FACILITY vs PHYSICIAN CODING

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What You Will Learn

• The purpose of different processes
• Procedure coding differences
  – CPT®
  – HCPCS Level II
  – ICD-9-CM Volume 3
• Diagnostic coding differences
  – ICD-9-CM Volume 1 & 2
Purpose: Nature of business

- Facility
  - Departments
- Physician
  - Type
  - Radiology
  - Laboratory

Purpose: Status of Patient

- Facility
  - Inpatient
  - Outpatient
  - Observation
  - Critical Care
- Physician
  - Always Outpatient at Office
  - Hospital Patients
Purpose: Documentation

• Facility
  – Clinical
  – Administrative
  – Facility Codes
    • Revenue Codes
    • Occurrence Codes

Purpose: Documentation

• Physician
  – Clinical
  – Administrative
  – Place of Service Codes
    • Office
    • Inpatient Hospital
    • Outpatient Hospital
Purpose: Payment Classification

• Facility
  – OPPS
    • APC
    • Status Indicators
  – IPPS
    • MS-DRG

• Physician
  – Global Package
  – Capitation

Coding Example: Facility

• Arthroscopy Knee (Non-Medicare)
  – Operating Room
  – Recovery Room
  – Blood Chemistry X 3
  – General Anesthesia
  – Pharmacy
  – ICD-9-CM Volume 3 (80.26)
Coding Example: Facility

- Arthroscopy Knee (Medicare)
  - CPT Code
    - 29880
  - APC for 29880
    - 0041
  - Status Indicator for 29880
    - T

Coding Example: Physician

- Arthroscopy Knee (Any Insurance)
- Outpatient Hospital
  - Ambulatory Surgery Center
  - Place of service
    - 22
  - CPT code
    - 29880
Procedure Coding: Guidelines

- Symbols
- Definitions
- Section Guidelines
- Guidelines by System

Procedure Coding: CPT

- Evaluation and Management
- Surgery
- Radiology
- Pathology & Laboratory
- Medicine
- Appendices
- Category Codes
Procedure Coding: CPT

• Modifiers
  – E&M
  – Split Global
  – Procedures
  – Laboratory
• Affect of Modifiers

Procedure Coding: HCPCS

• HCPCS Level II
  – Status Indicators
  – Ambulatory Payment Classification (APC) Assignment
  – Modifiers
  – Medicare Codes
  – Internet Online Manual (IOM) Changes
Procedure Coding: HCPCS

• Sections
  – C codes - Temporary use, Reserved OPPS
  – E Codes - DME
  – G Codes - Temporary for use with Medicare
  – J Codes - Drugs or substance, not oral
  – L Codes – Orthotics & Prosthetics

Procedure Coding: ICD-9-CM

• ICD-9-CM Volume 3
  – Inpatient Hospital Tracking
  – Ambulatory Surgery Center (ASC) for Coding
  – Not Allowed by Medicare
Diagnostic Coding: Guidelines

- Symbols & Conventions
- Guidelines
  - Official Guidelines
  - Section Guidelines
- Inclusions and Exclusions
- Code First
- Use Additional

Diagnostic Coding: ICD-9-CM

- ICD-9-CM Volume 1
  - Tabular List
- ICD-9-CM Volume 2
  - Alphabet Index
  - Hypertension Table
  - Neoplasm Table
  - Table of Drugs and Chemicals
Conclusion

- Coding is a Team Effort
- Location Matters
- Rules Apply Everywhere
- Networking Helps