

Optometry Coding & Billing Alert

CPT Update: Include Solid Counseling Notes on Nursing Claims

AMA scraps its old definitions for 99307-99310

You'll finally be able to use time as the key element when coding your optometrist's counseling-dominated nursing facility encounters.

CPT previously did not include time guidelines. The codes were listed based on the severity of the problem(s) or the patient's status.

New way: Each nursing facility care entry includes a typical timeframe for that level of visit.

"The impact of the nursing home codes comes mostly with the subsequent-day codes (99307-99310)," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the University of Pennsylvania department of medicine in Philadelphia.

Unless the optometrist is the primary physician managing the patient's total care, which is not possible, he would act as a consultant and bill solely with the subsequent-day codes, she says.

Look for Time Guideline in Last Sentence

Here's the new descriptor for 99307: Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A problem-focused interval history; a problem-focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.

The last sentence of the descriptor, which provides a timeframe for 99307, was not part of the descriptor last year. "This change is a help to coders," says **Quinten Buechner, ACS-FP/GI/PEDS, CPC, CCP, CMSCS**, president of ProActive Consultants in Cumberland, Wis.

The rewritten codes will make the prolonged services codes easier to report. However, "the trick is getting the doctors to document the time spent in counseling and coordination of care," Buechner says.

The other revised codes in the nursing facility section of CPT 2008 are:

- 99308 -- - an expanded problem-focused interval history; an expanded problem-focused examination; medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

- 99309 -- - a detailed interval history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

- 99310 -- - a comprehensive interval history; a comprehensive examination; medical decision-making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the

nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

Impact: According to **Mary Falbo, MBA, CPC**, president of Millennium Healthcare Consulting Inc. in Lansdale, Pa., the rewritten nursing care codes will be very beneficial to practices. The new descriptors will allow providers to possibly code for a higher level of service -- if they spend more than half of the visit "providing health advice, education, and counseling," she says.

Remember: You might not report the first encounter with a nursing facility patient with subsequent codes, Pohlig says. If the visit meets consultation requirements, the optometrist would report the inpatient consultation codes (99251-99255), then subsequent-day care codes for further visits, Pohlig says.-

If the consult requirements are not met, the doctor reports subsequent-day care from the first encounter, Falbo says.

Use Time As Factor for Counseling-Heavy Visits

The biggest potential benefit of these rewrites will come when your optometrist conducts longer visits to the nursing facility, "where the provider deals with family or the patient for counseling and coordination of care," Buechner says.

Example: The doctor visits an established patient with open-angle glaucoma at a nursing facility; the patient's family members are also present. During the visit, the doctor discusses treatment options with the patient and the family. Time spent counseling the patient and coordinating her wishes is 24 minutes, which is also the total duration of the visit.

On the claim, you should report 99309 for the visit. Don't forget to attach ICD-9 code 365.10 (Open-angle glaucoma, unspecified) to 99309 to prove medical necessity for the visit.

Mind your documentation: When filing this claim, Buechner says, you should document:

- total visit time
- a summary of topics discussed
- a description indicating that more than half of the total visit time involved counseling and coordination.