# CODING & DOCUMENTATION

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## ICD-10 preparation

**Q Our practice would like to perform chart reviews to determine if our current documentation practices will support ICD-10 code selection. Can you recommend an approach to this project?**

**A** Look at your documentation for services provided for your practices' most common diagnoses. Start with a manageable number of conditions and charts per physician or other qualified health care professional. You can pull a report of the most commonly reported ICD-9 diagnosis codes from your billing system, or use a more generalized approach by selecting diagnoses from the top 100 codes identified on the *ICD-9 Codes for Family Medicine 2011-2012: The* FPM *Short List*, which is available at http://www.aafp.org/fpm/icd9/icd9-short.pdf.

Once you have identified the charts and diagnoses you wish to review, determine the elements of documentation necessary to support code selection in ICD-10. It may be helpful to develop tables or lists for each condition. For example, the elements of documentation for Type 2 diabetes include the following:

- Type of diabetes documented as Type 2 or not specified (i.e., documentation excludes reporting of Type 1, secondary, gestational, or diabetes in pregnancy),
- Status of diabetes (e.g., controlled, inadequately controlled, or with hyperglycemia),
- Insulin use, if applicable,
- Complications (e.g., diabetic retinopathy with or without macular edema; or diabetic ulcer location, depth, or associated gangrene),
- Unrelated conditions (e.g., decubitus ulcer site and stage).

The resources that you create may later be used as guides for documentation templates or improvement initiatives.

## Allergy testing

**Q I am billing CPT code 95004 once for each allergen tested, but what E/M code should I bill?**

**A** You should report the E/M code that reflects any work you documented that goes beyond the work associated with code 95004. In the office setting, this would typically be a code from the range 99201-99215, with modifier 25 appended to indicate that a significant, separately identifiable E/M service was performed. Please note that an E/M code should *not* be submitted for allergy test interpretation and report, because these are part of the 95004 service. Also, patients who have been evaluated on a previous date and return for scheduled allergy testing will often require no significant and separately identifiable E/M service on the date of testing.

## Telephone call services

**Q Can payer contracts preclude our practice from collecting direct payment from patients for phone call services?**

**A** Yes. You should review your contracts to determine what is permissible. In particular, determine how payers treat the CPT codes for telephone calls with patients (99441-99443) as part of their fee schedules. If a payer considers telephone services bundled into other services, it may not permit you to charge the patient for them. If a payer considers telephone services noncovered and, thus, the patient's responsibility, then charging the patient for them may be entirely appropriate.

For telephone or Internet consultations with other *providers*, new codes 99446-99449 were introduced in January 2014. For more information, see "CPT Update for 2014" [*FPM*, Jan/Feb 2014, http://www.aafp.org/fpm/2014/0100/p6.html]. FPM

**About the Author**

Cindy Hughes is an independent consulting editor. Author disclosure: no relevant financial affiliations disclosed. These answers were reviewed by members of the *FPM* Coding & Documentation Review Panel, including Asia Blunt, MBA, CPC; 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.

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