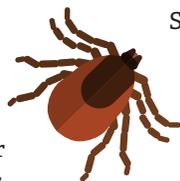


CINDY HUGHES, CPC, CFPC

## TIME SPENT ON CHRONIC CARE MANAGEMENT VS. TIME SPENT ON E/M SERVICES

**Q** Following an office visit at which I have obtained a patient's agreement for chronic care management services, I would like to have a nurse care coordinator begin implementing the care plan. Can the nurse care coordinator's time on the date of the office visit be counted toward the time of the chronic care management service?

**A** Yes. In 2017, the CPT manual included the following instruction: "Do not count any clinical staff time on a day when the physician or qualified health care professional reports an E/M service." However, an erratum to the 2018 CPT manual removed this instruction. As long as the same time is not counted twice, the Centers for Medicare & Medicaid Services allows the separate reporting of time spent on chronic care management services on the same date as an office visit for a Medicare patient. For more information, see "Frequently Asked Questions About Physician Billing for Chronic Care Management Services" at <http://go.cms.gov/1MDC2cK>.



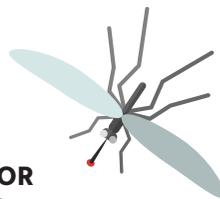
## ICD-10 CODING FOR BUG BITES

**Q** What is the appropriate ICD-10 code for a patient who presents with a bug bite?

**A** The first ICD-10 code you should report for a bug bite is typically a superficial injury code. Find the term "injury" in the ICD-10 index, go to the subterm "superficial," and then find the site/body area of the bug bite. For each body area, "bite" will be an additional subterm. For example, under injury, superficial, abdomen, you will find the term "bite" and a reference to codes S30.871-, "Other superficial bite of the abdominal wall," and

S30.861-, "Insect bite [nonvenomous] of abdominal wall." Add the appropriate seventh character to indicate an initial encounter (A), subsequent encounter (D), or sequela (S) such as scarring. If the patient experiences a toxic effect from a venomous bite or sting, find the term "venom" in the ICD-10 table of drugs and chemicals codes. Look up the type of insect, if known, to identify the correct code in categories T63.2 – T63.4.

You can also report an external cause code to indicate bug bites (e.g., W57.XXXA, "Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter"). These codes should be reported only when they provide additional information for research or other purposes, as noted in the index, or when they are required by state regulations (usually for emergency service providers).



## BILLING FOR PALLIATIVE CARE VISITS

**Q** Can I report diagnosis codes for conditions found during a palliative care encounter if those conditions are also managed or treated by other physicians?

**A** Yes. ICD-10 guidelines instruct providers to report codes for all conditions that coexist at the time of the visit that require or affect your treatment or management of the patient. You should report ICD-10 code Z51.5, "Encounter for palliative care," in addition to codes for the conditions that affect your decision making. This can further indicate your role in the patient's care.

Codes in category G89 (e.g., G89.3, "Neoplasm related pain [acute] [chronic]") are also applicable when an encounter focuses on pain management. Using diagnosis codes that fully describe the reason for your service is important, because services by more than one physician for the same condition can raise questions about the medical necessity of concurrent care. However, Medicare and most other payers reimburse physicians for concurrent care as long as they are managing different aspects of a patient's care. When you complete the credentialing or recredentialing process with Medicare and other payers, include both family medicine and palliative care as your specialties, as this can also affect claims review. **FPM**



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Cindy Hughes is an independent consulting editor based in El Dorado, Kan., and a contributing editor to *FPM*. Author disclosure: no relevant financial affiliations disclosed.

### EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

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