presentation



# Disclaimer

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# Agenda

- Common claims errors
- Common E/M coding errors
- Common CPT/HCPCS II coding errors
- Common ICD-10 CM coding errors
- CAT II Codes (Quality Measures)
- FAQs
- Q&A

# Why look at common errors?

Incomplete or  
Inaccurate  
documentation

Coding errors

Billing errors

Inaccurate  
payment or Non-  
Compliance with  
program  
requirements

# Claims errors

- Timely filing
- Insufficient or no documentation
- Missing signatures
- Cloning and/or mis-use of templates
- Clerical/data entry errors (truncated ICD/deleted CPT/or simple transpositions)

# Evaluation and Management including EPSDT



# Evaluation and Management (EM)

- Correct level of service
- New vs. Established patient
- Sick visit with preventive
- Sports Physicals

# Is EPSDT the same as CPT's Comprehensive Preventive Medicine Codes?

1. Comprehensive Health History
2. Comprehensive Physical Exam
3. Vision and Hearing Screening
4. Laboratory Screening/ Procedures
5. Immunizations
6. Developmental Screenings
7. Health Education/ Anticipatory Guidance

# Let's Compare CPT© PM and EPSDT

## CPT

1. Age and gender appropriate history
2. Examination
3. Counseling/anticipatory guidance/risk factor reduction interventions
4. Ordering of laboratory/diagnostic procedures

## EPSDT

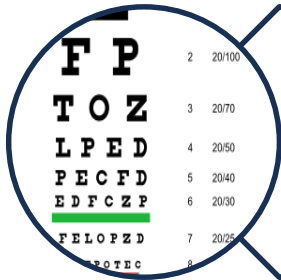
1. Comprehensive Health History
2. Comprehensive Physical Exam
3. Vision and Hearing Screening
4. Laboratory Screening/ Procedures
5. Immunizations
6. Developmental Screenings
7. Health Education/ Anticipatory Guidance

# CPT AND HCPCS II

# Most Common Office Procedure Errors



Administration code(s) omitted or  
F2F counseling is not documented



Hearing and/or Vision Screens not  
documented  
or  
Codes not reported



Billing units incorrectly counted

# Modifier Errors

## Modifier 25

- If Preventive and Sick done on same day, report 25 on sick visit
  - 99213-25
  - 99393
- If PM + OV + additional CPT, the modifier is appended to BOTH PM and OV
  - 99213-25
  - 99393-25
  - 90707
  - 90460
  - 90461 x2

## Modifier 59

- If health risk assessment is performed with developmental screening and/or emotional/behavioral Screen use the 59 on the health risk assessment code.
  - 99213-25
  - 99393-25
  - 90707
  - 90460
  - 90461 x2
  - 96127 x2
  - 96160-59

# Timed Services

Certain CPT codes are defined by time; often cannot be substantiated as no time is recorded.

## Examples:

95076 Ingestion challenge test; initial 120 minutes of testing  
+95079 each additional 60 minutes of testing

94780 Car seat testing for airway integrity; 60 minutes  
+94781 each additional full 30 minutes

# ICD-10-CM



# COMMON ERRORS

- Lack of specificity in acute visits may be due to
  - search engines
  - documentation
- Primary diagnosis unrelated to chief complaint
- Failure to include Z23 for immunization services
- Missing or Inaccurate Z codes for well visits /screenings

# Well-Child with or without Abnormal Findings

Z00.121 Encounter for routine child health examination with abnormal findings

Z00.129 Encounter for routine child health examination without abnormal findings

# Newly Released Covid-19 Codes

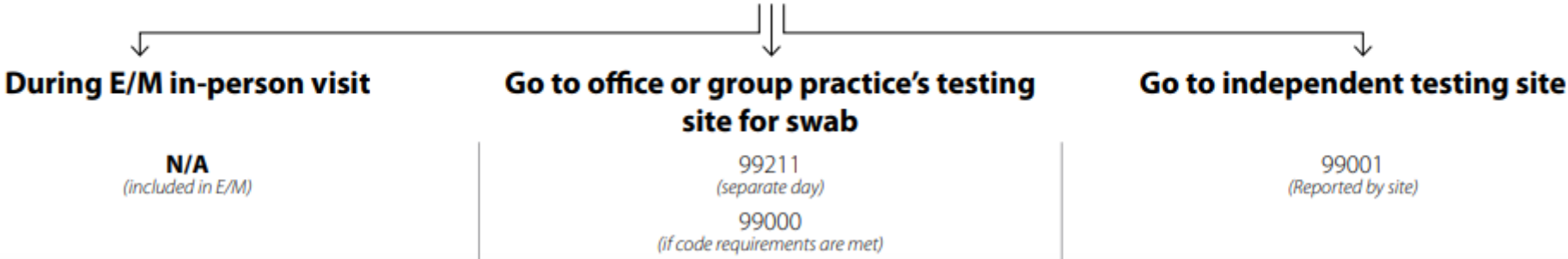
- ICD-10-CM - U07.1 (2019-nCoV acute respiratory disease)
  - Use additional code for manifestation
- CPT – 87635 (infectious agent detection by nucleic acid(SARS-2-CoV-2))
- CPT – 86328 (antibody tests using single step method immunoassay)
- CPT – 86769 (antibody tests using a multiple step method)
- HCPCS Level II - U0001 diagnostic panels (for CDC labs) and U0002 (for non-CDC labs)

## Where is the patient assessed?

In office		Telehealth* or telephone		Virtual check-in or online visit	
New patient	Established patient	New patient	Established patient	New patient	Established patient
99201	99212	99201*	<b>E/M:</b>	<b>Telephone:</b>	<b>N/A</b>
99202	99213	99202*	99212*	99441	99421
99203	99214	99203*	<i>(typical time 10 min.)</i>	<i>(5–10 min.)</i>	<i>(5–10 min.)</i>
99204	99215	99204*	99213*	99442	99422
99205		99205*	<i>(typical time 15 min.)</i>	<i>(11–20 min.)</i>	<i>(11–20 min.)</i>
			99214*	99443	99423
			<i>(typical time 25 min.)</i>	<i>(21–30 min.)</i>	<i>(21–30 min.)</i>
			99215*		G2010
			<i>(typical time 40 min.)</i>		<i>Remote images</i>
					G2012
					<i>Virtual check-in</i>

<https://www.ama-assn.org/system/files/2020-03/cpt-reporting-covid-19-testing.pdf>

## Where is the swab collected?



## Where is the test performed?



# CATEGORY II CODES

# Quality Metrics

- CPT II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT II codes are billed with a \$0.00 billable charge amount.

## TIPS:

- Be sure to know which codes represent the measures your program reports
- Keep connected to resources
  - <https://bluecare.bcbst.com/forms/MeasuresBooklet.pdf>
  - <https://www.tn.gov/health/cedep/immunization-program.html>
  - [https://www.tnaap.org/documents/epsdt chart documentation forms 11-11-2016.pdf](https://www.tnaap.org/documents/epsdt_chart_documentation_forms_11-11-2016.pdf)
  - <https://providers.amerigroup.com/pages/tn-2012.aspx>

# An Example - DM

Diabetes Care		
Measure	Description	Coding/Compliance Detail
<b>Comprehensive Diabetes Care (CDC)</b> <i>Ages 18-75 Years</i>	<p>Percentage of members with diabetes (Type I and Type 2) who had the following on a yearly basis:</p> <p><b>Blood Pressure Measurement</b></p> <ul style="list-style-type: none"> <li>• Latest documented blood pressure within the measurement year &lt;140/90</li> </ul> <p><b>HbA1c Control</b></p> <ul style="list-style-type: none"> <li>• Claim/ administrative report of most recent HbA1c result in measurement year with specific value greater than 9.0 percent (if no administrative evidence of testing in measurement year, control is recorded as &gt;9) <b>(lower rate indicates desired performance)</b></li> </ul> <p><b>Retinal Eye Exam</b></p> <ul style="list-style-type: none"> <li>• Eye professional comprehensive eye exam in the measurement year or medical record documentation of exam findings with result documented in the measurement year or year prior.</li> </ul>	<p><b>Diabetes</b></p> <p>Members identified using specified claims, encounter or pharmacy data documenting or indicating diabetes during the measurement year and/or the year prior to the measurement year</p> <p><b><u>BP Measurement</u></b></p> <p>Systolic Blood Pressure  <b>CPT Category II:</b></p> <ul style="list-style-type: none"> <li>• 3074F Most recent &lt;130</li> <li>• 3075F Most recent 130-139</li> <li>• 3077F Most recent ≥ 140</li> </ul> <p>Diastolic Blood Pressure  <b>CPT Category II:</b></p> <ul style="list-style-type: none"> <li>• 3078F Most recent &lt;80</li> <li>• 3079F Most recent 80-89</li> <li>• 3080F Most recent ≥ 90</li> </ul> <p><b><u>HbA1c Control</u></b></p> <p><b>CPT Category II:</b></p> <ul style="list-style-type: none"> <li>• 3044F Most recent &lt;7.0</li> <li>• 3045F Most recent 7.0-9.0</li> <li>• 3046F Most recent &gt;9.0</li> </ul> <p><b><u>Diabetic Retinal Screening</u></b></p> <p><b>CPT Category II:</b></p> <ul style="list-style-type: none"> <li>• 3072F Negative retinal screen in prior year</li> <li>• 2022F Dilated retinal exam interpreted by ophthalmologist or optometrist documented and reviewed</li> <li>• 2024F Documented and reviewed — Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist</li> <li>• 2026F Documented and reviewed — Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results</li> </ul>



# An Example – Mental Health

<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b> <i>Ages 1 to 17 Years</i></p>	<p>Percentage of children and adolescents who had two or more of the same or different antipsychotic prescriptions on different dates of service during the measurement year</p> <p><b><u>Administrative Documentation:</u></b> Claims dispensing events, encounter and/or laboratory events during the measurement period</p>	<p>Metabolic testing must be at least one test for blood glucose or HbA1c <b>AND</b> at least one test for LDL-C or cholesterol during the measurement cycle</p> <p><b>Blood Glucose Tests:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</li> </ul> <p><b>HgA1c Tests:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 83036, 83037</li> <li>• <b>CPT Category II:</b> 3044F, 3045F, 3046F</li> <li>• <b>LOINC:</b> 17856-6, 4548-4, 4549-2</li> </ul> <p><b>Cholesterol Tests Other than LDL:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 82465, 83718, 84478</li> <li>• <b>LOINC:</b> 2085-9, 2093-3, 2571-8, 5932-9</li> </ul> <p><b>LDL Tests:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 80061, 83700, 83701, 83704, 83721</li> <li>• <b>CPT Category II:</b> 3048F, 3049F, 3050F</li> </ul>
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## Most Frequently Asked Questions

1. When can I bill an office visit on the same day as a procedure?
2. Can I do preventive visits via telehealth?
3. What is required for immunization counseling?
4. What are the changes that are coming for 2021?
5. How often should we be performing audits?
6. What is the difference between a virtual visit, and e-visit, and a telemedicine visit?
7. Is there a specific diagnosis we have to use for the telehealth visits?

## References

- <https://www.ama-assn.org/system/files/2020-03/cpt-reporting-covid-19-testing.pdf>
- <https://bluecare.bcbst.com/forms/MeasuresBooklet.pdf>
- <https://www.tn.gov/health/cedep/immunization-program.html>
- [https://www.tnaap.org/documents/epsdt\\_chart\\_documentation\\_forms\\_11-11-2016.pdf](https://www.tnaap.org/documents/epsdt_chart_documentation_forms_11-11-2016.pdf)
- <https://providers.amerigroup.com/pages/tn-2012.aspx>

**Thank you for your  
attention.**

**Questions?**



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