PCC CODING WEBLAB

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Control Your Fu

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?"





Coding Question 1

Episode of Care in ICD-10

- Initial
- Subsequent
- Sequela(e)





Coding Answer 1

Initial Encounter

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





Coding Answer 1 (cont'd)

Subsequent Encounter

- 7th Character D
- Use for encounters after patient has received treatment. For receiving routine care during healing / recovery.





Coding Answer 1 (cont'd)

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





Coding Answer 1 (cont'd)

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





Coding Answer 1 (cont'd)

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





Coding Answer 1 (cont'd)

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
 - Know your output
 - Encounters must stand on their own
 - Contradictions
 - I see this personally





March 2017 AAP Coding Newsletter

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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")
 - o 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:
 - o Visits by Billing status
 - o Appointments with Orders
 - o Immunization details





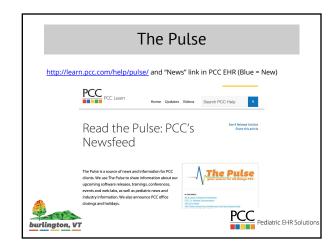
Roadmap – Version 7.7

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
 - o Abrasion, cellulitis, pain body sites
 - Acute Conjunctivitis
 - o Myringitis and otitis media
- Difficulty with comprehension







What Questions Do You Have?





Next Coding Weblab: Tues, April 18 2p EST





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PCC Control Your Future.

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