CME

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AFTER-HOURS TIME SPENT DOCUMENTING E/M VISITS

Q Can I count the time I spend at home in the evenings reviewing test results and updating documentation toward the total time of an office E/M service I provided earlier that day?

A Yes. As long as you spend the time on the same date (i.e., before midnight), direct it to the care of the same individual patient, and spend it on activities that CPT includes in physician or other qualified health care professional time (e.g., documentation or coordination of care), you may count it toward the E/M code level.

NURSE VISITS FOR PATIENT EDUCATION AND INJECTIONS

Q Do nurses need to collect vital signs to bill code 99211 if they are doing extensive patient education and administering medications by injection?

A No. Collecting vital signs is not a requirement for 99211 and, in the absence of a clinical indication to do so, would not create support for reporting it. When nurses or other qualified clinical staff provide clinically indicated teaching, you can report code 99211 regardless of the amount of time spent.

But there might be a better code to report teaching. For example, you might report 94664 for educating a patient on the use of a nebulizer or inhaler. You also might be able to include the time clinical staff spent teaching a patient toward a principal care management or chronic care management service (in lieu of reporting 99211) if you meet all other code requirements.

However, you should not report 99211 for teaching a patient on the same date you report one of these codes, nor on the same date as a higher-level E/M service. You also should not report injection code 96372 with 99211; most payers will bundle them.

BLINDNESS IN ONE EYE

Q The ICD-10 index lists code H54.8 as legally blind in both eyes. What diagnosis code should we use for a patient who says he is legally blind in his left eye, but has normal corrected vision in his right eye, when the condition affects patient management?

A The term "both eyes" is in parentheses in the ICD-10 index, which means it's a supplementary or non-essential term that may be present or absent in the patient without affecting the code. However, ICD-10 describes code H54.8 as "Legal blindness, as defined in U.S.A." Legal blindness, by definition, is based on the best-corrected visual acuity of the better-seeing eye. In the U.S., a patient is considered legally blind if neither of their eyes have better than 20/200 vision, even with correction.

Based on this, despite the patient's description of being "legally blind" in his left eye, a diagnosis code for either low vision or blindness of the left eye and normal (corrected) vision of the right eye (e.g., H54.52A2) is likely more appropriate. The ICD-10 tabular list directs readers to the appropriate code for low vision or blindness based on the patient's visual acuity with best possible correction. If your documentation does not support a specific code for the patient's visual acuity, you may report a code from category H54.6, "Unqualified visual loss, one eye."

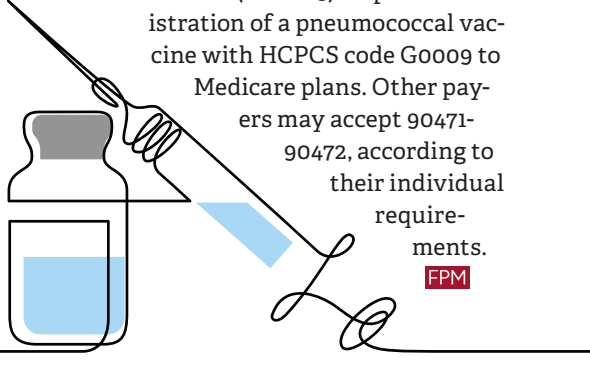
PNEUMOCOCCAL VACCINE ADMINISTRATION

Q What codes should I use to report the pneumococcal 15-valent and 20-valent vaccines?

A Those codes are as follows:

- 90671 — Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use,
- 90677 — Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use.

For other pneumonia vaccines, report 90684 for the 21-valent conjugate vaccine (PCV21) and 90732 for the 23-valent polysaccharide vaccine (PPSV23). Report administration of a pneumococcal vaccine with HCPCS code G0009 to Medicare plans. Other payers may accept 90471-90472, according to their individual requirements. 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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