

Coding for Asthma

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Objectives

- Use appropriate codes for common outpatient asthma related conditions
- Demonstrate how to document and code common visits.



EBMS

Appropriate Coding vs Insurance Payor Coding

What is appropriate may or may not pay but it is the right thing to do

Code what you do

Coding is often state and payer specific



What to code

Diagnosis Codes communicate medical necessity to insurance payors for services

- Important to code most definitive diagnosis as primary
- Symptoms inherent in primary diagnosis should not be included
- Additional diagnoses should be coded to support level of care



Symptom Codes

- R06.02 Shortness of Breath
- R06.2 Wheezing
- R06.00 Dyspnea, unspecified
- R06.09 Other forms of dyspnea

- R06.03 Acute Respiratory Distress
(new 10/01/17)



ICD-10 Asthma Documentation

- **Document:**
 - Severity - mild, moderate, or severe
 - Persistence - intermittent or persistent
 - Level of exacerbation - uncomplicated, acute or status asthmaticus
 - Type - such as exercise-induced bronchospasm or cough variant asthma
 - External Causes - tobacco smoke exposure, or specific external environments to show cause and effect relationship



Slide 5

EBM5

is it still true that Medicaid does not pay but some others do?

Elizabeth Benton, M.D., 10/18/2017

ICD-10 Asthma Codes

- J45.20 **Mild intermittent** asthma, uncomplicated (NOS)
- J45.21 **Mild intermittent** asthma with (acute) exacerbation
- J45.22 **Mild intermittent** asthma with status asthmaticus
- J45.30 **Mild persistent** asthma uncomplicated (NOS)
- J45.31 **Mild persistent** asthma with (acute) exacerbation
- J45.32 **Mild persistent** asthma with status asthmaticus
- J45.40 **Moderate persistent** asthma, uncomplicated (NOS)
- J45.41 **Moderate persistent** asthma with (acute) exacerbation
- J45.42 **Moderate persistent** asthma with status asthmaticus
- J45.50 **Severe persistent** asthma, uncomplicated (NOS)
- J45.51 **Severe persistent** asthma with (acute) exacerbation
- J45.52 **Severe persistent** asthma with status asthmaticus



Other J45 codes

- J45.901 Unspecified asthma with (acute) exacerbation
- J45.902 Unspecified asthma with status asthmaticus
- J45.900 Unspecified asthma, uncomplicated (NOS)
- J45.990 Exercise Induced Bronchospasm
- J45.991 Cough Variant Asthma
- J45.998 Other asthma
- Avoid Reactive Airway Disease



External causes for J45 asthma codes

- Use additional code to identify:
 - Exposure to environmental tobacco smoke (Z77.22)
 - History of tobacco use (Z87.891)
 - Occupational exposure to tobacco smoke (Z57.31)
 - Tobacco use (Z72.0)



Case Documentation Examples

Inadequate

- 8-yr-old male with asthma presents with audible wheezing, O2 Sat 84% on room air. Parent reports home inhaler and nebulizer didn't help.

Appropriate

- 8-yr-old male with **mild intermittent** asthma presents with **status asthmaticus**. O2 Sat 84% on room air. Parent reports home inhaler and nebulizer didn't help. **Dad smokes near child.**

Documentation improvements for ICD-10: type, severity, exacerbation, complication, and precipitating factor



Physician Evaluation and Management (E/M) Services

Chief Complaint

- A CC is a concise statement that describes the symptom, problem, condition, diagnosis, or reason for the patient encounter.
- The CC is usually stated in the patient's own words.
- Required to support medical necessity



99214 Components Include 2 of 3 of following:

- Detailed History
 - HPI
 - ROS
 - PFSHx
- Detailed Physical Exam
- Medical Decision Making, Moderate Complexity



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Detailed history (all 3 areas)

HPI elements: location, quality, severity, timing, context, modifying factors, and associated signs and symptoms

- at least 4 elements for acute problems
(if exacerbation or changes) *OR*
- updates on at least 3 chronic/inactive problems
(if well controlled)

ROS

2-9 systems or body areas cough (Resp), sleep (General)

Pertinent PFSH

update on 1 element, response to previous medications?
did you start daycare?, any other family members
affected?, why didn't you respond to X?



99214 Components Include 2 of 3 of following:

- Detailed History
 - HPI
 - ROS
 - PFSHx
- Detailed Physical Exam
- Medical Decision Making, Moderate Complexity



Detailed physical exam (95 guidelines)

- Detailed -- an extended examination of the affected body area(s) and other symptomatic or related organ system(s).
- For example - ENT, Respiratory, Skin, Cardiovascular/Lymphatic/Immunologic



Detailed physical exam (97 guidelines)

At least 12 bulleted elements from at least 2 (to 7) body systems or body areas



99214 Components Include 2 of 3 of following:

- Detailed History
 - HPI
 - ROS
 - PSHx
- Detailed Physical Exam
- **Medical Decision Making, Moderate Complexity**



Medical decision making of moderate complexity

2 of 3 of the following

Diagnosis and management

- 1 established problem uncontrolled - *and*
- 1 established problem stable/controlled problems -*or*
- 3 established stable/controlled problems

Data

- obtain history from someone else (most patients) *and*
- order/review test

Risk (one)

- prescription drug management
- chronic illness which is worsening
- two stable chronic illnesses



99214 Components Include 2 of 3 of following:

- Detailed History
 - HPI
 - ROS
 - PFSHx
- Detailed Physical Exam
- **Medical Decision Making, Moderate Complexity**



Time Based Care



Reporting E/M Services Using “Time”

- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time by physician in the office or other outpatient setting).
- Include time
 - Obtaining history
 - Performing Examination
 - Counseling Patient



Reporting E/M Services Using “Time” (continued)

The extent of counseling and/or coordination of care must be documented in the medical record.



Time Based- Outpatient, *new*

- ❖ 99201 Self limited or minor problem, 10 min.
- ❖ 99202 low to moderate severity problem, 20 min.
- ❖ 99203 moderate severity problem, 30 min.
- ❖ 99204 moderate to high severity problem, 45 min.
- ❖ 99205 high severity problem, 60 min.

A new patient is one who has not received any professional services face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

- + Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided
- ❖ Indicates CPT allows as a telemedicine service
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Time Based- Outpatient, *established*

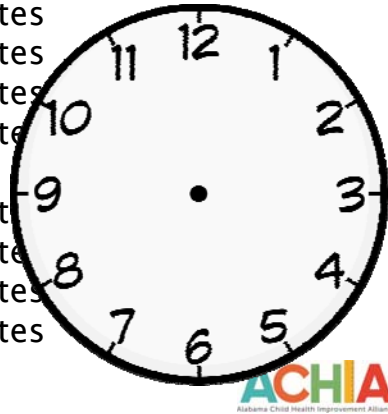
- ❖ 99212 low to moderate severity problem, 10 min.
- ❖ 99213 moderate severity problem, 15 min.
- ❖ 99214 moderate to high severity problem, 25 min.
- ❖ 99215 high severity problem, 40 min.

- + Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided
- ❖ Indicates CPT allows as a telemedicine service
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TIME BASED E/M CODE (closest to time)

- 99202 = 20 minutes
- 99203 = 30 minutes
- 99204 = 45 minutes
- 99205 = 60 minutes
- 99212 = 10 minutes
- 99213 = 15 minutes
- 99214 = 25 minutes
- 99215 = 40 minutes



ESTABLISHED
PATIENT

Consider Prolonged Service

99215
33+ min.

99212
7-13 min.

99213
13-20 min.

99214
21-32 min.



Time Example

- A physician sees an established patient in the office to discuss the current asthma treatment plan for the patient's child. The total face-to-face time is 25 minutes, of which 15 minutes was spent counseling the mom and patient. Because more than 50% of the total time was spent in counseling, the physician would report the E/M service based on time.
- The physician would report a **99214** instead of a **99213** because the total face-to-face time was closer to a **99214** (25 minutes) than a **99213** (15 minutes).



Added to E/M Codes

- **99050** Service when the office is normally closed
- **99051** Service in the office during regularly scheduled evening, weekend, or holiday office hours
- **99058** Service provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service



Preventive with Sick Visit

- Chronic condition does not change a preventive medicine visit to a problem-oriented visit; nor does it unilaterally support a separate problem-oriented evaluation and management (E/M) service (99201-99215) with the preventive visit.
- Exacerbation of the chronic condition that is significant and requires additional work will support additional sick visit.
- Modifier -25



Medicine Codes

- **94010** Spirometry
- **94060** Pre and Post spirometry
- **94640** Inhalation treatment
- **94664** Demonstration and/or evaluation



Documentation Required

- **94664** Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device.
- The documentation - include device demonstrated or observed, patient comprehension, accuracy and appropriateness of utilization, educational issues addressed, and patient response.



Modifiers

- 94060 94010 Cannot bill together
- Modifier 59 Required (Separate Procedure)
 - 94060 94640 - 59
 - 94060 94664 - 59
 - 94640 94664 - 59
- Modifier 25 Required
 - All E/M (office visit) codes 99201-99499 when billed with any pulmonary code 90410-94799



Billing for Medications and Supplies for Inhalation Treatments (94640)

- AL Medicaid
 - Medication and Supplies are not billable
 - BCBS-AL
 - Supplies are not billable, but medication may be billed separately using J7611-J627.
- For AL Medicaid and BCBS-AL if two or more treatments are performed, 94640 should be billed on one line with the appropriate units.
- Most Commercial Payors
 - 94640 billed on one line and each additional treatment billed another line with modifier 76



Pulse Oximetry

- ▶ **94760** Pulse oximetry; single
- ▶ **94761** Pulse oximetry; multiple

- ▶ Several Payors consider this global to E/M
- ▶ Not allowed by Medicaid and should be rejected if billed on claim



Peak Flow

- ▶ **S8110** Peak expiratory flow rate

Not all payors recognize S code
No CPT code for Peak Flow rate



Asthma Control Test

96160

- Administration and interpretation of health risk assessment instrument
- Validated Instrument



Coding Cases

Coding cases

Case 1:

23 month old male with URI symptoms
Cough, runny nose, no fever, but...

- Parents with "chronic bronchitis"
- Admitted once for RSV
- Steroids once this year for wheezing
- Coughs every night
- Wheezing on exam
- Had eczema at first few visits
- Start ICS



Coding cases

Case 2:

7 year old male with asthma, 1 month recheck

- Recently increased from step 2-3 therapy
- Now doing well
- Started baseball
- No wheezing episodes
- One URI, no Albuterol use
- Needs refill on meds
- Spirometry improved from previous exam



Coding cases

Case 3:

13 year old male, Health Supervision Visit and sports exam

- Plays soccer
- Long term asthmatic
- Well controlled for over last few months on Step 3 therapy
- No concerns, needs prescription



Coding cases

Case 4:

13 year old male, health supervision visit and sports exam

- Plays soccer
- Long term asthmatic
- On step 3 therapy for several years
- Wheezing and using albuterol daily
- Admits to not using therapy after questioning
- You restart therapy at step 3, arrange 2 week f/u



Coding cases

Case 5:

4 year old female with rash

- Winter rash only
- Behind knees bilaterally
- Cousin said it was ringworm

- But...
- Had been on ICS 1 year ago, no visits since
- On further questioning, coughs with exercise, wakes up every night coughing



Wrap Up

- Questions? Clarifications?
 - Discuss on monthly webinar
 - Email Cason Benton, MD, FAAP
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AAP Asthma Coding located in Practices
Resources for the Breathe Alabama 2018
Collaborative www.achia.org



**To complete the process for CME
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