Bilateral Diagnoses

August 13, 2015

Question:

I understand there are more diagnosis codes for bilateral procedures in ICD-10-CM. This makes sense and I get it. But I noticed that there are some diagnosis codes that don’t have a “bilateral” option. What should we do?

Answer:

Good question! And we agree that having some diagnosis codes that reflect laterality is a good idea. Some of the ICD-10-CM cerebrovascular diagnosis codes have right, left and bilateral options. However, some don’t have a bilateral option. The same is true for carpal tunnel syndrome – there are right and left diagnosis codes but not a bilateral code. So how should you code if a diagnosis is bilateral and a bilateral code does not exist? You’ll use both the right and left diagnosis codes in those cases. We cover this issue and many more in our two neurosurgery-specific ICD-10-CM webinars that you can find here:

Different Specialties, Same Tax ID

August 13, 2015

Question:

Can you help clarify the new patient rules related to multiple specialties in the same group practice? If we have different
specialties (e.g., Pain Management, Podiatry, Rheumatology, Orthopaedics) can we charge a New Visit code when the patient is seen for the first time by a physician in a different specialty in the practice?

Answer:
Yes, the CPT rules and Medicare rules both allow the new patient visit rules in your scenario, which is very common in large multi-specialty groups or academic centers where all specialties bill under the same tax ID. The following is a direct citation from the 2015 AMA CPT Manual: “Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified healthcare professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.”

Thanks for reaching out to KZA for your coding needs!

Holding Claims for Path Reports

August 13, 2015

Question:
Do you advise that we hold our claims for excision of skin lesion procedures until after the pathology report is
received? That seems to delay our charges and I want to get them billed quickly!

Answer:

Yes, you need to hold the claim for the excision of skin lesion codes (114xx for benign skin lesions, 116xx for malignant skin lesions) if you do not have a previous pathology report showing a malignancy. Why? Because the CPT codes for the procedures require the lesion pathology be identified. If you have a biopsy report for the lesion showing a malignancy, then you can go ahead and bill the excision procedure using the malignant CPT (116xx) and diagnosis codes.

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