Coding for Medical Necessity Reference Guide

A comprehensive resource to understanding medical necessity and the impact to your medical practice

SECOND EDITION
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Introduction

The Coding for Medical Necessity Reference Guide is the only guide you need to know how to establish medical necessity with certainty every time. In this comprehensive guide, experts provide knowledgeable advice and guidance that ensures you get the reimbursement you deserve.

Save time with this single source for understanding what it takes to avoid claim delays, denials, and possible exposure to false claims accusations. This reference guide will also help you learn how to implement best practice procedures to accurately capture, verify, and support medical necessity criteria for each and every claim.

The Coding for Medical Necessity Reference Guide explains how to avoid common coding errors and conduct spot-checks and self-audits to identify any problems before the payers do — helping you to reduce your compliance risk and keep your practice safe and profitable.

Here is just a sample of the valuable information that you’ll find inside:

- Expert documentation advice for capturing medical necessity
- Answers to the most common medical necessity questions
- Real-life examples of modifier use to get claims right the first time
- E/M payment changes
- What’s new in virtual care
- What’s on the RAC hot list
- Which specialties have the highest error rates
- And so much more ...!

The Coding for Medical Necessity Reference Guide is a must-have book for anyone involved with billing or coding across specialties. It’s also a superb resource for teachers, promising to give their students a leg up on the competition when seeking credentials or even a job.

Regardless of the size of your organization or practice, the Coding for Medical Necessity Reference Guide will help you lock in medical necessity documentation and get reimbursed for services the first time around.
CMS and NCHS provide the ICD-10-CM Official Guidelines for Coding and Reporting. These guidelines, found in the front of the ICD-10-CM code book, provide instructions for proper code selection and code sequencing rules. Section I of the official guidelines includes conventions, general coding guidelines, and chapter-specific guidelines. Subsection A includes the conventions and punctuation discussed in the beginning of this chapter. Subsection B includes general coding guidelines. Subsection C includes chapter-specific coding guidelines that will be discussed in the following chapters.

Referencing the Guidelines
Documenting the guidelines is done by referencing the section (Roman numeral), chapter (letter), and sub-section (number) of the guideline(s) being referred to. To understand the reference to the guidelines, start by looking through the Table of Contents for the guidelines. A documented reference appears as ICD-10-CM guideline I.C.4.a.2.

This indicates the guideline is found in:

Section I. Conventions, General Coding Guidelines and Chapter-Specific Guidelines
Section I.C. Chapter-Specific Coding Guidelines
Section I.C.4. Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
Section I.C.4.a. Diabetes mellitus
Section I.C.4.a.2. Type of diabetes mellitus not documented
Hypertension with Heart Disease

High blood pressure can lead to heart disease and heart failure. Heart conditions (I50.-, or I51.4-I51.7, I51.89, I51.9) are assigned a code from category I11 Hypertensive Heart Disease as a causal relationship is presumed. Use an additional code from category I50 to identify the type of heart failure. If the heart disease is stated to be caused by another condition other than hypertension each condition is coded separately.

Hypertensive Disease with Chronic Kidney Disease

Chronic kidney conditions and hypertension go hand in hand. Assign codes from category I12 Hypertensive Chronic Kidney disease when conditions classified to categories N18 Chronic Kidney Disease (CKD) are present. ICD-10-CM presumes a cause-and-effect relationship and classifies renal failure with hypertension as hypertensive renal disease.

The appropriate code from category N18 should be reported to identify the stage of the CKD as a secondary diagnosis with a code from category I12.

If the patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.

Hypertensive Heart and Chronic Kidney Disease

Sometimes, the hypertensive patient has both heart disease and chronic kidney disease. Assign codes from combination category I13 Hypertensive Heart and Chronic Kidney Disease when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis. The presumed relationship exists between the hypertension, heart disease, and the chronic kidney disease. Assign an additional code from category I50 to identify the type of heart failure.

The appropriate code from category N18 should be used as a secondary code with a code from category I13 to identify the stage of the chronic kidney disease.

If the patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.

Hypertensive Cerebrovascular Disease

Assign codes from I60-I69 Cerebrovascular Disease followed by the appropriate hypertension code.

Hypertensive Retinopathy

Hypertension in the small vessel of the eyes can cause serious damage and even lead to blindness. In retinopathy, the increased pressure leads to the growth of unstable vessels in the eye. These vessels can fracture and bleed, causing complications to vision and to eye circulation. Two codes are necessary to identify the condition. Assign a code from subcategory H35.0- Background retinopathy and retinal vascular changes, and an appropriate code from the circulatory categories I10-I15, to indicate the type of hypertension. Hypertensive retinopathy can be found in the Alphabetic Index by looking for Retinopathy/hypertensive.

Hypertension, Secondary

Just as hypertension can cause disorders, disorders can cause hypertension. Endocrine disorders, disorders of the central nervous system, vascular problems,
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>CODE</th>
<th>CODING POINTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>K59.0-</td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</td>
</tr>
<tr>
<td>Crohn's disease (regional enteritis)</td>
<td>K50.-</td>
<td>Use additional code to identify manifestations; Excludes1: ulcerative colitis (K51.-)</td>
</tr>
<tr>
<td>Diarrhea, functional</td>
<td>K59.1</td>
<td>Excludes1 diarrhea NOS (R19.7) and irritable bowel syndrome with diarrhea (K58.0)</td>
</tr>
<tr>
<td>Diarrhea, unspecified</td>
<td>R19.7</td>
<td>Excludes1 functional diarrhea (K59.1), neonatal diarrhea (P78.3), &amp; psychogenic diarrhea (F45.8)</td>
</tr>
<tr>
<td>Diverticular disease of intestine (diverticulitis)</td>
<td>K57.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Dyspepsia, functional (indigestion)</td>
<td>K30</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Dysphagia, unspecified (difficulty in swallowing)</td>
<td>R13.10</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Esophagitis</td>
<td>K20.-</td>
<td>Use additional code to identify alcohol abuse and dependence (F10.-)</td>
</tr>
<tr>
<td>Fissure and fistula of anal and rectal regions</td>
<td>K60.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Flatulence and related conditions</td>
<td>R14.-</td>
<td>Includes abdominal distension, bloating, and gas pain</td>
</tr>
<tr>
<td>Gastro-esophageal reflux disease (GERD, acid reflux, or heartburn)</td>
<td>K21.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Heartburn</td>
<td>R12</td>
<td>Excludes1: dyspepsia NOS (R10.13) &amp; functional dyspepsia (K30)</td>
</tr>
<tr>
<td>Hemorrhoids and perianal venous thrombosis (piles)</td>
<td>K64.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Hernia</td>
<td>K40-K46</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Irritable bowel syndrome</td>
<td>K58.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td>R11.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Other signs and symptoms involving the digestive system and abdomen</td>
<td>R19.-</td>
<td>Use ICD-10-CM guidelines to code correctly.</td>
</tr>
<tr>
<td>Pancreatitis, acute</td>
<td>K85.-</td>
<td>See also K86-87 for other forms of pancreatitis</td>
</tr>
<tr>
<td>Ulcer, peptic</td>
<td>K27.-</td>
<td>See also K25.- (gastric), K26.- (duodenal) and K28.- (gastrojejunal)</td>
</tr>
</tbody>
</table>
The Urinary System and Male Genital System

Introduction
In this section, we will explore the anatomy and function of the kidneys, ureters, bladder, and urethra. We also will cover diseases and procedures for the male genital system. Because urine must pass through the prostate when leaving the male body, there are significant diseases affecting the male reproductive system.

Use of an operating microscope is not included with many of these codes and should be reported separately using CPT® +69990. Reading the description of each code and the associated information noted below each code will assist you when choosing the correct and complete code(s).

A surgical endoscopy (e.g., laparoscopy, cystoscopy) always includes any diagnostic endoscopy performed at the same session; diagnostic endoscopy should not be reported with a surgical endoscopy.

Kidney Procedures

Incision

Procedures described as “-otomy” (e.g., pylonephrotomy) typically are coded with incision codes for the specific location. Incision codes include stent and catheter insertions.

Treatment for renal abscess or renal stone extraction may require a nephrostomy tube to be placed. This is often performed under CT guidance, not only to place the tube, but also to perform the abscess drainage or stone removal. If this is the case, report CPT® 75989 in addition to the appropriate code for the tube placement. Percutaneous removal of stones is coded by the size of the stone, and usually will require fluoroscopic guidance and an existing nephrostomy tube or tract. In most cases, the nephrostomy tube has been placed during a previous surgical setting.

Testing Technique

Append modifier 26 to imaging guidance codes when a procedure is performed by a provider in a facility setting. If the procedure is performed in the physician’s office, modifier 26 is not required.

Nephrotomy is an incision into the kidney, sometimes performed for exploration (50045). Pyelotomy and nephrotomy are not the same procedure. Nephrotomy
Modifiers

Modifiers are appended to CPT® and HCPCS Level II codes to report specific circumstances or alterations to a procedure, service, or medical equipment without changing the definition of the code. Both CPT® and HCPCS Level II code books list modifiers and their descriptions.

Appendix A lists CPT® modifiers, and includes a wide range of modifiers, including those used for anesthesia and modifiers reported by ASCs and hospital outpatient facilities. HCPCS Level II modifiers are usually located in an appendix of the HCPCS Level II code book.

When reporting codes with more than one modifier, always list functional or pricing modifiers in the first position. Payers consider functional modifiers when determining reimbursement. Next, report the informational modifiers; these modifiers clarify certain aspects of the procedure or service provided for the payer (e.g., procedures performed on the left or right side of the patient’s body).
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