

BILLING AND CODING FOR PROCEDURES A CASE BASED REVIEW

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Disclosures

- Research Grants
 - Allergan, Theranica
- Consulting and/or Speaking Honoraria
 - Amgen, Allergan, Alder, Avanir, Biohaven, **El-Lilly and Company**, Electrocore, Impel, Promius, Teva
- Honoraria
 - Section Editor *Current Pain and Headache Reports*
 - Medscape *Migraine Center of Excellence*

Disclosures

- Academic Practice
- Not a certified coder
- Have taken AAN courses on billing/coding



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Goals and Objectives

- Learn and apply CPT codes for commonly performed procedures in headache medicine
- Learn and apply modifiers to help you bill and code for what you do in regards to procedures for headache
- Improve your practice management by better billing and coding for procedures
- Feel confident about providing care to your patients and being compensated for it

Billing and Coding

- What is Billing
 - *Asking for payment for services provided*
- What is Coding
 - *Crossing ICD with complexity of care to explain services you provided*
 - *Complexity of care is identified by a 5 digit code called CPT codes*
 - *CPT codes include those for E&M and Procedures*

Lenin M, Black S. Making a Headache Practice Work: The elements of diagnosis and coding in headache medicine. Headache 2008;49:496

ICD 10

- International Classification of Disease (ICD) standard diagnostic tool for epidemiology , health management and clinical purposes
 - *Monitor incidence and prevalence of disease*
 - *Define disease and study disease pattern*
 - *Manage health care, monitor outcomes, allocate resources*
- Used by all WHO states/ all medical professionals
 - *117 countries, 43 languages*
- ICD 10 endorsed in May 1990, in use since 1994

<http://www.who.int/classifications/icd/en/>

CPT codes

- Descriptive term and identifying 5 digit numeric code used to report medical/surgical services and procedures
- Updated annually
- Maintained by AMA

<https://www.ama-assn.org/practice-management/find-coding-resources>

Register for FREE, 5 CPT searches PER DAY and gives you Medicare reimbursement rate for your region (facility and non-facility)

Insurance

- Prior to performing procedure, you must find out if...
 - Procedure is covered under medical plan
 - Some plans don't cover peripheral nerve blocks
 - Some plans don't cover greater occipital blocks
 - Some plans make coverage of Onabotulinum toxin A a test of patience
 - All above can be region specific- be aware if you move to a different region, regulations may be different
 - Procedure needs prior authorization
 - You will need ICD-10 and CPT procedure code to find this out
 - You will need to know if guidelines on failed prior treatments or conditions to authorization
 - Documentation needs to reflect this

Insurance

- What would you do if the procedure is not covered and the patient wants to pay out of pocket?
 - What you charge is based on guidelines if you also accept Medicare/Medicaid patients in your practice
 - This should be decided in advance so you have a clear practice in place for patients

If I did this, I code that...

- ICD-10 has to match the CPT code when billing a procedure
 - ICD-10 for N39.0 (UTI), CPT 64405 (GON block) = WRONG
 - ICD-10 for G43.709 (CM), CPT 28810 for amputation of metatarsal head = WRONG
 - ICD-10 G43.709 for CPT 64405 = GON block performed for CM = RIGHT
- Consider using a modifier if procedure is...
 - Bilateral
 - Multiple (example more than one nerve, more than one procedure)
 - Planned series of procedures (blocks done weekly for 4 weeks)
 - Unintended and done sooner within the time frame of last procedure
 - Separate E&M completed along with Procedure

CPT codes for common procedures in headache

- | | |
|---|--|
| ■ Injection Anes Agent Greater Occipital Nrv 64405 | ■ Injection Single/Milt Trigger Point 1/2 Muscles 20552 |
| ■ Injection Anes Agent Trigeminal Nrv Any Div/Branch 64400 | ■ Injection Single/Milt Trigger Point 3/> Muscles 20553 |
| ■ Injection Anes Agent Other Peripheral Nrv/Branch 64450 | ■ Chemodenervate Facial/Trigem/Cerv Musc Migraine 64615 |
| ■ Injection Anes Agent Sphenopalatine Ganglion 64505 | |

CPT codes for SQ/IM

- IM/SQ injection **96372**
 - Code can be embedded with medication depending on your EMR
 - J code and NDC of medication is also included along with CPT code
 - If you inject medication purchased by pt or pt's insurance, you code CPT and then check "patient's own medication used" to unlink the J code and NDC
 - If 2 injections are given in 2 different anatomical sites (R leg then L leg) you can bill the code for each injection, documentation must reflect each dose given in separate site

CPT codes for IV push

- Therapeutic, prophylactic, or diagnostic injection IV push, single or initial substance **96374**
- Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) **96375**
- IV hydration (pre-packaged fluids and electrolytes) **96360** initial 31 min to 1 hour, **96361** each additional hour

Modifiers to consider for headache procedures

- 50- Bilateral
- 59- Distinct procedural service
 - XU separate procedure after initial procedure
 - XP if a separate specialist in same office did procedure same day of visit (unclear)
 - XS different sites same procedure
 - XE 2 encounters for 2 procedures same day
- 58- staged or related procedure or service by same physician during the post-operative period- PLANNED REPEAT PROCEDURE
- 79- unrelated procedure or service by the same physician during the post-operative period
- 25- Separate and distinct E&M evaluation provided

Post-operative period is considered 10 days in most cases

Modifiers documentation

- Clear documentation of procedure important
- Document site, R vs L, planned vs. unplanned
- Each procedure should have it's own procedure note
- Document pre/post pain for each procedure

Case GON block

Case

- 46 yo woman with menstrual migraine presents to clinic for urgent visit.
- 3 day history of bilateral severe throbbing headache back of head and into temples with associated nausea, vomiting, light sensitive. Bedridden. Has not eaten full meal in 3 days.
- Missed 3 days of work.
- Standard of care treatment with triptan along with NSAID and antiemetic not effective.
- Pain is 8/10 continuous, considering ER
- Decision made to give b/l Greater occipital nerve block for menstrual migraine intractable status
- Pain reduced to 6/10 20 minutes after block, b/l occiput is numb

Billing & Coding

- ICD 10 G43.831 (Menstrual Migraine Intractable with status migrainosus)
- CPT code 64405
- Modifier 50

Case GON and TGN blocks

Case

- Same case, decided to add on additional b/l auriculotemporal block as improved but pain not resolved
- After additional block pain is at 3/10 and continues to improve, she is no longer light sensitive and notes overall relief and desire to eat

Billing & Coding

- Add CPT 64400
- Modifier 50
- Modifier 59 (this is distinct procedure)
- If patient had Medicare, instead of 59, consider XU (separate procedure after initial procedure)

Case TPI

Case

- 25 yo woman presents to clinic for sudden onset neck and shoulder pain.
- Pain is sharp and shooting, severe, on right side. She is concerned as it has triggered 2 migraines this week.
- Occurred after travelling and carry heavy bag on her shoulder for 12 hours
- Has tried NSAIDS, heat and massage, minimal relief
- On exam with R trapezius spasm triggering mild pain to occiput when 2 areas pressed
- Decision made to give trigger point injection for right trapezius spasm

Billing & Coding

- ICD 10 code M62.838 Other Muscle spasm
- CPT 20552

Case SPG block

Case

- 35 yo woman with CM presents to clinic for trial of SPG block
- Include headache description
- Include tried/failed
- Include procedure note- b/l SPG block

Billing & Coding

- ICD-10 G43.719 CM intractable
- CPT 64505 SPG block
- Modifier 50

Case SPG block series

Case

- Same patient found SPG to resolve headache for 3 days, calls to state would like to try again
- Schedule repeat day after call and then schedule series of procedures
- Document planned series of 18
- This is visit 2 of 18

Billing and Coding

- ICD 10 G43.719 CM intractable
- CPT 64505 SPG block
- Modifier 50 b/l
- Modifier 58 staged same procedure in post operative period
- If you brought her same day, you could have used 79, then 58 for future visits

Case OnaBot A

Case

- 48 yo woman with intractable CM here for 3rd round OnaBot A
- Left sided throbbing pain with associated nausea, light sensitive, worse with activity
- Pre OnaBot A: Daily continuous headache
- Post OnaBot A: 15 days per month lasting 2 hours, month 3 up to 17 days lasting 4 hours each
- Tried and failed: Topiramate 100mg x 2 mos in 2001, Propranolol 80mg x 2 months in 2005, Amitriptyline 50mg x 2 months in 2002

Billing & Coding

- ICD 10 G43.719 CM intractable
- CPT 64615

Case OnaBot A + Visit

Case

- Same case, OnaBot A visit
- Patient also with chronic insomnia, major depressive disorder, generalized anxiety, and HTN
- Patient's BP has been labile, elevated today on exam
- Has been taking triptan for migraine up to 10 days a month, using NSAIDs other days
- Notes daytime fatigue and snoring at night
- Decision made to start Nadolol for Essential hypertension, monitor home BP, hold triptans until follow up in 2 weeks to ensure BP improving, order sleep study to r/o sleep apnea

Billing & Coding

- ICD 10 now with G43.719 for CM, I10 for HTN, G47.30 for sleep apnea
- Care complex with start of new medication, ordering of testing, need for home bp checking with education provided on how to do this, counseling of holding triptans and how to manage migraine in interval. 30 minutes spent in follow up, 15 minutes spent injecting
- CPT 64615 for OnaBot A injections for CM (15 minutes spent injecting; includes time to draw medication and review procedure for pt)
- CPT 99214 with modifier 25 used for follow up visit for HTN and sleep apnea (+25 minutes spent in visit, over half in counseling, which you must document)

Case SQ injection

Case

- 78 yo man with CM comes to clinic urgently after arrival of his Erenumab, he can not find someone to inject himself and wants first injection in clinic
- SQ injection administered

Billing & Coding

- ICD 10 G43.709 CM
- CPT 96372 for SQ injection

Case IM injection + Visit

Case

- 24 yo woman presents to clinic for follow up of episodic migraine and neck pain
- She has dark glasses on, when you walk in she is bent over chair with head on in front of her
- Having migraine x 2 days, improves with triptan, but not resolving
- Pain 9/10 today
- She did not want to cancel as your next available was in 3 months
- Decision made to give ketorolac 30mg IM into R deltoid today
- After injection, discussed her migraines and neck pain, her overall treatment plan and changes made to medication regimen. She has completed PT and noted near resolution of neck pain except for when she has migraines. She has noted new symptoms of trouble sleeping at night, related to anxiety around work situation. Counseling provided on how to handle stress, relaxation techniques given to patient to help improve sleep, short course of melatonin discussed to help her sleep during stressful time

Billing & Coding

- ICD 10 G43.009 Migraine without aura, M54.2 Cervicalgia, F51.05 Insomnia related to mental d/o
- CPT codes 96372 for ketorolac IM into R deltoid for migraine without aura, 99214 with 25 modifier for level 4 follow up visit in which over half the visit was counseling; for dx of cervicalgia and insomnia related to mental d/o

Case IV infusion

Case

- 32 yo man presents to clinic for infusion after 4 days of migraine without aura with vomiting, minimal response to home treatments
- Given IVF over 2 hours
- Given IV Reglan and IV DHE
- Spent 4 hours in infusion room, arrived 8/10, left headache free

Billing & Coding

- ICD 10 G43.001 Migraine without aura, not intractable, with status migraine
- CPT 96360 (IVF hour 1), 96361 (IVF hour 2), 96374 (initial drug metochlopramide), 96375 (additional drug DHE)

Conclusion

- Billing and Coding is essential for any provider to appropriately manage patients
- It seems difficult, but some simple tools can help you better manage your practice
 - AMA site <https://www.ama-assn.org/practice-management/find-coding-resources>
 - AAN courses on line and at annual meetings
- Keep up to date with insurance allowable in your region, these can change every 6 months
- Better billing and coding can lead to better practice efficiency and potentially less burn out for you!
