
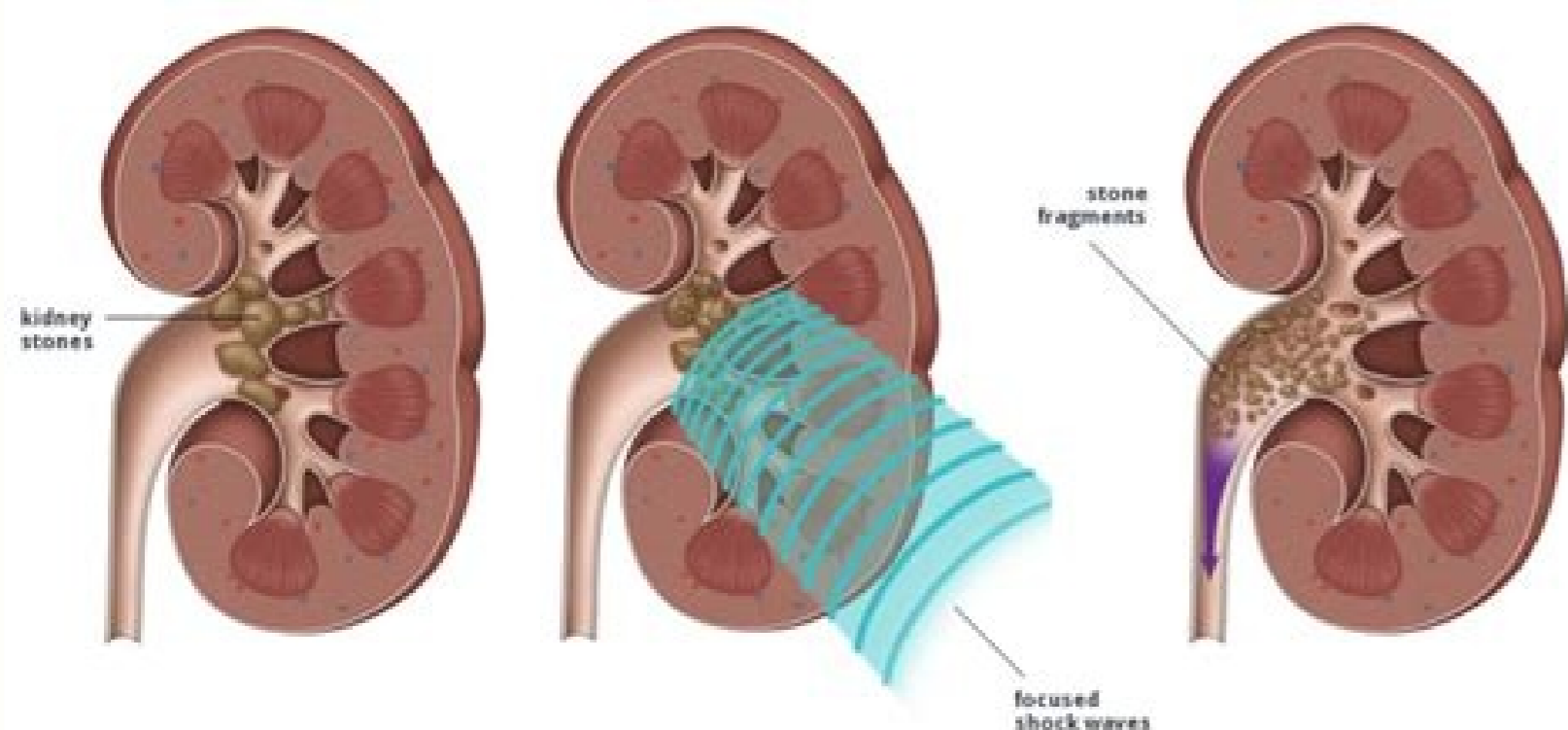


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**ALCOHOL SCREENING AND INTERVENTION CODES**

Payer	Code	Description	Fee schedule
Commercial insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes.	\$33.41
Commercial insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes.	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes.	\$36.25*
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes.	\$71.42*
Medicare	G0442	Screening for alcohol misuse in adults, 15 minutes. No coinsurance; no deductible for patient.	\$18.30*
Medicare	G0443	Brief face-to-face behavioral counseling for alcohol abuse, 15 minutes. Up to four per year for individuals who screen positive for alcohol misuse. No coinsurance; no deductible for patient.	\$26.20*
Medicaid	H0049	Alcohol and/or drug screening (code not widely used).	\$24
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes (code not widely used).	\$48

Source: Reimbursement for SBIRT. SAMHSA-HRSA Center for Integrated Health Solutions website. <http://bit.ly/2k8YYEd>. Published November 30, 2012. Accessed January 26, 2017.

\* CMS National Payment Amount



A small, partially visible table with multiple columns and rows of text, likely a coding or medical reference table. The text is too small to read clearly.



For a mastectomy with reconstruction, it is important to identify that the primary objective of the surgery is to remove cancerous or potentially cancerous breast tissue, and that the reconstruction is an additional objective." The changes in guideline B3.9 also relate to these circumstances. If a patient had a mastectomy during the current encounter and a subsequent reconstruction at a different episode, then the mastectomy was coded for the first encounter, and the reconstruction for the next one. This contrasts the resection of the native breast before replacement to the example given in the guideline: Resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. This years' updates to the ICD-10-PCS Official Guidelines for Coding and Reporting include a new section, updates to an existing section, new guidance on a body part, some editorial changes and the introduction to the possibility of exceptions for special cases. In joint replacement, the objective is to restore function by replacing the joint. Specificity must be upper or lower. While the updates to the PCS Guidelines 2020 are not extensive, there are important changes that warrant careful review. 9 instructs that if an autograft is obtained from a different procedure site in order to complete the objective of the procedure, a separate procedure is coded. Excision of a saphenous vein for a coronary bypass is highlighted as an example. Added to the saphenous vein example is the following: Replacement of breast with autologous deep inferior epigastric artery perforator (DIEP) flap, excision of the DIEP flap is not coded separately. Also added was an example: Amputation of the foot is coded to the root operation Detachment in the body system Anatomical Regions, Lower Extremities. The root operation Extraction was added to B3.5 for overlapping body layers, stating that for root operations such as Excision, Extraction, Repair or Inspection performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded. The exceptions that were included in the updated guidelines involve a mastectomy followed by immediate reconstruction. Below are the key changes: Summary of Changes Codes ICD-10-CM ICD-10-PCS New 360 3,562 Revised 250+ 1,821 Deleted 142 646 ICD-10-CM New Acute Myocardial Infarction Codes I21.9 MCC Acute myocardial infarction, unspecified I21.A MCC Other type of myocardial infarction I21.A1 MCC Myocardial infarction type 2 I21.A9 MCC Other myocardial infarction type Type 1 is a spontaneous MI related to ischemia from a primary coronary event (e.g., plaque rupture, thrombotic occlusion) Type 2 is secondary to ischemia from a supply-and-demand mismatch and is always due to another underlying condition (e.g. septic shock) Decrease supply (e.g. hypotension) Increase demand (e.g. tachycardia) Type 2 MI due to demand ischemia or ischemic balance is assigned to code I21.A1, MI type 2 not8, Other forms of acute ischemic heart disease Type 2 MI's do not require documentation of site/artery affected New Heart Failure Codes I50.811 Non-CC Acute right heart failure I50.812 Non-CC Chronic right heart failure I50.813 Non-CC Acute on chronic right heart failure I50.810 Non-CC Unspecified right heart failure Previously, right heart failure was coded to I50.9, Heart failure, unspecified There are new codes for acute, chronic, acute on chronic, and unspecified right heart failure None of these new codes are CCs ICD-10-PCS Index Changes The root operation Extraction was applied to new body systems, to specify fine needle aspiration biopsies, and to other body systems to specify non-excisional debridement of deep tissue layers, such as muscle and tendon A new body part value was added to uniquely identify procedures performed on the common hepatic duct (before the duct branches into the left or right hepatic duct) The endoscopic approach value was added to many more PCS tables The word greater and lesser has been removed from saphenous vein and omentum procedures Example: Revise from: 061P07Y Bypass Right Greater Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Open Approach Revise to: 061P07Y Bypass Right Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Open Approach Revise from: 0D5S0ZZ Destruction of Greater Omentum, Open Approach Revise to: 0D5U0ZZ Destruction of Omentum, Open Approach Laterality is no longer required for procedures on the trunk, occipital, sphenoid, and maxilla. Choose from 1 or 2 ribs or 3 or more. In July, we covered in detail the 2020 Proposed Rule for the Inpatient Prospective Payment System (IPPS) CMS-1716-P, which was published in the Federal Register, May 3, 2019. They also bring the guidelines in line with the advice published in the Third Quarter 2018 Coding Clinic page 13, in the article: Deep Inferior Epigastric Artery Perforator Flap Breast Reconstruction: mastectomy is coded separately, and the harvest of the DIEP graft is not reflected in a separate code. In addition, the Guideline changes also included exceptions regarding mastectomy procedures, followed by immediate reconstruction; a welcomed change. With the addition of the Radiation Therapy section, the New Technology guidelines from section X have been moved to E, with some edits and the addition of a new guideline. The updated guidelines specify when a New Technology code may be the only code reported and when they may be additional codes reported along with codes from other sections of PCS Guidelines 2020. One example given is for the use of dual filter cerebral embolic filtration, coded as X2A5312 used in conjunction with a transcatheter aortic valve replacement (TAVR); both codes are assigned. Coders must specify how many ribs are included in the procedure. For information regarding the ICD-10-PCS FY 2022 coding updates and the FY 2022 IPPS Final Rule, review our article, "CMS Releases FY 2022 ICD-10-PCS Code Updates Files." Our course on the 2022 ICD-10-PCS Updates is now available on the YES HIM Education site. Guideline B2.1a for body systems had some editorial changes, listing the complete titles of the Anatomical Regions body systems and removing the Control example, since this root operation can now be coded in other body systems. You can find the full ICD-10-PCS guidelines 2020 PDF here. A New Section of Guidelines, and Updates to New Technology A completely new section with two guidelines, section D, is added for Radiation Therapy. The new guidelines concern Brachytherapy and instruct when separate codes are needed from the Medical and Surgical section for insertion of the brachytherapy source that remains in the body at the end of the procedure. Also covered is the placement of a temporary applicator for brachytherapy delivery. Review these guidelines carefully. In guideline B4.1b for body part that addresses the prefix "peri," guidance is given for the periosteum: A procedure site documented as involving the periosteum is coded to the corresponding bone body part. This was different in the case of a mastectomy followed by immediate reconstruction during the same encounter. Before 2020, following the guidelines meant that in the case of immediate replacement, the mastectomy would not be coded as it was necessary to remove the native breast first before replacing it. The exceptions to the guidelines give coding professionals a solution to this dilemma. Guideline B3.1b has been updated to state that Components of a procedure specified in the root operations definition or explanation as integral to that root operation are not coded separately. The Exceptions: Mastectomies Coded in All Circumstances- Immediate Replacement Included The Introduction includes this new line regarding the guidelines: "They are intended to provide direction that is applicable in most circumstances. However, there may be circumstances where exceptions are applied." A dilemma solved for coding professionals. Stay current with all the ICD-10-CM/PCS coding updates by signing up for our YES Education webinars. Example: Revise from: 0M5C0ZZ Destruction of Right Trunk Bursa and Ligament, Open Approach Revise to: 0M5C0ZZ Destruction of Upper Spine Bursa and Ligament, Open Approach Revise from: 0NSR45Z Reposition Right Maxilla with External Fixation Device, Percutaneous Endoscopic Approach Revise to: 0NSR45Z Reposition Maxilla with External Fixation Device, Percutaneous Endoscopic Approach Laterality is no longer required for Rib procedures. Edits in the Guidelines While there is no change in guideline A9 that instructs that within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table; the code table used as an example has been updated to include device value "Y" (other device" that has been added to the IJH code table. This updated guideline and example are telling us that including a code for the harvest would not add any information as the source of the graft is listed in the 7th character qualifier, and therefore the additional code is not required. The seventh character qualifier value Deep Inferior Epigastric Artery Perforator Flap in the Replacement table fully specifies the site of the autograft harvest. Example: Revise from: 0P510ZZ Destruction of Right Rib, Open Approach Revise to: 0P510ZZ Destruction of 1 to 2 Ribs, Open Approach Hemodialysis codes changed for duration specificity Example: Revise from: 5A1D00Z Performance of Urinary Filtration, Single Revise to: 5A1D80Z Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day References On April, we provided an overview of the upcoming ICD Code Revisions for FY2020. The updated guideline lists the exception to this guideline: Exception when the seventh character qualifier value in the ICD-10-PCS table fully specifies the site from which the autograft was obtained. Our Subscription Bundles offer 12-month access to practical, focused coding updates education for one annual fee. As noted in the Third Quarter 2018 Coding Clinic article, "Mastectomy with breast replacement/reconstruction and joint replacement surgery are conceptually very different. The exception is listed: Exceptions: Mastectomy followed by breast reconstruction, both resection and replacement of the breast are coded separately. It was a matter or timing that determined whether the mastectomy was coded. The FY 2018 ICD-10-CM and PCS annual codeset update goes into effect October 1, 2017.

The 2022 ICD-10-CM Expert for Hospitals with Guidelines, with our hallmark features and format, makes the challenge of accurate diagnosis coding easier for acute care and long-term care hospitals (LTCH). This code book contains the complete ICD-10-CM code set, MCEs, and ICD-10 MS-DRG edits with symbols identifying codes for comorbidities ... 22/09/2017 · Coders are instructed, at this time, to follow the AHA Frequently Asked Questions Regarding ICD-10-CM/PCS Coding for COVID-19. Lately, we have seen missing PCS codes for the new technology drugs that were introduced on August 1, 2020 and thereafter. 09/12/2019 · 2018 release of ICD-10-CM. The 2018 ICD-10-CM codes are to be used from October 1, 2017 through September 30, 2018. Note: This replaces the FY 2017 release. These files listed below represent the FY 2018 ICD-10-CM. The FY 2018 ICD-10-CM is available in both PDF (Adobe) and XML file formats. Z03.818 is a billable diagnosis code used to specify a medical diagnosis of encounter for observation for suspected exposure to other biological agents ruled out. The code Z03.818 is valid during the fiscal year 2022 from October 01, 2021 through September 30, 2022 for the submission of HIPAA-covered transactions. 01/12/2021 · The 2020 ICD-10 Procedure Coding System (ICD-10-PCS) files below contain information on the ICD-10-PCS updates for FY 2020. These 2020 ICD-10-PCS codes are to be used for discharges occurring from October 1, 2019 through September 30, 2020. M46.96 is a billable diagnosis code used to specify a medical diagnosis of unspecified inflammatory spondylopathy, lumbar region. The code M46.96 is valid during the fiscal year 2022 from October 01, 2021 through September 30, 2022 ...

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