CME

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HOME HEALTH OR HOSPICE CARE SUPERVISION

Q What date of service should I report for home health or hospice care supervision codes G0181 and G0182?

A Verify your Medicare Administrative Contractor's policy, but typically you would report the first and last dates care planning services were actually provided during a single calendar month as the beginning and end dates for the month of care. However, it is still necessary to report the service after the end of the month.

ADVANCE CARE PLANNING VIA TELEHEALTH

Q Does Medicare cover advance care planning provided via audiovisual technology (i.e., telehealth)?

A Yes. Codes 99497 and 99498 are included on the list of services covered by Medicare when provided via audiovisual technology. Additionally, during the COVID-19 public health emergency only, advance care planning may be reported when provided via audio-only (i.e., telephone) communication.

AMBULATORY BLOOD PRESSURE MONITORING

Q What date of service should I report when a patient has completed ambulatory blood pressure monitoring for 24 hours or longer and I have reviewed and interpreted the data (93784)?

A Report the date you interpreted the data and created your report because that is the date the service is complete. When you are reporting the professional or complete service (technical and professional), both the monitoring time specified in the code descriptor and the interpretation and report should be completed before billing. If you are reporting only technical components (recording or scanning analysis with report), the date of service is the date the monitoring concluded based on the time in the code descriptor.

COUNSELING PATIENTS ABOUT FOREIGN TRAVEL

Q What codes should I report for time spent counseling patients about the health risks of travel to foreign countries and providing advice for staying well?

A Typically these visits would be considered preventive medicine counseling reported with codes 99401-99404 based on the face-to-face time of the service. Diagnosis code Z71.84 ("Encounter for health counseling related to travel") is appropriate for these services. If you administer vaccines, report the appropriate vaccine product and immunization administration codes in addition to the code for preventive medicine counseling.

CATCHING UP ON CHILDREN'S VACCINES

Q When I see pediatric patients in urgent care, I often find that a child is behind on immunizations. Is it appropriate to include a code for immunization counseling when I provide it during these visits?

A Yes, but only if you do not ultimately administer immunizations at the encounter. If you spend time counseling the patient and parents/caregivers but do not administer the immunizations, you may report a preventive medicine counseling code (99401-99404) in addition to a code for any E/M or other service to address a presenting problem when time requirements are met. Append modifier -25 to the code for any office or other outpatient E/M service (e.g., 99203) on the same date. Indicate the child's under-immunized status with diagnosis code Z28.3 and link this to the preventive medicine counseling code. You may report additional diagnosis codes such as Z28.82 ("Immunization not carried out because of caregiver refusal") to describe the reason the immunization was not performed.

If you do end up administering vaccines/toxoids at the visit, don't report a separate code for immunization counseling, because that is included in the code for immunization administration. For all immunizations administered for preventive purposes, report the immunization administration and vaccine/toxoid product codes linked to both Z23 ("Encounter for immunization") and Z28.3 ("Underimmunization status"). If the patient is presenting with an injury that prompts immunization against tetanus, link the immunization administration code (90460 or 90471) to the diagnosis code for the injury. Some health plans may also require modifier -AT (active treatment) to indicate the immunization was due to an injury. FPM

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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.

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