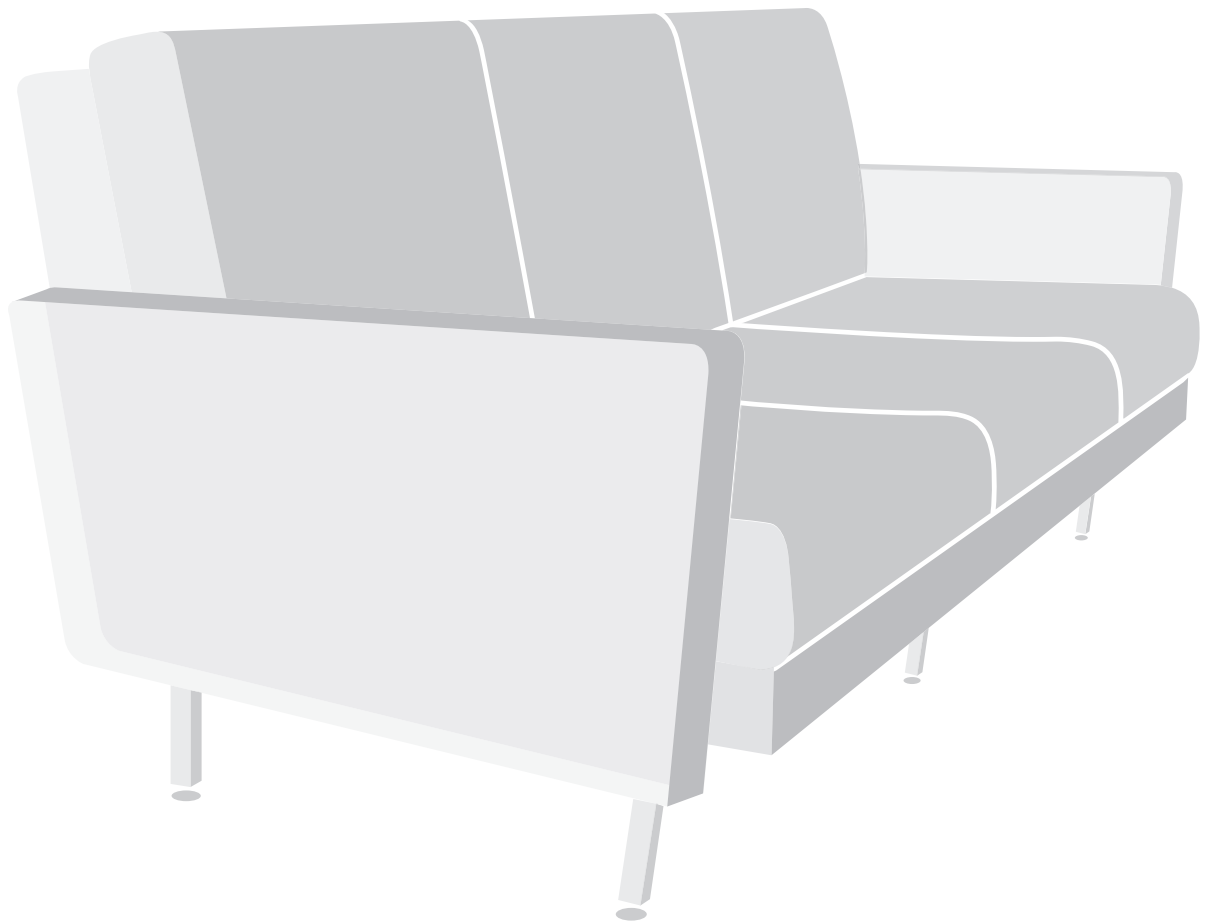


Coding and Billing for **Behavior Health**

A Comprehensive and Illustrative Specialty Guide



2011

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Trichotillomania – An impulse control disorder in which an individual compulsively pulls out his or her hair. This includes scalp hair, eyelashes, facial hair, nose hair, pubic hair, and eyebrows and results in bald patches.

Trichromatic Theory – The theory that vision is the result of three different cone types that channel color information. The theory is derived from color matching and color mixing studies.

Unconditional Positive Regard – The act of completely accepting another individual, and the attitudes of total acceptance that are demonstrated with behavior. It is considered a necessary trait for a therapist to have towards their clients in order to incite positive change.

Unconditioned Response – A response that is natural to an unconditioned stimulus. For example, the act of salivating when you smell food, even if it is a food you have not eaten before.

Unconditioned Stimulus – A stimulus that can evoke a response without the individual having had any previous learning as to the appropriate response. For example, the act of salivating when you smell food, even if it is a food you have not eaten before.

Unconscious – The deepest level of consciousness in which is retained the unwanted or unacceptable ideas, wishes, desires, memories and emotions. The reason these things are in the unconscious is because the individual doesn't want to deal with them, they will interfere or cause problems in his or her daily life.

Variable Interval Schedule – A type of operant conditioning in which a reinforcement schedule is used. The schedule is unpredictable because the time between the response and reward varies. For example, VI5 would be a five second average time elapse between the response and reward.

Variable Ratio Schedule – A type of operant conditioning in which a reinforcement schedule is used. The schedule is unpredictable because the number of responses required for reward varies. For example, VR5 would be an average of five correct responses required.

Verbigeration – The obsessive or continual repetition of meaningless words, phrases or sentences. This is a symptom of schizophrenia and other mental disorders. It is also known as oral stereotypy.

Visual Hallucination – An incorrect visual perception that may or may not be believed as real that occurs without externally generated stimulus. Some of the forms of visual hallucination are Hypnagogic hallucination (a hallucination that occurs just before sleep), Peduncular hallucinosis (a hallucination that occurs most often in the evenings and is caused by the neural tract running to and from the pons), Delirium tremens (a hallucination caused by withdrawal from a drug or alcohol), Migraine coma (experienced when recovering from a comatose state and occurs during full consciousness), Charles Bonnet syndrome (a hallucination experienced by blind patients), and focal epilepsy (a hallucination that is short in duration and only occurs in one part of the visual field).

Wechsler Adult Intelligence Scale (WAIS) (WAIS-R) (WAIS III) (WAIS IV) – An intelligence test containing 14 sub-tests that is commonly used to measure verbal and non verbal abilities of adults. The most current form of this test is the WAIS IV.

Wernicke's Aphasia – The loss of the ability to read or comprehend written or spoken language. This is caused by neurological damage to Wernicke's area of the brain. It is also known as receptive aphasia, fluent aphasia or sensory aphasia.

Wernicke's Area – An area of the brain that is used for the development of language. It is found on the left temporal lobe. It is named after Karl Wernicke.

Withdrawal – The discontinuation of an addictive substance and the physiological adjustment that accompanies this process. Some of the side effects of this can include headache, diarrhea, tremors and hallucinations.

Word Salad – Incoherent and incomprehensible speech that is made up of both real and imaginary words; this is often displayed with schizophrenia.

Word Salad – Y Chromosome – A sex determining chromosome of male humans and mammals.

Zeitgeist – The spirit of an era, time, age or generation. The literal translation means time spirit. It is a term only used in hindsight.

Zygote – A cell that is the result of fertilization such as between an ovum and a sperm cell. The earliest stage of an animal's life, prior to being an embryo.

Abbreviations

The following definitions are medical terms commonly seen while coding/billing for Behavioral Health:

| | |
|------------------|---|
| A | without, lack of, Apathy (lack of feeling); apnea (without breath); aphasia (without speech); anemia (lack of blood) |
| Ab | antibody |
| Ab | away from, Abductor, (leading away from); aboral (away from mouth) |
| Ac | before meals |
| A & P | anterior and posterior; auscultation and percussion |
| Abd | abdomen |
| ABG | arterial blood gases |
| ABP | arterial blood pressure |
| Ac | before meals |
| ACBG | aortocoronary bypass graft |
| ACE | angiotensin converting enzyme |
| Ad | to, toward, near to, Adductor, (leading toward); adhesion, (sticking to); adnexia (structures joined to); adrenal (near the kidney) |
| ACL | anterior cruciate ligament |
| ACT | anticoagulant therapy; active motion |
| ACTH | adrenocorticotrophic hormone |
| ADH | antidiuretic hormone |
| ADL | activities of daily living |
| Ad lib | as desired |
| AFB | acid-fast bacilli |
| AFIB | atrial fibrillation |
| AFP | alpha-fetoprotein |
| AGA | appropriate for gestational age |

90806-90807

- 90806** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
- 90807** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services

Plain English Description

Individual psychotherapy within an office or outpatient facility (about 45-50 minutes per session) utilizing reeducation, support and reassurance, insight discussions, and occasional medication to affect behavior-modification through self-understanding. Code 90807 if medical evaluation and management services are also administered.

ICD-9-CM Diagnostic Codes (commonly used)

- 295.70** Schizoaffective disorder, schizophrenia, unspecified state
- 296.20** Major depressive affective disorder, single episode, unspecified degree
- 296.22** Major depressive affective disorder, single episode, moderate degree
- 296.23** Major depressive affective disorder, single episode, severe degree, without psychotic behavior
- 296.30** Major depressive affective disorder, recurrent episode, unspecified degree
- 296.32** Major depressive affective disorder, recurrent episode, moderate degree
- 296.33** Major depressive affective disorder, recurrent episode, severe degree, without psychotic behavior
- 296.34** Major depressive affective disorder, recurrent episode, severe degree, specified as with psychotic behavior
- 300.00** Anxiety state, unspecified
- 300.01** Panic disorder without agoraphobia
- 300.02** Generalized anxiety disorder
- 300.4** Dysthymic disorder
- 300.7** Hypochondriasis
- 301.0** Paranoid personality disorder
- 301.12** Chronic depressive personality disorder
- 301.3** Explosive personality disorder
- 301.4** Obsessive-compulsive personality disorder
- 301.50** Histrionic personality disorder, unspecified
- 301.83** Borderline personality disorder
- 303.90** Other and unspecified alcohol dependence, unspecified drinking behavior
- 304.00** Opioid type dependence, unspecified use
- 304.10** Sedative, hypnotic or anxiolytic dependence, unspecified use
- 307.1** Anorexia nervosa
- 307.51** Bulimia
- 308.0** Predominant disturbance of emotions
- 309.0** Adjustment disorder with depressed mood
- 309.1** Adjustment reaction with prolonged depressive reaction
- 309.28** Adjustment disorder with mixed anxiety and depressed mood
- 309.81** Posttraumatic stress disorder
- 311** Depressive disorder, not elsewhere classified
- 397.0** Diseases of tricuspid valve
- **V11.4** Personal history of combat and operational stress reaction
- V61.02** Family disruption due to return of family member from military deployment
- V61.03** Family disruption due to divorce or legal separation
- V61.04** Family disruption due to parent-child estrangement
- V61.05** Family disruption due to child in welfare custody
- V61.06** Family disruption due to child in foster care or in care of non-parental family member
- V61.09** Other family disruption
- V62.21** Personal current military deployment status
- V62.22** Personal history of return from military deployment
- V62.29** Other occupational circumstances or maladjustment

RVU(s)

| Code | Work | PE | | | Total | | Global | Status |
|--------------|------|----------|-----------------|------|----------|--------------|--------|--------|
| | | Facility | PE Non-Facility | MP | Facility | Non-Facility | | |
| 90806 | 1.86 | 0.37 | 0.58 | 0.07 | 2.30 | 2.51 | XXX | A |
| 90807 | 2.02 | 0.47 | 0.85 | 0.08 | 2.57 | 2.95 | XXX | A |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|--------------|------------|------------|------------|------------|------------|
| 90806 | 0 | 0 | 0 | 0 | 0 |
| 90807 | 0 | 0 | 0 | 0 | 0 |

CCI

- 90806** 36640¹, 90801⁰, 90802⁰, 90804⁰, 90805⁰, 90813^{EO}, 90814^{EO}, 90816^{EO}, 90817^{EO}, 90818^{EO}, 90819^{EO}, 90821^{EO}, 90822^{EO}, 90824^{EO}, 90826^{EO}, 90827^{EO}, 90828^{EO}, 90829^{EO}, 90845^{EO}, 90862⁰, 90865^{EO}, 96116¹, 96150⁰, 96151⁰, 96152⁰, 96153⁰, 96154⁰, 97802⁰, 97803⁰, 97804⁰, 99201^{EO}, 99202^{EO}, 99203^{EO}, 99204^{EO}, 99205^{EO}, 99211^{EO}, 99212^{EO}, 99213^{EO}, 99214^{EO}, 99215^{EO}, 99217^{EO}, 99218^{EO}, 99219^{EO}, 99220^{EO}, 99221^{EO}, 99222^{EO}, 99223^{EO}, 99231^{EO}, 99232^{EO}, 99233^{EO}, 99234^{EO}, 99235^{EO}, 99236^{EO}, 99238^{EO}, 99239^{EO}, 99241^{EO}, 99242^{EO}, 99243^{EO}, 99244^{EO}, 99245^{EO}, 99251^{EO}, 99252^{EO}, 99253^{EO}, 99254^{EO}, 99255^{EO}, 99281^{EO}, 99282^{EO}, 99283^{EO}, 99284^{EO}, 99285^{EO}, 99291^{EO}, 99304^{EO}, 99305^{EO}, 99306^{EO}, 99307^{EO}, 99308^{EO}, 99309^{EO}, 99310^{EO}, 99318^{EO}, 99324^{EO}, 99325^{EO}, 99326^{EO}, 99327^{EO}, 99328^{EO}, 99334^{EO}, 99335^{EO}, 99336^{EO}, 99337^{EO}, 99341^{EO}, 99342^{EO}, 99343^{EO}, 99344^{EO}, 99345^{EO}, 99350^{EO}, 99354^{EO}, 99355^{EO}, 99356^{EO}, 99357^{EO}, 99360^{EO}, 99455^{EO}, 99456^{EO}, 99460^{EO}, 99461^{EO}, 99462^{EO}, 99463^{EO}, 99465^{EO}, 99466^{EO}, 99468^{EO}, 99469^{EO}, 99471^{E1}, 99472^{E1}, 99475^{E1}, 99476^{E1}, 99477^{E1}, 99478^{E1}, 99479^{E1}, 99480^{E1}, 99605¹, 99606¹, G0176¹, G0177¹, G0270⁰, G0271⁰, G0380^{E1}, G0381^{E1}, G0382^{E1}, G0383^{E1}, G0384^{E1}, M0064⁰
- 90807** 36640¹, 90801⁰, 90802⁰, 90804⁰, 90805⁰, 90806⁰, 90813^{EO}, 90814^{EO}, 90815^{EO}, 90816^{EO}, 90817^{EO}, 90818^{EO}, 90819^{EO}, 90821^{EO}, 90822^{EO}, 90826^{EO}, 90827^{EO}, 90828^{EO}, 90829^{EO}, 90862⁰, 90865^{EO}, 96116¹, 96150⁰, 96151⁰, 96152⁰, 96153⁰, 96154⁰, 97802⁰, 97803⁰, 97804⁰, 99201^{EO}, 99202^{EO}, 99203^{EO}, 99204^{EO}, 99205^{EO}, 99211^{EO}, 99212^{EO}, 99213^{EO}, 99214^{EO}, 99215^{EO}, 99217^{EO}, 99218^{EO}, 99219^{EO}, 99220^{EO}, 99221^{EO}, 99222^{EO}, 99223^{EO}, 99231^{EO}, 99232^{EO}, 99233^{EO}, 99234^{EO}, 99235^{EO}, 99236^{EO}, 99238^{EO}, 99239^{EO}, 99241^{EO}, 99242^{EO}, 99243^{EO}, 99244^{EO}, 99245^{EO}, 99251^{EO}, 99252^{EO}, 99253^{EO}, 99254^{EO}, 99255^{EO}, 99281^{EO}, 99282^{EO}, 99283^{EO}, 99284^{EO}, 99285^{EO}, 99291^{EO}, 99304^{EO}, 99305^{EO}, 99306^{EO}, 99307^{EO}, 99308^{EO}, 99309^{EO}, 99310^{EO}, 99318^{EO}, 99324^{EO}, 99325^{EO}, 99326^{EO}, 99327^{EO}, 99328^{EO}, 99334^{EO}, 99335^{EO}, 99336^{EO}, 99337^{EO}, 99341^{EO}, 99342^{EO}, 99343^{EO}, 99344^{EO}, 99345^{EO}, 99347^{EO}, 99348^{EO}, 99349^{EO}, 99350^{EO}, 99354^{EO}, 99355^{EO}, 99356^{EO}, 99357^{EO}, 99360^{EO}, 99455^{EO}, 99456^{EO}, 99460^{EO}, 99461^{EO}, 99462^{EO}, 99463^{EO}, 99465^{EO}, 99466^{EO}, 99468^{EO}, 99469^{EO}, 99471^{E1}, 99472^{E1}, 99475^{E1}, 99476^{E1}, 99477^{E1}, 99478^{E1}, 99479^{E1}, 99480^{E1}, 99605¹, 99606¹, G0176¹, G0177¹, G0270⁰, G0271⁰, G0380^{E1}, G0381^{E1}, G0382^{E1}, G0383^{E1}, G0384^{E1}, M0064⁰

Pub 100

Pub 100-04, 12, 110.2

CPT® Procedural Coding

** See Appendix for CCI information

* See Appendix for Modifier Rules

● New Code

▲ Revised Code

90845

90845 Psychoanalysis

Plain English Description

Psychoanalysis, achieved by intense study of the patient's history, motivations and internal conflicts, as well as any related physical conditions, with the aim of altering inappropriate behavioral and emotional patterns. Code includes peer consultation and follow-up documentation and review.

ICD-9-CM Diagnostic Codes (commonly used)

- 290.11 Presenile dementia with delirium
- 290.12 Presenile dementia with delusional features
- 290.21 Senile dementia with depressive features
- 294.11 Dementia in conditions classified elsewhere with behavioral disturbance
- 294.8 Other persistent mental disorders due to conditions classified elsewhere
- 295.10 Disorganized type schizophrenia, unspecified state
- 295.34 Paranoid type schizophrenia, chronic state with acute exacerbation
- 295.70 Schizoaffective disorder, schizophrenia, unspecified state
- 296.32 Major depressive affective disorder, recurrent episode, moderate degree
- 296.33 Major depressive affective disorder, recurrent episode, severe degree, without psychotic behavior
- 296.35 Major depressive affective disorder, recurrent episode, in partial or unspecified remission
- 296.60 Bipolar I disorder, most recent episode (or current) mixed, unspecified degree
- 296.80 Bipolar disorder, unspecified
- 300.02 Generalized anxiety disorder
- V61.01 Family disruption due to family member on military deployment
- V61.02 Family disruption due to return of family member from military deployment
- V61.03 Family disruption due to divorce or legal separation
- V61.04 Family disruption due to parent-child estrangement
- V61.05 Family disruption due to child in welfare custody
- V61.06 Family disruption due to child in foster care or in care of non-parental family member
- V61.09 Other family disruption
- V62.21 Personal current military deployment status
- V62.22 Personal history of return from military deployment
- V62.29 Other occupational circumstances or maladjustment

RVU(s)

| Code | Work | PE Facility | PE Non-Facility | MP | Total Facility | Total Non-Facility | Global | Status |
|-------|------|-------------|-----------------|------|----------------|--------------------|--------|--------|
| 90845 | 1.79 | 0.42 | 0.48 | 0.07 | 2.28 | 2.34 | XXX | A |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|-------|------------|------------|------------|------------|------------|
| 90845 | 0 | 0 | 0 | 0 | 0 |

CCI

90845 36640¹, 90801⁰, 90802⁰, 90807^{E0}, 90808^{E0}, 90809^{E0}, 90812^{E0}, 90813^{E0}, 90814^{E0}, 90815^{E0}, 90818^{E0}, 90819^{E0}, 90821^{E0}, 90822^{E0}, 90826^{E0}, 90827^{E0}, 90828^{E0}, 90829^{E1}, 90846^{E1}, 90847^{E1}, 90862⁰, 90865^{E0}, 96116¹, 96150⁰, 96151⁰, 96152⁰, 96153⁰, 96154⁰, 97802⁰, 97803⁰, 97804⁰, 99201⁰, 99202⁰, 99203⁰, 99204⁰, 99205⁰, 99211⁰, 99212⁰, 99213⁰, 99214⁰, 99215⁰, 99217⁰, 99218⁰, 99219⁰, 99220⁰, 99221⁰, 99222⁰, 99223⁰, 99231⁰, 99232⁰, 99233⁰, 99234⁰, 99235⁰, 99236⁰, 99238⁰, 99239⁰, 99241⁰, 99242⁰, 99243⁰, 99244⁰, 99245⁰, 99251⁰, 99252⁰, 99253⁰, 99254⁰, 99255⁰, 99281⁰, 99282⁰, 99283⁰, 99284⁰, 99285⁰, 99291⁰, 99292⁰, 99304⁰, 99305⁰, 99306⁰, 99307⁰, 99308⁰, 99309⁰, 99310⁰, 99315⁰, 99316⁰, 99318⁰, 99324⁰, 99325⁰, 99326⁰, 99327⁰, 99328⁰, 99334⁰, 99335⁰, 99336⁰, 99337⁰, 99341⁰, 99342⁰, 99343⁰, 99344⁰, 99345⁰, 99347⁰, 99348⁰, 99349⁰, 99350⁰, 99354⁰, 99355⁰, 99356⁰, 99357⁰, 99605¹, 99606¹, G0176¹, G0177¹, G0270⁰, G0271⁰, G0380¹, G0381¹, G0382¹, G0383¹, G0384¹, M0064⁰

Pub 100

Pub 100-04, 12, 110.2

90846

90846 Family psychotherapy (without the patient present)

Plain English Description

Family psychotherapy without the patient present in order to evaluate and improve family dynamics as they relate to the patient's condition.

ICD-9-CM Diagnostic Codes (commonly used)

- 290.21 Senile dementia with depressive features
- 290.43 Vascular dementia with depressed mood
- 294.8 Other persistent mental disorders due to conditions classified elsewhere
- 296.23 Major depressive affective disorder, single episode, severe degree, without psychotic behavior
- 296.32 Major depressive affective disorder, recurrent episode, moderate degree
- 296.33 Major depressive affective disorder, recurrent episode, severe degree, without psychotic behavior
- 300.00 Anxiety state, unspecified
- 300.02 Generalized anxiety disorder
- 300.4 Dysthymic disorder
- 305.03 Nondependent alcohol abuse, in remission
- 309.0 Adjustment disorder with depressed mood
- 309.28 Adjustment disorder with mixed anxiety and depressed mood
- 311 Depressive disorder, not elsewhere classified
- 331.0 Alzheimer's disease
- V61.01 Family disruption due to family member on military deployment
- V61.02 Family disruption due to return of family member from military deployment
- V61.03 Family disruption due to divorce or legal separation
- V61.04 Family disruption due to parent-child estrangement
- V61.05 Family disruption due to child in welfare custody
- V61.06 Family disruption due to child in foster care or in care of non-parental family member
- V61.09 Other family disruption
- V62.21 Personal current military deployment status
- V62.22 Personal history of return from military deployment
- V62.29 Other occupational circumstances or maladjustment

RVU(s)

| Code | Work | PE Facility | PE Non-Facility | MP | Total Facility | Total Non-Facility | Global | Status |
|-------|------|-------------|-----------------|------|----------------|--------------------|--------|--------|
| 90846 | 1.83 | 0.50 | 0.58 | 0.07 | 2.40 | 2.48 | XXX | R |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|-------|------------|------------|------------|------------|------------|
| 90846 | 0 | 0 | 0 | 0 | 0 |

CCI

90846 90801^{E1}, 90802^{E1}, 90804^{E1}, 90805^{E1}, 90806^{E1}, 90807^{E1}, 90808^{E1}, 90809^{E1}, 90810^{E1}, 90811^{E1}, 90812^{E1}, 90813^{E1}, 90814^{E1}, 90815^{E1}, 90816^{E1}, 90817^{E1}, 90818^{E1}, 90819^{E1}, 90821^{E1}, 90822^{E1}, 90823^{E1}, 90824^{E1}, 90826^{E1}, 90827^{E1}, 90828^{E1}, 90829^{E1}, 90847^{E1}, 90865^{E1}, 90870^{E1}, 96116¹, 96150⁰, 96151⁰, 96152⁰, 96153⁰, 96154⁰, 97802⁰, 97803⁰, 97804⁰, 99201⁰, 99202⁰, 99203⁰, 99204⁰, 99205⁰, 99211⁰, 99212⁰, 99213⁰, 99214⁰, 99215⁰, 99217⁰, 99218⁰, 99219⁰, 99220⁰, 99221⁰, 99222⁰, 99223⁰, 99231⁰, 99232⁰, 99233⁰, 99234⁰, 99235⁰, 99236⁰, 99238⁰, 99239⁰, 99241⁰, 99242⁰, 99243⁰, 99244⁰, 99245⁰, 99251⁰, 99252⁰, 99253⁰, 99254⁰, 99255⁰, 99281⁰, 99282⁰, 99283⁰, 99284⁰, 99285⁰, 99304⁰, 99305⁰, 99306⁰, 99307⁰, 99308⁰, 99309⁰, 99310⁰, 99315⁰, 99316⁰, 99318⁰, 99324⁰, 99325⁰, 99326⁰, 99327⁰, 99328⁰, 99334⁰, 99335⁰, 99336⁰, 99337⁰, 99341⁰, 99342⁰, 99343⁰, 99344⁰, 99345⁰, 99347⁰, 99348⁰, 99349⁰, 99350⁰, 99354⁰, 99355⁰, 99356⁰, 99357⁰, 99605¹, 99606¹, G0176¹, G0177¹, G0270⁰, G0271⁰, G0380¹, G0381¹, G0382¹, G0383¹, G0384¹, M0064⁰

Pub 100

Pub 100-4, 4, 260.1-260.6

CPT® Procedural Coding

80100-80101

- 80100** Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
- 80101** Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class

Plain English Description

A qualitative drug screen is performed for multiple drug classes using chromatographic method (80100) or for a single drug class by immunoassay or enzyme assay (80101). Qualitative drug screens test only for the presence or absence of drugs or drug classes, not for the amount or concentration of the drug or drug class in the specimen. Drug screening may be performed on blood serum, urine, saliva, sweat, hair, or other specimens. Thin layer chromatography (TLC) is the most common testing method for multiple drug classes (80100). TLC is used to test for drugs and drug metabolites and can test for a large number of drugs quickly and accurately. A small amount of the specimen is placed on a plate with an organic binder. The plate is placed on its end and the bottom is dipped in solvent. The solvent travels up the plate, taking the specimen with it. The components in the specimen are distributed up the plate with the heavier components at the lower end and lighter components up higher. An ultraviolet light or chemical spray is then used to display the streaks or spots, which are then compared to chromatogram standards for specific drug classes. Report 80100 for each procedure. In 80101, an immunoassay or enzyme assay is used to test for a single drug class. Substances that react when a specific drug class is present are introduced into the specimen and it is then tested to determine whether a positive reaction is present. A positive reaction indicates that the drug is present. Drug testing by immunoassay or enzyme assay is typically performed on an automated system. Report 80101 for each drug class tested.

ICD-9-CM Diagnostic Codes (commonly used)

- 291 Alcohol induced mental disorders
 - 291.1 Alcohol-induced persisting amnesic disorder
 - 291.2 Alcohol-induced persisting dementia
 - 291.3 Alcohol-induced psychotic disorder with hallucinations
 - 291.4 Idiosyncratic alcohol intoxication
 - 291.5 Alcohol-induced psychotic disorder with delusions
 - 291.81 Alcohol withdrawal
 - 291.82 Alcohol-induced sleep disorders
 - 291.89 Other specified alcohol-induced mental disorders
 - 291.9 Unspecified alcohol-induced mental disorders
- 292 Drug induced mental disorders
 - 292.11 Drug-induced psychotic disorder with delusions
 - 292.12 Drug-induced psychotic disorder with hallucinations
 - 292.2 Pathological drug intoxication
 - 292.81 Drug-induced delirium
 - 292.82 Drug-induced persisting dementia
 - 292.83 Drug-induced persisting amnesic disorder
 - 292.84 Drug-induced mood disorder
 - 292.85 Drug-induced sleep disorders
 - 292.89 Other specified drug-induced mental disorders
 - 292.9 Unspecified drug-induced mental disorder
- 303 Alcohol dependence syndrome
 - 303.01 Acute alcoholic intoxication in alcoholism, continuous drinking behavior
 - 303.02 Acute alcoholic intoxication in alcoholism, episodic drinking behavior
 - 303.03 Acute alcoholic intoxication in alcoholism, in remission
 - 303.91 Other and unspecified alcohol dependence, continuous drinking behavior
 - 303.92 Other and unspecified alcohol dependence, episodic drinking behavior
 - 303.93 Other and unspecified alcohol dependence, in remission
- 304.11 Sedative, hypnotic or anxiolytic dependence, continuous use
- 304.12 Sedative, hypnotic or anxiolytic dependence, episodic use
- 304.13 Sedative, hypnotic or anxiolytic dependence, in remission
- 304.21 Cocaine dependence, continuous use
- 304.22 Cocaine dependence, episodic use
- 304.23 Cocaine dependence, in remission
- 304.31 Cannabis dependence, continuous use
- 304.32 Cannabis dependence, episodic use
- 304.33 Cannabis dependence, in remission

- 304.41 Amphetamine and other psychostimulant dependence, continuous use
- 304.42 Amphetamine and other psychostimulant dependence, episodic use
- 304.43 Amphetamine and other psychostimulant dependence, in remission
- 304.51 Hallucinogen dependence, continuous use
- 304.52 Hallucinogen dependence, episodic use
- 304.53 Hallucinogen dependence, in remission
- 304.61 Other specified drug dependence, continuous use
- 304.62 Other specified drug dependence, episodic use
- 304.63 Other specified drug dependence, in remission
- 304.71 Combinations of opioid type drug with any other drug dependence, continuous use
- 304.72 Combinations of opioid type drug with any other drug dependence, episodic use
- 304.73 Combinations of opioid type drug with any other drug dependence, in remission
- 304.81 Combinations of drug dependence excluding opioid type drug, continuous use
- 304.82 Combinations of drug dependence excluding opioid type drug, episodic use
- 304.83 Combinations of drug dependence excluding opioid type drug, in remission
- 304.91 Unspecified drug dependence, continuous use
- 304.92 Unspecified drug dependence, episodic use
- 304.93 Unspecified drug dependence, in remission
- 305 Nondependent abuse of drugs
 - 305.01 Nondependent alcohol abuse, continuous drinking behavior
 - 305.02 Nondependent alcohol abuse, episodic drinking behavior
 - 305.03 Nondependent alcohol abuse, in remission

RVU(s)

| Code | Work | PE Facility | PE Non-Facility | MP | Total Facility | Total Non-Facility | Global | Status |
|-------|------|-------------|-----------------|------|----------------|--------------------|--------|--------|
| 80100 | 0.18 | 0.46 | 0.46 | 0.03 | 0.67 | 0.67 | XXX | X |
| 80101 | 0.17 | 0.42 | 0.42 | 0.02 | 0.61 | 0.61 | XXX | I |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|-------|------------|------------|------------|------------|------------|
| 80100 | 9 | 9 | 9 | 9 | 9 |
| 80101 | 9 | 9 | 9 | 9 | 9 |

CCI

- 80100** 80101¹, 80500¹, 80502¹, 82486¹, 82487¹, 82488¹, 82489¹
- 80101** 80500¹, 80502¹, 83516¹, 83518¹

Pub 100

No Pub 100 references apply to this code or code range.

90911

90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

Plain English Description

Biofeedback training involving the perineal muscles, anorectal or urethral sphincter is provided for conditions such as urinary retention or incontinence or fecal incontinence or constipation. This type of biofeedback training includes the use of electromyography (EMG) or manometry. Anorectal biofeedback is performed using a manometer probe with multiple microsensors and a balloon or a water perfused probe with side holes in the rectum. These devices provide a visual or auditory display of muscle activity in the abdomen, rectum, pelvic floor, and anal sphincter and are able to alert the patient to dyssynergic (uncoordinated) muscle activity preventing normal defecation. The patient uses neuromuscular conditioning techniques to improve anorectal muscle coordination. Biofeedback training for bladder sphincter dyssynergia is performed using exercises to tense and relax pelvic muscles. The patient also practices relaxation of pelvic muscles during voiding. A biofeedback device that uses a recording of urinary flow and EMG with a visual display is also used to alert the patient to changes in pelvic floor and urethral sphincter tension. The patient then uses these biofeedback techniques to help coordinate the pelvic floor muscles and improve urethral sphincter control.

ICD-9-CM Diagnostic Codes (commonly used)

- 618.83 Pelvic muscle wasting ♀
- 625.6 Stress incontinence, female ♀
- 627.3 Postmenopausal atrophic vaginitis
- 728.2 Muscular wasting and disuse atrophy, not elsewhere classified
- 728.85 Spasm of muscle
- 787.6 Incontinence of feces
- 787.6 Incontinence of feces
- 788.21 Incomplete bladder emptying
- 788.30 Urinary incontinence, unspecified ♂
- 788.31 Urge incontinence
- 788.32 Stress incontinence, male
- 788.33 Mixed incontinence (male) (female)
- 788.41 Urinary frequency
- 788.43 Nocturia
- 788.63 Urgency of urination

RVU(s)

| Code | Work | PE Facility | PE Non-Facility | MP | Total Facility | Total Non-Facility | Global | Status |
|-------|------|-------------|-----------------|------|----------------|--------------------|--------|--------|
| 90911 | 0.89 | 0.38 | 1.61 | 0.07 | 1.34 | 2.57 | 000 | A |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|-------|------------|------------|------------|------------|------------|
| 90911 | 0 | 0 | 0 | 0 | 0 |

CCI

90911 51701¹, 51702¹, 51703¹, 51728¹, 51729¹, 51784¹, 51785⁰, 51795¹, 64550¹, 90804¹, 90805¹, 90806¹, 90807¹, 90808¹, 90809¹, 90810¹, 90811¹, 90812¹, 90813¹, 90814¹, 90815¹, 90816¹, 90817¹, 90818¹, 90819¹, 90821¹, 90822¹, 90823¹, 90824¹, 90826¹, 90827¹, 90828¹, 90829¹, 90845¹, 90846¹, 90847¹, 90849¹, 90853¹, 90857¹, 90865¹, 90880¹, 90901⁰, 91122¹, 95860¹, 95861¹, 95863¹, 95864¹, 95867¹, 95868¹, 95869¹, 95870¹, 95872¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 97032¹, 97110¹, 97112¹, 97530¹, 97535¹, 97750¹, 99148⁰, 99149⁰, 99150⁰, G0410¹, G0411¹

Pub 100

Pub 100-3, 1, 30.1-30.1.1

92506

92506 Evaluation of speech, language, voice, communication, and/or auditory processing

Plain English Description

A speech-language pathologist evaluates speech, language, voice, communication, and/or auditory processing. The evaluation is performed to identify a speech or language disorder. A speech disorder is a problem with the production of sounds, whereas a language disorder refers to a difficulty with understanding or putting words together to communicate ideas. Speech disorders are divided into three primary categories and include articulation disorders, fluency disorders, and resonance or voice disorders. Articulation disorders include difficulties producing sounds in syllables or saying words incorrectly to the point where people are unable understand what is being said. Fluency disorders are problems such as stuttering. Resonance disorders include problems with pitch, volume, or quality of the voice. Language disorders are categorized as either receptive or expressive. Difficulty understanding or processing language is a receptive disorder, while difficulty putting words together or limited vocabulary are expressive disorders. The speech-language pathologist first screens all areas of speech production, receptive language, and expressive language and then performs a series of in-depth tests to evaluate problematic areas. Testing may include clinical observations and standardized or non-standardized tests. A speech evaluation includes tests to assess sound production and articulatory movements of oral musculature. A language evaluation includes assessing the patient's ability to understand the meaning and intent of written and verbal expressions as well as the patient's ability to appropriately formulate and verbalize expressive thought. The speech-language pathologist interprets the test results, identifies problematic areas, and formulates a treatment plan.

ICD-9-CM Diagnostic Codes (commonly used)

- 381.81 Dysfunction of Eustachian tube
- 388.30 Tinnitus, unspecified
- 388.43 Impairment of auditory discrimination
- 389.00 Conductive hearing loss, unspecified
- 389.04 Conductive hearing loss, inner ear
- 389.10 Sensorineural hearing loss, unspecified
- 389.11 Sensory hearing loss, bilateral
- 389.18 Sensorineural hearing loss of combined types, bilateral
- 389.9 Unspecified hearing loss
- 438.13 Late effects of cerebrovascular disease, dysarthria
- 438.14 Late effects of cerebrovascular disease, fluency disorder
- 784.42 Dysphonia
- 784.43 Hypernasality
- 784.44 Hyponasality
- 784.49 Other voice and resonance disorders
- 784.51 Dysarthria
- 784.59 Other speech disturbance
- 799.53 Visuospatial deficit

RVU(s)

| Code | Work | PE Facility | PE Non-Facility | MP | Total Facility | Total Non-Facility | Global | Status |
|-------|------|-------------|-----------------|------|----------------|--------------------|--------|--------|
| 92506 | 0.86 | 2.26 | 2.26 | 0.05 | 3.17 | 3.17 | XXX | A |

Modifiers*

| Code | Mod 50 PAR | Mod 51 PAR | Mod 62 PAR | Mod 66 PAR | Mod 80 PAR |
|-------|------------|------------|------------|------------|------------|
| 92506 | 0 | 5 | 0 | 0 | 0 |

CCI

92506 69210⁰, 92620¹, 92621¹, G0268⁰

Pub 100

Pub 100-4, 5, 20-20.3; 100-4, 12, 30.3; 100-4, 32, 100-100.4

Volume 2 – Alphabetic Index

The Alphabetic Index also makes use of certain instructional conventions to help guide the user in appropriate code selection and sequencing.

Special Instruction Notes

The “see” instruction directs the user to another main term to find the correct code.

Example:**Crisis**

Vascular – see Disease, cerebrovascular, acute

The “see also” instruction directs the user to also refer to the suggested main term for additional information on the condition or disease.

Example:

Crohn’s disease (see also Enteritis, regional) 555.9

Punctuation

[/] Slanted brackets identify situations when more than one code is needed to correctly code the condition. The index lists the codes in sequencing order with the secondary code in brackets.

Example:

Mononeuropathy (see also Mononeuritis) 355.9
diabetic NEC 250.6x [355.9]

() Parentheses enclose nonessential modifiers which may or may not be used with the diagnosis or condition listed in the index. These nonessential modifiers may help in clarifying the documentation, but the presence or absence of any of them does not change the code number selection.

Example:

Cyst (mucus) (retention) (serous) (simple)

ICD-9-CM Coding

ICD-9-CM diagnostic coding is a necessity when submitting claims to payers for reimbursement. It also identifies the reason for the patient’s visit to the provider and will indicate the medical necessity of the services rendered by the provider. The following are guidelines that instruct on ICD-9-CM diagnostic coding:

1. Consult Volume 2, Alphabetic Index to ICD-9-CM, first. Locate the main entry term. The Alphabetic Index is arranged by condition.
2. Refer to Volume 1 of the ICD-9-CM, locating the selected code in the Tabular List. Review any exclusion notes or other instructions for proper coding before final selection of codes. Also, refer to the addenda for any new diagnostic codes or corrections.
3. Read and apply all other conventions used in the Tabular List and Alphabetic Index.
4. Code only confirmed diagnoses. Do not code “suspected,” “rule out” or “probable” diagnoses. If there is not a confirmed diagnosis for outpatient service, code the symptom(s). For inpatient, short-term, acute care, and long term care coding, if only a “suspected,” “rule-out,” or “probable” diagnosis is listed, it should be coded as if it existed or was established.
5. Code only the confirmed diagnoses if both the diagnoses and symptoms are documented in the medical record, except

when the diagnoses and symptoms are not related, then code both.

6. Code to the level of highest specificity. Check to see if the diagnostic code consists of three, four, or five numbers. Truncated codes will be denied if a claim is submitted without all of the digits.
7. Chronic diseases and conditions treated on an ongoing basis may be coded as many times as the patient receives treatment and care for the condition(s).
8. Code all documented conditions that coexist at the time of the patient encounter that require or affect patient care, treatment, or management.

2011 Behavioral Health Diagnostic Code Index**Abnormal**

menstruation, disorder, and abnormal bleeding 626.9
movement disorders and extrapyramidal, other 333.99
weight gain 783.1

Abuse

child abuse and neglect 995.59
emotional/psychological
adult 995.82
physical
adult 995.81
sexual
adult 995.83

Academic underachievement disorder of childhood/adolescence 313.83**Acromegaly 253.0****Adjustment**

disorder, with
anxiety 309.24
depressed mood 309.0
disturbance of conduct 309.3
mixed anxiety and depressed mood 309.28
mixed disturbance of emotions and conduct 309.4
physical symptoms 309.82
prolonged depressive reaction 309.1
withdrawal 309.83
reactions, other specified 309.89

Adrenogenital disorder 255.2**Adverse effects**

work environment V62.1

Affective personality disorder

cyclothymic 301.13
depressive 301.12
hypomanic 301.11
unspecified 301.10

Aged parent problems V61.3**Agoraphobia**

with panic disorder 300.21
without panic attacks 300.2

Alcohol withdrawal 291.81

delirium 291.0

Alcoholic

cardiomyopathy 425.5
hepatitis, acute 571.1

Jurisdiction D Information

Claims, Correspondence, Redetermination Requests, Refunds, FOIA, etc.

Noridian Administrative Services

PO Box 6727
Fargo ND 58108-6727
Electronic Funds Transfer (EFT) Forms

Noridian Administrative Services

PO Box 6728
Fargo ND 58108-6728

Benefit Protection**Noridian Administrative Services**

PO Box 6736
Fargo ND 58108-6736

Advance Determination of Medicare Coverage (ADMC)**IntegriGuard, LLC**

2301 N 117 Ave Suite 200
Omaha NE 68164
Fax: 1-402-498-2306

Reconsiderations/Administrative Law Judge (ALJ) Hearing Requests**RiverTrust Solutions**

PO Box 180208
Chattanooga, TN 37401-7208

ALJ Status Inquiries**Office of Medicare Hearings and Appeals (OMHA)**

BP Tower & Garage
200 Public Square Suite 1300
Cleveland OH 44114-2316

Jurisdiction D Durable Medical Equipment**Benefit Integrity Support Center (DME-BISC)**

Richard Kensic, Benefit Integrity Manager
DME-BISC
PO Box 51152
Los Angeles CA 90051-5452
www.integriguard.org/gov/psc/dme-bisc.html

Additional Resources**Supplier Enrollment/Inquiries**

National Supplier Clearinghouse
PO Box 100142
Columbia SC 29202-3142

Overnight Mailing Address**National Supplier Clearinghouse**

2300 Springdale Drive Bldg 1
Camden SC 29020
Phone: 1-866-238-9652
www.palmettogba.com/nsc

The supplier enrollment form, CMS 855S, is available at www.cms.gov/cmsforms/downloads/cms855S.pdf

Coding Assistance**Statistical Analysis Durable Medical Equipment Regional Contractor (SADMERC)**

Palmetto Government Benefits Administrators
Medicare SADMERC Operations
PO Box 100143
Columbia SC 29202-3143
Phone: 1-877-735-1326
www.palmettogba.com/sadmerc

2011 Behavioral Health HCPCS Level II Code Index**Assessment**

alcohol and/or drug, H0001
geriatric, S0250
hearing aid, V5010

Assistive listening device

alerting, V5269
cochlear implant use, V5273
NOS, V5274
TDD, V5272
telephone amplifier, V5268
television amplifier, V5270
television caption decoder, V5271

Ativan, J2060**Attendant care services, S5125-S5126****Behavioral health sciences**

counseling, H0004
hotline, H0030
outreach, H0023
prevention, H0024-H0025
residential, H0017-H0019
screening, H0002

Biofeedback device, E0746**Blood pressure**

apparatus, A4660
cuff, A4663
measurement
diastolic <80 mm/Hg, G8679
diastolic 80-89 mm/Hg, G8680
diastolic ≥ 90 mm/Hg, G8676
not performed, G8478
systolic < 130 mm/Hg, G8677
systolic 130-139 mm/Hg, G8678
systolic ≥ 140 mm/Hg, G8675
systolic <130 mm/Hg and diastolic of <80 mm/Hg, G8476
systolic ≥130 mm/Hg and/or diastolic ≥80 mm/Hg, G8477
monitor, A4670

Blood collection devices accessory, A4770, E0620**BMI**

<22 calculated; plan documented, G8418
<30 and ≥22 calculated; documented, G8420
≥30 calculated; plan documented, G8417
≥30 or <22 calculated; no plan documented, G8419
not calculated, G8421
patient not eligible for calculation, G8422

82 Assistant Surgeon (When a Qualified Resident Is Not Available)

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

- ❶ In some hospitals with residency programs, Medicare pays through the medical program or graduate medical education (GME) program. Because of this, they will not reimburse for a resident when they are used as an assistant surgeon. Although under special circumstances, payment may be made if there is an emergent situation that is life-threatening.

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

- ❶ Check with payers to determine if the provider may bill for the laboratory procedure if not performed by the provider.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of the modifier 91.

Note: This modifier may not be used when tests are rerun to confirm initial results due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the laboratory procedure code (HIV testing 86701-86703). The test does not require permanent dedicated space, hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure, and other applicable modifiers may be listed as part of the description of the service.

- ❶ Check with payers to determine if this modifier is necessary when reporting multiple modifiers.

Approved Modifiers For Ambulatory Surgery Center (ASC) Hospital Outpatient Use

There are some differences in modifiers for professional and ASC hospital use. The following list consists of the only approved modifiers that can be used in an ASC/hospital setting:

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the

procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This service may be reported by adding modifier 25 to the appropriate level of E/M service.

Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59..

- ❶ According to Medicare, modifier 25 may be appended to an Emergency Department Services E/M code (99281-99285) if provided on the same day as a diagnostic or therapeutic procedure.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding the modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving E/M services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic).

Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient E/M services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding the modifier 50 to the appropriate 5-digit code.

- ❶ Reported on procedures performed at the same operative session, this modifier should be reported only once as a one-line item for Medicare, with the modifier appended to the end of the code.
- ❶ Some payers may accept the bilateral procedures as two-line items, with HCPCS Level II modifiers LT and RT appended to the end of the codes.

52 Reduced Services

Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

- ❶ Procedures reported with modifier 52 are typically billed at a reduced amount. Most payers do not require documentation to support the use of modifier 52 and will reimburse the procedure at a reduced level.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to

- **Detailed** – an extended examination of the affected body area(s) organ system(s) and any other symptomatic or related body area(s) or organ system(s)
- **Comprehensive** – a general multi-system examination, or complete examination of a single organ system and other symptomatic or related body area(s) or organ system(s)

These types of examinations have been defined for general multi-system and the following single organ systems:

- Cardiovascular
- Ears, Nose, Mouth and Throat
- Eyes
- Genitourinary (Female)
- Genitourinary (Male)
- Hematologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

The documentation guidelines for E/M services reflect the needs of the typical adult population. For certain groups of patients, the recorded information may vary slightly from that described here. Specifically, the medical records of infants, children, adolescents and pregnant women may have additional or modified information recorded in each history and examination area.

For example, the content of a pediatric examination will vary with the age and development of the child. Although not specifically defined in these documentation guidelines, these variations on history and examination are generally recognized as appropriate.

1995 Federal Guidance

Current CMS guidance indicates that providers may use either the 1995 or 1997 E/M documentation guidelines. Find below the 1995 CMS guidance pertaining to the physical exam:

Documentation of Examination

The levels of E/M services are based on four types of examination that are defined as follows:

- **Problem Focused** – a limited examination of the affected body area or organ system.
- **Expanded Problem Focused** – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
- **Detailed** – an extended examination of the affected body area(s) and other symptomatic or related organ system(s).
- **Comprehensive** – a general multi-system examination or complete examination of a single organ system.

For purposes of examination, the following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axillae
- Abdomen
- Genitalia, groin, buttocks
- Back, including spine
- Each extremity

For purposes of examination, the following organ systems are recognized:

- Cardiovascular
- Ears, nose, mouth and throat
- Constitutional
- Eyes
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal

- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

The extent of examinations performed and documented is dependent upon clinical judgment and the nature of the presenting problem(s). They range from limited examinations of single body areas to general multi-system examinations.

DG: Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented. A notation of “abnormal” without elaboration is insufficient

DG: Abnormal or unexpected findings of the examination of the unaffected or asymptomatic body area(s) or organ system(s) should be described

DG: A brief statement or notation indicating “negative” or “normal” is sufficient to document normal findings related to unaffected area(s) or asymptomatic organ system(s)

DG: The medical record for a general multi-system examination should include findings about 8 or more of the 12 organ systems.

1997 Federal Guidance

In 1997, CMS introduced physical exam criteria that was intended to allow specialists to perform higher level services while staying closer to those organ systems pertinent to their specialty or area of concern. The original 1995 guidelines seemed to be too oriented towards primary care and unfair to specialists. A series of alternative exams was devised which used an “elemental” or “bullet-point” approach to the exam. These guidelines were developed jointly by the AMA and CMS.

The 1997 CMS guidance is included here for the both General Multi-System Examination and the Single System Examination(s) relevant to this specialty.

General Multi-System Examination

General multi-system examinations are described in detail. To qualify for a given level of multi-system examination, the following content and documentation requirements should be met:

- **Problem Focused Examination** – should include performance and documentation of one to five elements identified by a bullet (•) in one or more organ system(s) or body area(s).
- **Expanded Problem Focused Examination** – should include performance and documentation of at least six elements identified by a bullet (•) in one or more organ system(s) or body area(s).
- **Detailed Examination** – should include at least six organ systems or body areas. For each system/area selected, performance and documentation of at least two elements identified by a bullet (•) is expected. Alternatively, a detailed examination may include performance and documentation of at least twelve elements identified by a bullet (•) in two or more organ systems or body areas.
- **Comprehensive Examination** – should include at least nine organ systems or body areas. For each system/area selected, all elements of the examination identified by a bullet (•) should be performed, unless specific directions limit the content of the examination. For each area/system, documentation of at least two elements identified by a bullet is expected.

Find on the following page the 1997 CMS guidance pertaining to multi-system physical exam: