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ACUTE VERSUS CHRONIC CONDITION

Q Are there coding guidelines that explain when a condition is acute or chronic? For example, when a patient has pediatric feeding disorder, how do I know whether to select the code for acute pediatric feeding disorder (R63.31) or chronic pediatric feeding disorder (R63.32)?

A Diagnosis coding does not include any such guidelines. Instead, the physician designates whether the condition is acute or chronic based on clinical indications and then selects the code based on that documented diagnosis. Physicians may use clinical guidelines or medical literature to determine acute versus chronic status. For example, according to “Pediatric feeding disorder: consensus definition and conceptual framework,”¹ pediatric feeding disorder is acute when the patient shows daily symptoms or limitations for at least two weeks and up to three months. Alternatively, pediatric feeding disorder is chronic when the patient shows daily symptoms or limitations for three months or longer (whether or not the condition was previously diagnosed).

Procedure coding does provide some guidelines for designating a condition acute or chronic. CPT defines a chronic condition as one expected to last at least one year

ABOUT THE AUTHOR

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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.

or until the patient's death. This is important when selecting a level of medical decision making for office visits or qualifying patients for chronic care management services.

To bill for chronic care management services, CPT requires that the patient have at least two chronic conditions expected to last at least 12 months or until the patient's death. If a patient does not meet those guidelines, they may still be eligible for principal care management, for which CPT requires only a single, complex chronic condition expected to last three months or more.

1. Goday PS, Huh SY, Silverman A, et al. Pediatric feeding disorder: consensus definition and conceptual framework. *J Pediatr Gastroenterol Nutr.* 2019;68(1):124-129.

PHYSICIAN COVERAGE FOR A HOSPICE PATIENT

Q How should I bill for services I provide to a hospice patient while covering for the patient's attending physician if I'm in the same group practice or have a reciprocal billing arrangement with that physician?

A Report the service under the name and National Provider Identification number of the attending physician. Append modifier Q5 (“service furnished under a reciprocal billing arrangement by a substitute physician”) and modifier GV (“attending physician not employed or paid under arrangement by the patient's hospice provider”) to the procedure codes for the services provided.

EDUCATION ON USE OF METERED DOSE INHALER

Q Can I report education on use of a metered dose inhaler (MDI) on the same date as administration of an inhaled medication for treatment of asthma?



A Yes, but not always. Do not separately report the education on use of the MDI if you used the same device to provide the inhalation treatment during the visit.

But if you provided the inhalation treatment (94640) on the same date using a different type of equipment (e.g., aerosol generator) or if the two services took place at separate patient encounters on the same date, then report the education with code 94664 (“demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device”). Append a modifier (e.g., 59, “distinct procedure, XE separate encounter”) to code 94664 when separate reporting is indicated.

URINARY CATHETERIZATION FOR URINE SPECIMEN

Q What code should I report when I perform urinary catheterization to obtain a urine specimen? What are the differences in codes 51701-51703?

A Report code 51701, “Insertion of non-indwelling bladder catheter (e.g., straight catheterization for residual urine)” for catheterization to obtain a urine specimen. Do not report 51702-51703, because those are for when you insert indwelling catheters that remain in place after specimen collection (e.g., to relieve urine retention). **FPM**

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