



CPT GOES DIGITAL

Molly Snowberger, RHIA, CCA

On September 4th, 2019, the American Medical Association (AMA) announced the release of the 2020 CPT Code Set. The nearly 400 code changes went into effect January 1st, 2020, including 248 new codes, 71 deletions, and 75 revisions. These changes were based on insight from working healthcare professionals to better reflect the current practice of medicine and support realistic coding scenarios. With the emerging development of healthcare technology, it is no surprise that many of the code changes involve digital health services.

The integration of home-based medical services, such as online communication tools, digital evaluations, and remote health monitoring, allow healthcare professionals to more effectively connect with patients by promoting patient engagement and increasing the number of healthcare access points. These technological advances in healthcare have the potential to significantly improve health outcomes; however, until recently, reporting and reimbursement of these services has not always been easy.

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NOTE FROM DR. HUSTY

I can't believe that after 30 years we are busier in DRG and Hospital outpatient coding and auditing than ever before! MARSI's reputation for not only high accuracy, education and compliance but also close relations with our clients, is becoming well-known and is leading to more and more contracts. I couldn't be more proud of the troops.

And, at the same time, we predicted that risk-adjusted reimbursement and value-based reimbursement would go through an Awakening in 2019 and prompt action in 2020. Oh my gosh! That is exactly what is happening. We have been positioning ourselves to have the best solution for transforming physician groups into this new reimbursement model. Along with that MARSI and AHIMA have been co-branding our HCC coder auditor training course. We have a new partner, the University of Central Florida who will be co-branding with us also.

2020 is going to be a crazy wonderful year.

Todd M. Husty, D.O. President and Chief Medical Officer of Medical Audit Resource Services, Inc., MARSI.

RISK ADJUSTMENT/HCC CODER/AUDITOR COURSE

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NOTE. The newly updated course will be available mid-March 2020. Check MARSITraining.com for updates.

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Among the CPT changes for 2020 are six new codes that allow providers to report online digital E/M services, referred to as e-visits. CPT codes 99421-99423, based on the time involved, were created to report patient-initiated digital communications with a physician or other qualified health professional and 98970-98972 for a nonphysician health professional. In order to report online digital E/M services, communication must be performed through a HIPAA-compliant (secure) platform and include documentation of an assessment, management options, and medical-decision-making. Keep in mind that non-E/M services, such as online communication regarding test results, cannot be reported separately.

Adoption of digital health tools continues to be on the rise. Because of this, CPT has also added two new codes for home blood-pressure monitoring: 99473 and 99474. Remote health monitoring enables physicians to better diagnose and treat chronic conditions, while also educating patients on how to properly manage these conditions at home.

In addition, significant changes in the Medicine section of CPT have been made for reporting long-term electroencephalographic (EEG) monitoring services. Four older codes have been replaced with twenty-three new codes (95700-95726) to provide further specificity of the services reported by a technologist, physician, or other qualified healthcare professional. CPT codes 95705-95716 are used to report the technical component of long-term EEG services by an EEG technologist. Code selection is based on the recording time, with/without video, and the technologist's degree of attention (unmonitored, intermittent, or continuous, real-time monitoring). The professional component codes for reporting long-term EEG services by a physician or other qualified health care professional are also based on the recording time and video. CPT codes 95717-95720 describe the professional review, interpretation, and report generated at the same time as an EEG recording of up to 26 hours, whereas CPT codes 95721-95726 are used for professional reports that are generated after the completion of an EEG recording that is greater than 36 hours.

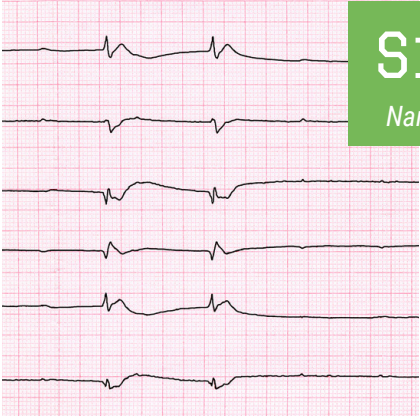
New codes for health and behavior assessment and intervention services (96156, 96158, 96164, 96167, and 96170) and add-on codes (96159, 96165, 96168, and 96171) were created to better reflect the collaboration of interdisciplinary care and coordination within a specialty healthcare team. The new code set replaces six older codes to add emphasis on psychological and psychosocial factors affecting the patient's health. With the use of online digital evaluations, the physician can address the patients' health behavior problems beyond the face-to-face setting at the time it is most needed. In addition, CPT code 96156, used to report health behavior assessment or re-assessment services, is no longer be time-based; instead, it is event-based to include health-focused clinical interviews, behavioral observations, and clinical-decision-making.

These new CPT codes for 2020 are designed to improve health delivery for both the patient and the healthcare provider. With an ongoing trend towards digital health and remote patient monitoring, there is no doubt that we will continue to see more codes that reflect the advances in healthcare technology and increased access to care.

SICK SINUS SYNDROME

Nancy Keenan, RN, CPC, CCS

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Sick Sinus Syndrome (SSS), or its manifestations (tachycardia-bradycardia syndrome, sinoatrial pause, and sinoatrial node dysfunction) occurs when there is damage to the sinoatrial node. The sinoatrial node is made up of specialized cells, called myocytes, located in the posterior wall of the right atrium next to the superior vena cava. The sinoatrial node generates electrical impulses that set the rate and rhythm of the heart, referred to as the natural pacemaker of the heart. When the sinoatrial node is damaged, other sites within the heart take over as the pacemaker.

SSS usually occurs in the elderly, although it can be found in younger patients as well. Diagnosis is by EKG, Holter monitoring, event monitoring, or loop monitoring. Some causes of sinoatrial node dysfunction include age-related degeneration of the SA node, congenital disorders, sarcoidosis, amyloidosis, hemochromatosis, collagen vascular disease, metastatic cancer, and damage to the SA node or sinus nodal artery as a result of cardiothoracic surgery (valve replacement, correction of congenital heart disease, or heart transplant). Symptoms are related to pulse irregularity and tissue hypoperfusion and include fatigue, dizziness/lightheadedness, syncope/pre-syncope, dyspnea, chest pains, confusion, bradycardia, palpitations, mild digestive disturbances, periodic oliguria, and edema. A pacemaker can be used as treatment to reduce symptoms and improve the quality of life for symptomatic patients, though it does not cure or impact the prognosis of SSS. Atrial Fibrillation and SSS can occur together, in which case the use of anticoagulation therapy is required to prevent thromboembolism and stroke.

The previous Coding Clinic on SSS stated that no code assignment for the condition is required if attention or treatment was not provided to the condition or device during the encounter (CC 5th issue 1993, pg. 12), or when the condition is being controlled by a pacemaker and no problems are detected during the interrogation of the device (CC 3rd Q 2010 pg.9). Although SSS should not be coded if no problems are detected, the appropriate code for the device interrogation can be assigned. Code assignment for presence (Z95.0) is optional, however, this only describes the presence of a pacemaker and not the actual management. Assign code Z45.010 when pacemaker batteries are replaced during the encounter and/or code Z45.018 when pacemaker functions are evaluated and/or adjusted during the encounter.

There has been a recent change in the above guidelines, effective with discharges on March 20, 2019, per CC 1st Q 2019, pg. 33. The change indicates that it is appropriate to code SSS when it is being controlled by a cardiac device (i.e. pacemaker, AICD, CRT-P, or CRT-D), stating, "Although the pacemaker is controlling the heart rate, it does not cure SSS and the condition is still being managed/monitored," therefore, SSS and the presence of the cardiac device should both be coded. Furthermore, the Official Guidelines for Coding and Reporting for outpatient services were cited, stating, "Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management."

For HCC, this is exciting news, as SSS can now be coded! Review the chart for querying opportunities when you see multiple arrhythmias including SSS and the presence of a pacemaker.

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