



Medical Reimbursement Systems, Inc.

ANNUAL CPT & ICD-9 CODING UPDATE

Emergency Medicine

2006 CHANGES

2006 CPT and ICD-9 Changes

The American Medical Association updates the Current Procedural Terminology (CPT) codes on an annual basis. The new CPT codes are effective January 1, 2006. The changes relevant to Emergency Medicine for 2006 include: Moderate (Conscious) Sedation and ED After Hours Services.

Moderate (Conscious) Sedation

The codes describing Conscious Sedation have been revised significantly. Importantly, there is a new code set that can be used to report the scenario of an emergency physician providing moderate sedation in support of another specialist such as a plastic surgeon or orthopedist.

The previously available Conscious Sedation codes **99141** and **99142** have been deleted. In an effort to better describe the clinical spectrum of sedation, the entire service is now described as “Moderate (Conscious) Sedation.” Moderate (Conscious) Sedation falls in between simple anxiolysis and deep sedation, and has been recognized as a discrete clinical service. True deep sedation might still be reported with an anesthesia code, whereas simple anxiolysis is more likely to be a bundled component of the work contributing to the overall E/M code.

The Moderate (Conscious) Sedation Codes are divided into 2 groups:

- 1) The same practitioner is providing both the sedation and performing the procedure.
- 2) Two practitioners are involved, with one practitioner supervising the sedation in support of a second physician who is performing the procedure.

These two sets of codes are then further delineated based on the age of the patient and the amount of time the Sedation service is provided.

For Moderate (Conscious) Sedation provided by a single provider codes 99143, 99144, and 99145 are reported. Codes **99143** and **99144** are used to report moderate sedation services when the same physician is both overseeing the sedation and performing the procedure.

- 99143** is reported for patients under 5 years old
- 99144** is reported for patients 5 years of age or older

Both **99143** and **99144** are reported for the first 30 minutes of intra service time. Intra service time refers to the time actually spent providing the service and starts with the administration of the sedating agent, requires ongoing direct physician contact, and ends when the physician is no longer in direct face to face attendance. Code **99145** is available to report each additional 15 minute increment of time. Of note, these single provider codes also require the presence of an “independent trained observer to assist in monitoring the patient.”

To report moderate sedation provided in support of a second physician who is performing the procedure the following codes are available:

- 99148** is reported for children under 5 years of age
- 99149** is reported for patients 5 years and older

99150 is available to report each additional 15 minute increment of Moderate Sedation that go beyond the 30 minutes ascribed to **99148** and **99149**.

New Code

ED After Hours Code

Code **99053** for card delivered in a 24 hour facility between 10 PM and 8 AM.

Diagnosis Pearl

Remember to document signs and symptoms in your final diagnosis.

Sign: Patients presenting with tachycardia, fever, and diaphoresis may ultimately be diagnosed with a viral syndrome, but these important physical signs should be included in your diagnosis to reflect the medical necessity of the work up and patient visit.

Symptom: Often the ED physician is confronted with a concerning patient complaint such as chest pain and shortness of breath which only after extensive testing is determined not to represent a serious condition. . You should report the “chest pain” and “shortness of breath” which were the reasons for the visit.

In 2005 there was a new CPT directive that bundles the work of Conscious Sedation into many procedures. CPT created **Appendix G** which lists more than 250 codes bundling Conscious Sedation, including the following procedures often performed by Emergency Physicians: chest tube insertion, pericardiocentesis, insertion transvenous pacemaker, insertion pediatric central line, insertion pediatric pic line, transcutaneous pacing, and elective cardioversion.

In the scenario where the same physician is providing both a Moderate Sedation service and performing the procedure it would not be appropriate to report Moderate Sedation code 99143 or 99144 if the procedure is listed in Appendix G.

However, there may be some circumstances in the ED where the ED physician is performing Moderate Sedation while another physician performs a procedure on the patient. In this case, with the involvement of two providers, the Moderate Sedation code 99148 or 99149 may be reported even if the procedure is listed in Appendix G.

Emergency Department After Hours Codes

We have a new code that can be used in the ED to report services provided after 10 PM. Code **99053** is used to report services provided between 10 PM and 8 AM at a 24 hour facility in addition to the basic service. Patients presenting to the ED between the hours of 10 PM and 8 AM may have the code 99053 reported in addition to the standard 99281-99285 ED level of service.

The following codes previously used to report after hours and Sunday/Holiday services have been deleted:

- 99052** Services requested between 10 PM and 8 AM in addition to basic service
- 99054** Services requested on Sundays and holidays in addition to basic service

As a result of the deletion of 99052 there is no longer a separate provision to report Sunday/Holiday services. After January 1st reporting of Sunday/Holiday services will no longer be available, however services provided between 10 PM and 8 AM may continue to be reported with the new ED After Hours code 99053.

Diagnosis Coding Changes

Effective October 1, 2005, several ICD-9 diagnosis code revisions relevant to Emergency Medicine became effective. The section on volume depletion has been expanded and we now have specific codes for dehydration and hypovolemia. Be sure to include these diagnosis codes when appropriate as it communicates to the coder the complexity of the Medical Decision Making you provided, and provides a diagnosis that supports the medical necessity of the ED services. The peritonitis code set has been expanded in greater detail. New codes have been added for asphyxia and hypoxemia. A code for non infant excessive crying (**780.95**) has been added as well as a V code for suicidal ideation.

Coding Pearl

Moderate Conscious Sedation

The ED Physician reduces a dislocated shoulder for a 19-year-old who fell off a roof and also administers 45 minutes of Moderate (Conscious) Sedation with versed and fentanyl.

Code 23650	Shoulder dislocation
99144-MCS	Same physician age > 5 y.o. 30 minutes
+99145	Additional 15 minutes (1unit)

Quiz The Coder

A patient presented with pain and loosening of a prosthetic hip. Is there now a more specific code to report this problem in 2006?

Yes, for 2006 we have a new code set in the 996.4 series to describe complications related to internal orthopedic devices.

I understand there are new Hydration codes for 2006. If we report hydration services which codes should be utilized?

CPT lists the following codes for Hydration Services:

- 90760 Intravenous infusion, hydration, up to 1 hour
- 90761 Each additional hour

According to CPT the physician typically provides “direct supervision and is immediately available....the physician periodically assesses the patient’s response to treatment; this assessment is typically done through communication with the nurse.”

How should I code for Observation care that spans two calendar days?

Assign the appropriate code from the Initial Observation series 99218-99220 for day #1 and the Observation Discharge code 99217 for day #2.

For example: Patient presents to the ED at 4 PM and after several hours of treatment is admitted to Obs at 9 PM. The patient is treated throughout the night and discharged home the following day at 8 AM.

Submit your coding questions to AskTheCoder@MRSIINC.com.



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MEDICAL REIMBURSEMENT SYSTEMS, INC.

41 Montvale Avenue · Stoneham, MA 02180 · 781.438.9771 · www.MRSIINC.com