

CODING & DOCUMENTATION

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ICD-10 changes for 2016-2017

Q Will there be many changes to ICD-10 coding this year?

A This update is quite large due to the code freeze that prevented changes until Oct. 1, 2016. Most of the changes were requested by medical specialty organizations to fill gaps in diagnosis reporting. Changes that will affect family medicine include new codes for hypertensive crisis or emergency, irritable bowel syndrome, chronic bladder pain, prediabetes, bacteriuria, encounter for prophylactic fluoride administration, long-term use of oral hypoglycemic drugs, encounters for prescription and surveillance of contraceptive devices, and family history of sudden infant death syndrome.

You can find a list of the new, revised, and deleted codes on the Centers for Disease Control and Prevention website under the heading “2017 release of ICD-10-CM.” (See <http://bit.ly/2a238sC>.) Do not use new and revised codes on claims for dates of service before the Oct. 1 implementation date; additional changes or corrections could be made to the code set between now and then.

Screening for depression

Q What is the appropriate CPT code to report screening for depression?

A Use code 96127, “Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument.” However, for Medicare patients who are receiving screening in the absence of symptoms (i.e., as a preventive service), use code G0444. Code G0444 may be reported for an annual depression screening up to 15 minutes using any standardized instrument (e.g., PHQ-9) in a primary care setting with clinical staff who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment as necessary. When

signs or symptoms lead you to provide a brief emotional/behavioral assessment for a Medicare patient, 96127 is the appropriate code. Depression screening should not be separately reported when provided as part of the initial preventive physical examination (“Welcome to Medicare” physical) or initial annual wellness visit. Code Z13.89, encounter for screening for other disorder, is the ICD-10 code for depression screening.

New or established patient?

Q If a patient has been treated within the past three years by a physician who recently joined our group and that patient is now being seen at our practice by another physician of the same specialty, is the patient new or established?

A According to CPT, the patient is established. CPT states that the patient is established if any previous face-to-face professional service has been provided within three years prior to the date of the current encounter by physicians of the same specialty within the same group practice. Whether there is an established medical record at the practice has no bearing.

Medicare administrative contractors (MACs) may interpret the CPT definition differently, however. I’m aware of one MAC that determines the status of new patient versus established patient based on a combination of the rendering physician’s National Provider Identifier (NPI) and the group practice’s tax identification number. According to this interpretation, *if in the past three years* a patient has had no face-to-face service billed under the rendering physician’s NPI *and* no face-to-face service billed under the current group tax ID, the patient is new. So if the patient in your example is a Medicare beneficiary, he or she could be new. Consult with your payers to be sure you know their rules. **FPM**

Editor’s note: Some payers may not agree with the advice given. Refer to current coding manuals and payer policies for the most up-to-date information.

About the Author

Cindy Hughes is an independent consulting editor. Author disclosure: no relevant financial affiliations disclosed. These answers were reviewed by the *FPM* Coding & Documentation Review Panel, including: Robert H. Bösl, MD, FFAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; Emily Hill, PA-C; Joy Newby, LPN, CPC; and Susan Welsh, CPC, MHA.

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