March 2017 Agenda

- Coding Q&A
- March 2017 AAP Coding Newsletter
- PCC Release Highlights

Coding Question 1

“If a patient is seen at the hospital for an injury and follows up with our office, do we code that as Initial or Subsequent care?”
Episode of Care in ICD-10

- Initial
- Subsequent
- Sequela(e)

Initial Encounter
- 7th Character A
- Used while patient receiving active treatment

Subsequent Encounter
- 7th Character D
- Use for encounters after patient has received treatment. For receiving routine care during healing / recovery.
Sequela
● 7th Character S
● Resulting complications/conditions
● Use both injury code and code for sequela
● S added only to injury code
● Sequela sequenced first, followed by injury code

Episode of Care - Initial (A)
Frostbite
1) T33.012A Superficial frostbite of left ear
2) X37.2XXA Blizzard (snow)(ice)
   ● Wrap, antibiotics, whirlpool, return to office for recheck

Episode of Care - Subsequent (D)
Frostbite
1) T33.012D Superficial frostbite of left ear
2) X37.2XXD Blizzard (snow)(ice)
   ● Well healed, NO further treatment, NO return to office
Episode of Care - Sequela (S)
Frostbite
1) R20.2 Paresthesia of skin
2) T33.012S Superficial frostbite of left ear
3) X37.2XXS Blizzard (snow)(ice)
   • Numbness, tingling

Coding Question 2
"Is this visit a 99213 or a 99214?"

Coding Answer 2
It depends upon how sick the patient is. Medical Decision Making (MDM) is a good indicator
• Did you manage multiple problems?
• Do they need prescription meds?
• Did you order multiple kinds of studies?
  ○ Labs, tests, radiology
MDM Drives the Choice

99213 Low Complexity MDM
  • Likely to resolve itself; Unlikely to require much treatment

99214 Moderate Complexity MDM
  • Will take some more info to really be sure; Will require therapy other than comfort measures and/or OTCs

Coding Answer 2 (cont’d)

"Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT® code. It would not be medically necessary or appropriate to bill a higher level of E&M service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed." - CMS Manual System, Transmittal 3315, 08/06/15

March 2017 AAP Coding Newsletter

Access at PCCTalk
  • EHR Documentation
    o Know your output
      ■ Encounters must stand on their own
    o Contradictions
      ■ I see this personally
March 2017 AAP Coding Newsletter

Roadmap – Version 7.6

Deployment for PCC 7.6 will happen still later than planned:
- March 25-26 - Beta2
- General Deployment
  - April 1 - 2 - Green Team
  - April 8 - 9 - Blue Team
  - April 22 - 23 - Red Team

Roadmap – Version 7.6

Release Preparation:
- First Databank
  - Pre-registration steps (Don’t be confused by “7.5”)
  - PCC eRx Change Highlights
Roadmap – Version 7.6

Release Highlights:
- See your visit chart notes in pocketPCC
- Appointment Book support for Multi-provider, single-location practices
- New Reports for:
  - Visits by Billing status
  - Appointments with Orders
  - Immunization details

Roadmap – Version 7.7

SNOMED Updates are in v7.7 (planned release 5/21/17)
- Even more additions! Reviewing 3/1/17 Edition, too!
  - LOTS of syndromes, autosomal disorders
  - Disruptive mood dysregulation
  - Abrasion, cellulitis, pain body sites
  - Acute Conjunctivitis
  - Myringitis and otitis media
  - Difficulty with comprehension

The Pulse

Read the Pulse: PCC’s Newsfeed

http://learn.pcc.com/help/pulse/ and “News” link in PCC EHR (Blue = New)
What Questions Do You Have?

Next Coding Weblab:  
Tues, April 18  
2p EST

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