

## CODING & DOCUMENTATION

Cindy Hughes, CPC, CFPC

### ICD-10 code updates for Oct. 1

#### **Q** What changes to ICD-10 codes for 2017-2018 will affect family medicine the most?

**A** About 750 total changes will be implemented on Oct. 1, 2017 – many fewer than in the last annual update. New codes that may be important to family medicine include the following:

- A04.71, “Enterocolitis due to clostridium difficile, recurrent,”
- A04.72, “Enterocolitis due to clostridium difficile, not specified as recurrent,”
- E11.10, “Type 2 diabetes mellitus with ketoacidosis, without coma,”
- E11.11, “Type 2 diabetes mellitus with ketoacidosis, with coma,”
- P83.81, “Umbilical granuloma,”
- R06.03, “Acute respiratory distress,”
- Multiple N63 codes specifying the laterality and area of the breast (e.g., left breast or lower inner quadrant) in which an unspecified lump or nodule is found.

The full ICD-10 code update files are available online at <http://bit.ly/2wQPm4a>.

### Billing for the new influenza vaccination

#### **Q** Does Medicare Part B cover the new RIV4 influenza vaccine?

**A** Yes. For claims with dates of service on or after July 1, 2017, Medicare Part B covers code 90682, “Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.” Seasonal pricing for this and other flu vaccines is available online at <http://go.cms.gov/2qYQBKH>. Note that the Part-B deductible and coinsurance do not apply to claims paid for flu vaccine products or administration. Use code G0008 to report flu vaccine administration in addition to the code for the vaccine product when billing Medicare.

#### About the Author

Cindy Hughes is an independent consulting editor. Author disclosure: no relevant financial affiliations disclosed. Reviewed by the FPM Coding & Documentation Review Panel: Kenneth Beckman, MD, MBA, CPE; Robert H. Bösl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; Emily Hill, PA-C; Joy Newby, LPN, CPC; and Susan Welsh, CPC, MHA.

### VISIT THE FPM GETTING PAID BLOG

For advice and information on coding and documentation dilemmas, visit Getting Paid at <http://aafp.org/fpm/blogs>.

### Diagnosis coding for hypertension and heart failure

#### **Q** Should I assign separate ICD-10 codes for my patients who have both hypertension and heart failure, or should I default to code I11.0?

**A** If your documentation supports that the heart failure is not due to hypertension, report separate codes for hypertension (I10) and heart failure (e.g., I50.-, I51.4-I51.9). Heart failure is assumed to be due to hypertension when both conditions are documented as diagnoses without a statement to the contrary. In that case, you would use code I11.0 to report hypertensive heart disease with heart failure and an additional code to identify the type of heart failure. According to the ICD-10 guidelines, “the word ‘with’ presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List.”

### Medicare payment for telemedicine home visits

#### **Q** Will Medicare reimburse for telemedicine home visits?

**A** No. Telemedicine home visits are not covered under Medicare Part B. Medicare uses the term “telehealth” for services provided via a real-time interactive audio and video telecommunications system. At this time, telehealth coverage is limited to services provided to patients only at certain originating sites. An originating site is the location of an eligible Medicare beneficiary at the time the service is furnished. Originating sites include a physician’s office, hospital, critical access hospital, rural health clinic, federally qualified health center, hospital-based renal dialysis center, skilled nursing facility, and community mental health center. Benefits may vary under other plans. **FPM**

*Editor’s note:* Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

### WE WANT TO HEAR FROM YOU

Send questions and comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org), or add your comments to the article at <http://www.aafp.org/fpm/2017/0900/p34.html>.