

CINDY HUGHES, CPC, CFPC

REVIEWING PRESCRIPTION DRUG DATABASE AS PART OF AN E/M VISIT

Q When I check my state's prescription medication monitoring database as part of an E/M visit, can I count that as review of a document from an external source when I determine the amount and/or complexity of data used for medical decision making?

A Yes. Checking a prescription drug monitoring database counts as reviewing records from one external source when you use the data to inform your medical decision making.

USING "HISTORY OF" WHEN DOCUMENTING CURRENT CHRONIC CONDITIONS

Q I have been advised that I should not use the term "history of" in my documentation for current chronic conditions diagnosed at a previous visit. Is this correct?

A Not really. While "history of" would already be implied for chronic conditions placed in the "past medical history" section of documentation, it can be an appropriate term to use for chronic conditions in the assessment section. This may be an opportunity to educate coders about this commonly used medical reference. Some coders may misunderstand "history of" to mean a condition that is no

ABOUT THE AUTHOR

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

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.

longer present (i.e., "resolved") rather than a previously diagnosed and ongoing chronic condition.

In your coding, however, you should not report a diagnosis code for "history of" a condition that is still present, or still impacts medical management. For example, it is not appropriate to report a code for history of diabetes (Z86.39, "Personal history of other endocrine, nutritional and metabolic disease") when the patient still has diabetes or manifestations of diabetes (e.g., diabetic neuropathy that remains after patient's glucose has normalized due to weight loss). Coders should ask the physician or other qualified health care professional for more information if they're unsure whether a documented condition — resolved or not — still impacts patient management.

RESPIRATORY INFECTION DUE TO RSV

Q What is the appropriate diagnosis code for reporting an infection due to respiratory syncytial virus (RSV)?

A ICD-10 includes multiple codes that describe both the condition caused by RSV and the underlying infection, such as J21.0 (bronchiolitis due to RSV) and J12.1 (pneumonia due to RSV). When no single code describes both the condition and infectious agent, report the code for the condition (e.g., J06.9, "Acute upper respiratory infection, unspecified") and code B97.4, "Respiratory syncytial virus as the cause of diseases classified elsewhere" linked to codes for the services you provide. It is not appropriate, however, to report B97.4 with codes such as J21.0 or

J12.1 that already include identification of RSV as the infecting agent and the condition it caused, because this would be redundant.

DEPRESSION SCREENING VIA TELEHEALTH

Q Does Medicare pay for depression screening provided via telehealth?

A Yes. Effective Jan. 1, 2025, the allowed place of service codes for this screening include 02 (telehealth provided other than in patient's home) or 10 (telehealth provided in a patient's home). That's in addition to 11 (office), 19 (off campus – outpatient hospital), 22 (on campus – outpatient hospital), 49 (independent clinic), and 71 (state or local public health clinic). Medicare covers depression screening as a preventive benefit once every 12 months, so verify the date of the last depression screening prior to billing.

PROLONGED SERVICES IN OFFICE

Q Is there a limit to the number of units I can report for prolonged services in the office with code 99417?

A CPT does not place limits on the units you can report with 99417. However, payers may use medically unlikely edits (MUE), or similarly named restrictions, to limit the number of units they allow. For example, Medicare places an MUE limit of six on code 99417 as well as G2212, the HCPCS code for office E/M prolonged services. You can appeal a denial of units in excess of the MUE if that amount of time was clinically indicated. **FPM**

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