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SUSPECTED EXPOSURE TO COMMUNICABLE DISEASE

Q What diagnosis code should I report when a patient has suspected exposure to a communicable disease, but has no symptoms or negative test results?

A Report a code from category Z20 for an encounter with an asymptomatic patient who requests evaluation due to contact with and (suspected)

exposure to a communicable disease.

Category Z20 includes codes for various infections, such as those caused by meningococcus, *E. coli*, tuberculosis, viral hepatitis, HIV, and other bacteria and viruses. For

COVID-19, use Z20.828, "Contact with and (suspected) exposure to other viral communicable diseases." The Z20 codes are for patients suspected to have been exposed to disease by close personal contact with an infected individual, or those in an area where a disease is epidemic.

DIABETES TYPE 1.5

Q An endocrinologist diagnosed my patient with type 1.5 diabetes during hospitalization. I am providing care management for all of her chronic conditions. What diagnosis code should I report for her diabetes?

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.

A Report a code from category E13 (other specified diabetes mellitus) for patients diagnosed with type 1.5, combined, or dual diabetes. Also assign a code to indicate management with long-term oral hypoglycemic drugs (Z79.84) or insulin (Z79.4), and add Z79.899 when an injectable GLP-1 receptor agonist drug is prescribed for long-term use in addition to either an oral hypoglycemic drug or insulin.

REMOTE PATIENT MONITORING

Q CPT codes 99091 and 99457 appear to be for similar remote patient monitoring services. When is each code used?

A Use code 99091 when a physician or other qualified health professional (QHP) personally collects and interprets physiologic data that is stored digitally or transmitted by a patient over a 30-day period. The physician or QHP must spend at least 30 minutes providing this service and must communicate with the patient at least once to deliver the interpretation and instructions for ongoing management, as needed.

By contrast, code 99457 represents time spent in live communication with a patient/caregiver over a calendar month to manage the patient's condition based on results of remote physiologic monitoring using a medical device. Time spent by clinical staff communicating with the patient/caregiver is also included. Code 99457 is for the first 20 minutes; code 99458 is for services that exceed the first 20 minutes.

TETANUS IMMUNIZATION DUE TO INJURY

Q What codes should I report to Medicare for providing a tetanus immunization due to an injury?

A Use a diagnosis code for the injury (e.g., S91.331A, "Puncture wound without foreign body, right foot, initial encounter"). On your claim, link this code to your procedure code for the vaccine and its administration. Some Medicare Administrative Contractors also require modifier -AT (acute treatment) be appended to the code for the tetanus toxoid (e.g., 90714-AT, "Tetanus and diphtheria toxoids (Td), preservative free, for use in individual seven years or older, for intramuscular use") and the administration code (e.g., 90471-AT, "Immunization administration per vaccine").

PERFORMING VENIPUNCTURE ON A CHILD

Q What code should I report for venipuncture on a child?

A This depends on whether a physician's skill was necessary to perform the service. Report CPT code 36415 when venipuncture is performed by clinical staff or by a physician when the physician's skills were not required (e.g., because staff were unavailable). When a physician's skill is required (e.g., difficult vein access), code selection is based on the patient's age and the location of the vein. For patients younger than three, report venipuncture requiring the skill of a physician or other QHP with code 36400 for the femoral or jugular vein, 36405 for the scalp vein, and 36406 for any other vein. For patients three or older, report venipuncture requiring the skill of a physician or other QHP with code 36410 (for any vein). **FPM**

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