Fall 2021

RCC Update

RCCB

REVENUE CYCLE CODING STRATEGIES

From the President

Renée Engle, RCC, FRBMA, President, RCCB Board of Directors

As we head into the fall, the Radiology Coding Certification Board reminds all RCCs and RCCIRs that we will be opening applications for the 2022 RCCB Shannon Murray Memorial Scholarship in October. **Please share this announcement with any medical or radiology coders that you feel may** need assistance to become certified. We will send out the details in an email in October. To make a contribution to the scholarship fund, please click here: **Donate**

Also, please be mindful of the importance of staying current with your continued education requirements. There are still two free opportunities to earn CEUs available this year:

- Revenue Cycle Coding Strategies is offering a free on-line webinar (1 CEUs total) for our certificants coming up September 15th (watch our upcoming emails for more details); and
- There is still time to take the MedLearn free on-line course (2 CEUs), which is available for any certified RCC or RCCIR through the end of 2021

Contact us at info@rccb.org for information about signing up.

On a final note, I wish to remind everyone that coders can now **take the RCCB exams in the safety and comfort of your home or office**. Visit www.rccb.org for more information.

Sincerely,
Renée C. Engle, RCC, RCCIR, FRBMA

CMS Proposes Removal...

CMS Proposes Removal of National Coverage Determination for Non-Oncologic Positron Emission Tomography (PET) Scans

The Centers for Medicare and Medicaid Services (CMS) is proposing to rescind its long-standing national noncoverage policy for PET for non-oncologic conditions, instead electing to leave coverage determination to the judgment of local Medicare Administrative Contractors (MACs).

National Coverage Determination (NCD) 220.6 for PET has been in place since 2000. The broad nationwide noncoverage for non-oncologic indications created the need for every non-oncologic indication to have a separate NCD to receive coverage. Stakeholders have indicated this policy is outdated.

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In This Issue

RCC Update is a quarterly publication reporting on radiology coding developments and the latest news from the Radiology Coding Certification Board (RCCB). RCC Update is made possible with our partners at Revenue Cycle Coding Strategies LLC.
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Under the 2022 proposed Medicare Physician Fee Schedule released July 13, this NCD would be lifted, and MACs would have the option to immediately provide coverage for non-oncologic indications or not.

"We believe that extending local contractor discretion for non-oncologic indications of PET provides an immediate avenue to potential coverage in appropriate candidates and provides a framework that better serves the needs of the Medicare program and its beneficiaries," CMS said of their decision.

CMS is soliciting comments on the proposal to remove this NCD. Comments must be submitted either by mail or electronically and must be received by September 13, 2021.

To review the rule in its entirety, please click here for additional information.

ICD-10-CM 2022 Brings Host of Important Changes

Every summer, the Centers for Medicare and Medicaid Services (CMS) releases updates to the ICD-10-CM *Official Guidelines for Coding and Reporting* and ICD-10-CM diagnosis codes to be used during the upcoming fiscal year. The code updates are typically released in mid-June, while revisions to the guidelines are released near the end of July. To assist in identifying and preparing for the ICD-10-CM changes effective October 1, 2021, we have summarized the most relevant upcoming modifications to codes and Guidelines which will affect radiology coding.

ICD-10-CM Tabular List of Diseases and Injuries 2022 Updates

For 2022, there are 159 new diagnosis codes, 25 deleted codes, and 27 revised codes which will go into effect for dates of service on or after October 2, 2021. The following are selected highlights from the full update and are not all-inclusive. To view the update in its entirety, please visit https://www.cdc.gov/nchs/icd/icd10cm.htm.

Chapter 2 (*Neoplasms, C00-D49*)

New Codes

- C56.3 - *malignant neoplasm of bilateral ovaries*
- C79.63 - *secondary malignant neoplasm of bilateral ovaries*
- C84.7A - *anaplastic large cell lymphoma, ALK-negative, breast*
  - Use additional codes to identify breast implant status
    - breast implant status (Z98.82)
    - personal history of breast implant removal (Z98.86)

Chapter 11 (*Diseases of the digestive system, K00-K95*)

Several codes have been added to expand the specificity under K22.8, *Other specified diseases of esophagus*.

New Codes

- K22.81 Esophageal polyp
  - Excludes1: benign neoplasm of esophagus (D13.0)
- K22.82 Esophagogastric junction polyp
  - Excludes1: benign neoplasm of stomach (D13.1)
- K22.89 Other specified disease of esophagus
  - Hemorrhage of esophagus NOS

Chapter 13 (*Diseases of the musculoskeletal system and connective tissue, M00-M99*)

A substantial update is the addition of a 4th digit to further specify code M54.5, low back pain.

New Codes

- M54.50 Low back pain, unspecified
  - Loin pain
  - Lumbago NOS

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- M54.51 Vertebrogenic low back pain
  - Low back vertebral endplate pain
- M54.59 Other low back pain

Chapter 19 (*Injury, poisoning and certain other consequences of external causes, S00-T88*)

A new code was added to represent traumatic brain compression and herniation.

New Codes

- S06.A Traumatic brain compression and herniation
  - Traumatic cerebral compression
  - Code first the underlying traumatic brain injury, such as:
    - diffuse traumatic brain injury (S06.2-)
    - focal traumatic brain injury (S06.3-)
    - traumatic subdural hemorrhage (S06.5-)
    - traumatic subarachnoid hemorrhage (S06.6-)
- S06.A0 Traumatic brain compression without herniation
  - Traumatic brain compression NOS
  - Traumatic cerebral compression NOS
- S06.A1 Traumatic brain compression with herniation
  - Traumatic brain herniation
  - Traumatic brainstem compression with herniation
  - Traumatic cerebellar compression with herniation
  - Traumatic cerebral compression with herniation

Chapter 22 (*Codes for Special Purposes, U00-U85*)

New codes have been added to categorize unspecified post-COVID-19 conditions.

- U09 Post COVID-19 condition
  - U09.9 Post COVID-19 condition, unspecified
    - Note: This code enables establishment of a link with COVID-19.
    - This code is not to be used in cases that are still presenting with active COVID-19. However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19.
    - Post-acute sequela of COVID-19
  - Code first the specific condition related to COVID-19 if known, such as:
    - chronic respiratory failure (J96.1-)
    - loss of smell (R43.8)
    - loss of taste (R43.8)
    - multisystem inflammatory syndrome (M35.81)
    - pulmonary embolism (I26.-)
    - pulmonary fibrosis (J84.10)

General Coding Guidelines Updates

One substantial modification to the Guidelines for 2022 is a revision to the **Level of Detail in Coding** section. This revision makes it clear that diagnosis codes should not only be reported using the highest number of characters available, but also ***"to the highest level of specificity documented in the medical record."***

The section pertaining to **Laterality** also received a major update. A new paragraph was added to this section which clarifies if laterality has not been documented by the ordering physician, code selection for the side being evaluated or treated may be based on documentation from other clinicians found within the medical record. If this information is conflicting, clarification should be obtained from the patient's provider. The revised language goes on to state "unspecified" side codes should be used infrequently (ie, "when the documentation in the record is insufficient to determine the affected side and it is not possible to obtain clarification")

Supplementary verbiage was also added to the section pertaining to **Documentation by Clinicians Other than the Patient's Provider.** Context was provided to clarify that "clinicians other than the patient's provider" describes *"healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record."* The updated language goes on to explain that documentation from these clinicians may be used for code assignment in specific cases, such as when coding BMI, depth of non-pressure chronic ulcers, stage of pressure ulcers, Coma scale, NIH stroke scale, social determinants of health, laterality, or blood alcohol level. Nevertheless, the diagnosis associated with one of these conditions must be documented by the patient's provider.

If this information is conflicting, clarification should be obtained from attending or referring physician. Additionally, *"BMI, coma scale, NIHSS, blood alcohol level codes and codes for social determinants of health should only be reported as secondary diagnoses."*

An important paragraph was added to the section regarding **Use of Sign/Symptom/Unspecified Codes.** The new language emphasizes:

"As stated in the introductory section of these official coding guidelines, a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. The importance of consistent, complete documentation in the medical record cannot be

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overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated."

RCCB CODING CORNER

Question: We recently started doing some stereotactic guided breast bx on an upright machine that uses Tomography. How do you code for a biopsy when tomosynthesis is also performed?

Answer: *Per Clinical Examples in Radiology Fall 2016*:"When a breast biopsy is performed using both stereotactic and tomosynthesis imaging guidance, it is appropriate to use CPT code 19081, *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance.*

If a combination stereotactic-tomosynthesis-guided biopsy is performed using a separate piece of equipment (such as a prone table) and the patient is moved to another unit for a post-procedure mammogram, it is appropriate to report the post-procedure mammogram separately. If the combination stereotactic-to-mosynthesis-guided biopsy is performed using a standard digital breast tomosynthesis mammography unit on which the post-procedure mammogram is also obtained, it is not appropriate to report the post-procedure mammogram separately."

It is not recommended to separately code the post-procedure mammography or the tomosynthesis if the biopsy and all imaging are performed on the same standard digital breast tomosynthesis mammography unit.

Do you have a billing and coding question you would like an answer to in the upcoming newsletter? Submit your questions for possible selection to RCCBQA@RCCSinc.com.