

THE CODE

The Official Medical Coding Newsletter of MiraMed, A Global Services Company

A Note From Tony Welcome to *The Code*

Greetings! I'd like to welcome you all to the inaugural issue of *The Code*. *The Code* is a new monthly publication from MiraMed Global Services. We are very excited to be adding this monthly newsletter to our roster of communications. In each issue we will feature articles by experts in the industry covering the latest news in the world of healthcare and healthcare coding. As we all know, our industry is ever-changing and it takes effort to keep up on the latest developments. We would like to be a resource for you on that front. From publications to legislations, we aim to keep you informed.

Chances are you already receive our weekly eAlerts, but if you don't and would like to, please email info@miramedgs.com and ask to be added to the listing. If you'd like to review any of our previous issues, they can be found on our website: <http://www.miramedgs.com/news/alerts>. Going forward, back issues of *The Code* will be able to found on our website too under the News section: <http://www.miramedgs.com/news/the-code-newsletter>

I hope you enjoy *The Code* and find it to be a worthwhile supplement to your business reading.

Tony Mira
President and CEO

Spinal Injections

By Denise M. Nash, MD, CCS, CIM
Vice President of Compliance and Education, MiraMed Global Services

Facet Joint Injections

Facet joint injection techniques are used in the diagnosis and/or treatment of chronic neck and back pain without radiculopathy. Patients must have a 3 month history without response to conservative treatment. Injections may be repeated if the first MBB results in significant pain relief (> 50%) for at least 3 months, Injections, identified on the claim by the ICD-9 code 724.6, are not subject to the requirements of the LCD.

Spinal Injections

Spinal injections are invasive procedures and require either an operative or a procedure note, depending on where the procedure is performed. Typically, a full operative note is documented if the procedure is performed in a hospital or an Ambulatory Surgery Center (ASC). When the service is performed in an office setting, an "operative-style note" is acceptable, but most physicians use a detailed procedure note.

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If you have an article
or idea to share for
The Code, please
submit to:
Dr. Denise Nash
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The only way of
finding the limits of
the possible is by
going beyond them
into the impossible.
Arthur C. Clarke

Procedure Notes

The documentation must include the following:

- The type of injection—what medication is being injected? The 2014 guideline changes related to CPT codes 64600–64681 state that these codes include the injection of other therapeutic agents (e.g., corticosteroids). Diagnostic/therapeutic injections should not be reported separately.
- Injection location: anatomic structure, unilateral versus bilateral.
- Whether a catheter was used.
- Whether fluoroscopy, computed tomography (CT), or ultrasound guidance was used, versus a formal contrast imaging study such as epidurography. A separate report is required whether the physician is performing a formal contrast study such as an epidurography (72275) or injecting contrast for fluoroscopic guidance (77003) with adequate documentation of the needle position and contrast medium flow. Facet joint interventions performed under ultrasound guidance will not be reimbursed.
- Ensure all key elements are fully documented to ensure accurate coding.
- Chart documentation should include:
 - The number of injections.
 - The injection sites.
 - Units injected at each site.
 - Amount of medication wasted.

Coding Spinal Injections

- Choose the code for the primary procedure. (Is the code an inclusive code or not?)
- Choose the code(s) for any secondary procedures (such as an add-on code, or a code indicating the same procedure at a different level).
- Is a radiology code needed? Is the use of image guidance bundled into the procedure code description, or is the radiology service separately reportable?
- Where is the service performed? If the procedure is performed in a facility and radiology services are separately reportable, modifier 26 should be appended to the radiology code to reflect the work associated with the professional component only. If the procedure is performed in a procedure room in a physician's office and radiology is not bundled into the surgical procedure code, the global radiology code is reportable without modifiers.
- Include the J code(s) for injectable medication(s) if the medication expense is incurred by the practice. Be sure that the documentation includes the specific drug and concentration. (For example, 40 mg of ABD drug was injected, rather than 4cc ABD.) Ensure accurate claim submission of drugs by using the National Drug Code directory and providing additional dose information if required.

Drug Guidelines

- **Use the appropriate Healthcare Common Procedure Coding System (HCPCS)** based on code descriptor.
- **Not Otherwise Classified (NOC) codes** should only be reported for those drugs that do not have a valid HCPCS code which describes the drug being administered.

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- **Remarks are required to include** dosage, name of drug and route of administration.
- **You cannot bill for drugs that can be self-administered.** The injection must be administered by physician.
- **If there is no expense to the physician for the drug, don't bill for it.**
- **Units of drugs must be accurately reported** in terms of dosage specified in Health Care Procedure Code System (HCPCS) descriptor.
- **Do not bill units based on the way the drug is packaged, stored, or stocked.**
- **Do not bill for the full amount of a drug when it has been split between two or more patients.** Bill only for the amount given to each patient.
- **When combining drugs for a single injection, practices must bill each drug individually** on separate claim lines.
- **Reminder:** Documentation in the patient's medical record must reflect the drug and dosage.
 - **Example 1:** HCPCS description of drug is 6 mg
6 mg are administered = 1 unit is billed
 - **Example 2:** HCPCS description of drug is 50 mg
200 mg are administered = 4 units are billed
 - **Example 3:** HCPCS description of drug is 1 mg
10 mg vial of drug is administered = 10 units are billed
 - **Example 4:** When billing a NOC drug
Submit 1 for the units. In Box 19 of the CMS 1500 form or electronic equivalent indicate the exact name of the drug and the dosage.
- If the remainder of a vial must be discarded after being administered, insurance will cover the amount discarded as well as the amount administered.
- The amount ordered, administered, and the amount discarded must be documented in the medical record.
- **Reminder:** payment for discarded drugs only applies to single use vials.
- Modifier-JW identifies unused/wasted drug.

Many Medicare Part B as well as commercial insurance plans no longer require physicians to report wastage with Modifier –JW. The medical record must document the amount administered and the amount wasted however.

ALERT: ICD-10 Delay—Say It Isn't So!

Wouldn't you know it, just when we all thought that the ICD-10 implementation was coming to fruition the government decided to possibly put a delay to the entire process? How did they accomplish this? Two bills were introduced: The bill introduced in the House H.R. 4302- Protecting Access to Medicare includes section 212 which says that the Department of Health and Human Services (HHS) cannot implement the ICD-10 code set until October 1, 2015 which is a year later than the current expected implementation date of October 1, 2014. How was this delay accomplished you may ask? Because it was part of a larger bill which included a "patch" or "doc fix" to the Sustainable Growth Rate (SGR) which adjusts the Medicare payments for physicians preventing a 24 percent reduction in reimbursement. This bill passed the House vote on March 27, 2014. Action on the bill moved to the Senate for a vote. The Senate voted and passed on the proposed house bill 4302 on March 31st instead of tackling the much bigger proposed senate bill S.2157 which included a much larger reform to the SGR also included in H.R. 4302 but did not include the ICD-10 delay. President Barack Obama signed the bill into law on April 1, 2014 and it was not an April fool's joke as the delay is here to stay.

Coding Case Scenario

By: Evan Lendle Ramos, RN, CCS
MiraMed Global Services

Direction: Code the following case scenario using your ICD-9 book for diagnoses and procedure(s). Email your answers to evan.ramos@miramedgs.com and denise.nash@miramedgs.com. The first coder from each Team (Philippines and India) who correctly answers will be given a prize and recognition on the next issue of our newsletter.

Inpatient admission: A patient with severe arteriosclerotic heart disease of native arteries, unstable angina and severe chronic obstructive pulmonary disease was admitted for coronary artery bypass graft with cardiopulmonary bypass for two hours. An open three-vessel CABG with the left internal mammary anastomosed to the left anterior descending coronary artery and separate greater saphenous vein grafts, harvested endoscopically from the left leg, to the obtuse marginal branch and posterior descending coronary artery. Postoperatively, the patient developed pulmonary arterial embolus that required treatment and extended the inpatient stay.

Anatomy Corner

By: Ronald Menor, RN, CCA and Angelie Fajarado, RN, CCA
MiraMed Global Services

- Your stomach cells secrete hydrochloric acid, a corrosive compound used to treat metals in the industrial world. It can pickle steel, but mucous lining the stomach wall keeps this poisonous liquid safely in the digestive system.
- Three-hundred-million cells die in the human body every minute.
- Women burn fat more slowly than men, by a rate of about 50 calories a day.
- The only bone in the human body not connected to another is the hyoid, a V-shaped bone located at the base of the tongue between the mandible and the voice box. Its function is to support the tongue and its muscles.
- The longest muscle in the human body is the sartorius. This narrow muscle of the thigh passes obliquely across the front of the thigh and helps rotate the leg to the position assumed in sitting cross-legged. Its name is a derivation of the adjective "sartorial," a reference to what was the traditional cross-legged position of tailors (or "sartors") at work.
- The largest cell in the human body is the female ovum, or egg cell. It is about 1/180 inch in diameter. The smallest cell in the human body is the male sperm. It takes about 175,000 sperm cells to weigh as much as a single egg cell.
- The left lung is smaller than the right lung to make room for the heart.
- The average human produces 25,000 quarts of spit in a lifetime, enough to fill two swimming pools.

No student ever attains very eminent success by simply doing what is required of him: it is the amount and excellence of what is over and above the required, that determines the greatness of ultimate distinction.

Charles Kendall Adams

ICD-10 Preparation for Transition at MiraMed: A Global Services Company

By: Evan Lendle C. Ramos, RN, CCS

Senior Manager, Auditing and Training Services Miramed Philippines Group, LLC – Philippine Branch

The transition to ICD-10 is inevitably coming very soon. Implementation preparations are essential to healthcare organization survival.

MiraMed's Education Team spearheads the company's strategic planning and seamless transition to the new system to ensure that our global organization is able to cope and deliver the services that are needed for compliance maintenance in the healthcare industry.

ICD-10 Training:

In 2013, in order to prepare the Philippines' medical coders, Denise Nash, MD, Vice President for Compliance and Education and her team initiated the plan for 750 medical coders to take the HCPro's online courses: Anatomy and Physiology, ICD-10 and Clinical Documentation Improvement.

On January of 2014, Dr. Nash and Fred Wulf, Station Manager completed the ICD-10 training for the first batches of selected medical coders in the Philippines and India simultaneously.

An 11-day training for ICD-10 CM and PCS consisting of three hour sessions was initiated. Daily assessments of the coders were conducted with a baseline measurement score of 80 percent set as a passing rate. A remedial class was created for those failing to meet the benchmark in the overall assessment.

The education team introduced and prepared a remedial program for PCS where a library of surgery videos were compiled as additional material to aid in better understanding of procedures.

To ensure the continuity of the ICD-10 training to coding staff in the organization, a transfer of training knowledge and processes were also set in place for the training team.

ICD Dual Coding:

The Education Team met with Dr. Nash for the strategic planning on ICD Dual Coding. Implementing dual coding assures the MiraMed organization and its clients readiness in the transition now scheduled for October 1, 2015. MiraMed's aim is for higher quality and efficiency of services provided to the clients. Therefore, as part of the continued transition process the Education Team also created a Quality Team of Account Trainers and Quality Auditors. This selected team will undergo dual coding and auditing training during the upcoming months.

MiraMed is slated to start the dual coding and auditing initiative in production in the upcoming months. The training department will also continue the remedial re-education process necessary for the successful transition to ICD-10 on October 1, 2015.