



Coffee With The Coder

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MEDICARE AND TDAP INJECTIONS

According to Novitas, our Medicare Administrator, vaccinations or inoculations are excluded as immunizations unless they are directly related to the treatment of injury.

To report the tetanus vaccine administered for the treatment of an injury, append modifier AT (acute treatment) to the code for the vaccine. Claims submitted without modifier AT will be denied.

In the absence of injury, preventive immunization is not covered. However, pneumococcal, hepatitis B, and influenza virus vaccines are exceptions to this rule.

Patients without an acute injury and either

need or request a Tdap vaccine for any other reason will need to be **advised of the cost prior to the injection being given and sign an ABN (Advanced Beneficiary Notice of Noncoverage).**

If a patient is given the Tdap vaccine and does not sign an ABN **prior**, the complete amount of the vaccine and administration of the vaccine will have to be written off, which amounts to about an \$85 loss to your office.

Patient's cannot be held liable for payment if you fail to have them sign an ABN!

(For ABN's with the Tdap price already filled in, please contact me at bbarnard@wmhs.com)

PATIENT DOCUMENTATION: CHIEF COMPLAINT

When documenting your patient note, please remember that the chief complaint is "A concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter, usually stated in the patient's own words."

A chief complaint is required for all levels of service.

If the reason for an encounter is to follow chronic or existing conditions, the chief complaint should state "follow-up of fatigue," "follow-up high cholesterol..."etc., stating the condition(s) being followed.

"Check-Up" or "Follow-Up" is not an acceptable chief complaint.

ICD-10 CODING: SMALL DOSES OF INFO EACH MONTH TO HELP YOUR PATIENT DOCUMENTATION

Coronary Artery Disease and Angina

ICD-10 has combination codes for coronary artery disease (CAD) with angina pectoris.

Please remember to document if your patient has CAD of native artery or bypass graft and whether it is with or without angina as there are combination codes for different diagnosis.

When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.

Code All Documented Conditions That Coexist

Read this one carefully, word by word.....

Code all documented conditions that coexist at the time of the encounter/visit, and require **or effect patient care, treatment or management.** Do not code conditions that were previously treated and no longer exist. However, history codes may be used as subsequent codes if the historical condition or family history has an impact on current care or influences treatment!!!!

Uncertain Diagnosis

Do not code diagnosis documented as “probable”, “suspected”, “questionable”, “rule out” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reasons for the visit.

Please Note: This differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals



“Uh-oh, your coverage doesn't seem to include illness.”

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* **Patient has history of.....** *

* When stating this in your note *

* please remember that according to *

* ICD-10 guidelines this **means a** *

* **patient has a past medical** *

* **history that no longer exists** *

* **and is not receiving any** *

* **treatment,** but that has the *

* potential for recurrence and *

* therefore may require continued *

* monitoring. *

* A history of an illness, even if no *

* longer present, is important *

* information that may alter the type *

* of treatment ordered. *

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