

2024 ICD-10 CM Updates

395 New
codes

22
Revisions

25
Deletions

Place of Service




POS Codes	POS Names
02	Telehealth/ not in patient's home
10	Telehealth in patient's home
11	Office
12	Home
13	Assisted Living
19	Off Campus/Outpatient Hospital
21	Inpatient Hospital
22	On Campus/ Outpatient Hospital
23	Emergency Room
31	Skilled Nursing Facility
32	Nursing Facility
50	Federally Qualified Health Center
54	Intermediate Care Facility
56	Psychiatric Residential Treatment Center


NPI Number

- The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

[National Provider Identifier Standard \(NPI\) | CMS](#)


Incident to Billing

-  Nurse Practitioner see the patient independently in the office
-  Bill submitted under physician's name
-  Practice is reimbursed at 100% of the Medicare Physician Fee Schedule






Incident to Rules


- The NP provides the entire service.
- The NP must be an employee of the physician/practice.
- The physician must have performed an initial service (at a prior date) and developed a plan of care.
- The physician must continue active participation on the patient's care
- The patient must be an established patient without a new problem.

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Incident to Rules


-  The service must be delivered in an office setting (POS 11). There is no incident-to in a hospital setting, including the ER or ambulatory practices.
-  A physician must be in the office supervising the NP. This does not need to be the physician who developed the plan of care.
-  Medicare does not require the physician to sign every note, but it is recommended that the physician do so, as the claim is submitted under the physician's NPI number.

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Scenario


- A patient known to the practice is seen by the NP in the office for follow up of asthma.
- The NP completes the history and physical exam and reviews the plan of care with the family. The NP documents the care provided.
- The collaborating physician is in the office suite but does not see the patient.
- The NP and collaborating physician have their clinical effort funded by the same practice.
- The NP is not credentialed by the payers to direct bill.

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Split/Shared

-  E/M services jointly performed by physician and NP/PA, in the same group and same specialty, in a facility setting.
-  Can be a new patient/new problem or established patient/problem.
-  Bill the service under the NPI of the practitioner who performs a *substantive* portion of the service.
-  Services billed under physician will be reimbursed at 100%, services billed under NP/PA will be reimbursed at 85%
-  New modifier is required on the visit (FS)

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Substantive (Updated 2024)

- Greater than 50% of the *total time* (face-to-face and non-face-to-face)
 - **OR**
- Made or **Approved** the management plan and assumes responsibility for the plan

American Medical Association. (2023). Evaluation and management (E/M) services guidelines. In American Medical Association (Eds.) *CPT® Professional 2024* (4th edition revised, pg. 6). Author.

Medical Decision-Making Components

Number and Complexity of Problems Addressed at
the Encounter

Amount and/or Complexity of Data to be Reviewed
and Analyzed

Risk of Complications and/or Morbidity or Mortality
of Patient Management

Number and Complexity of Problem and Risk of Complications and/or Morbidity or Mortality

"... performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the **number and complexity of problems addressed at the encounter** and takes responsibility for that plan with its inherent **risk of complications and/or morbidity or mortality of patient management**. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. "

American Medical Association. (2023). Evaluation and management (E/M) services guidelines. In American Medical Association (Eds.) *CPT® Professional 2024* (4th edition revised, pg. 6). Author.

Amount and/or Complexity of Data

1. Tests, documents, orders, or independent historian(s) (Any combo of 3)
2. Independent interpretation of tests
3. Discussion of management or test interpretation with external physician or other qualified health care professional or appropriate source

the substantive portion is determined differently for two categories of data

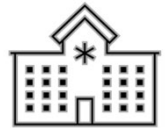
Amount and/or Complexity of Data

- "If the **amount and/or complexity of data to be reviewed and analyzed** is used by the physician or other QHP to determine the reported code level, assessing an *independent historian's* narrative and the *ordering or review of tests or documents* do **not** have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. *Independent interpretation of tests and discussion of management plan or test interpretation* **must** be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP."

American Medical Association. (2023). Evaluation and management (E/M) services guidelines. In American Medical Association (Eds.) *CPT® Professional 2024* (4th edition revised, pg. 6). Author.

Split/Shared Location

- Hospital inpatient (POS 21)
- Hospital outpatient/ambulatory care (POS 19,22)
- ED (POS 23)
- Nursing facility (POS 31,32,54,56)
- Critical care (new as of Jan 2022)



Split/Shared Documentation

- Services may include both face-to-face and non-face-to-face activities
- Documentation must identify providers who shared visit
- Provider who performs substantive portion of the visit must sign and date the encounter (and bill for it)
- Modifier FS



Documentation Issues

- Does the EMR identify who documented in chart?
- What if both practitioners do not document time?
- How do both practitioners get recognition for the patient visit if only one signs the chart?



Scenario: outpatient clinic (POS 22)

- NP sees a patient in the diabetes clinic of the hospital for follow up of type 1 DM
- NP documents history and PE and leaves the room
- Physician then discussed with NP and sees the patient
- Physician then documents the A&P in its entirety
- Bill under physician NPI

Scenario: inpatient hospital visit (POS 21)

- Attending physician makes hospital rounds in the AM
- Physician documents history, reviews labs, writes orders, does not document any component in its entirety
- Physician documents spending 15 minutes with the patient
- NP follows up on labs
- NP documents spending 20 minutes with the patient
- Bill under NP NPI number (85% reimbursement)

Direct Billing

The NP provides the entire service.

Can be a new patient, an established patient, or an established patient with a new problem. Can also be reported for critical care services.

No plan of care needs to be in place. No prior visit is required.

The physician does not need to be in the office suite if it is an office visit

The service can be delivered in the office or hospital settings, including the ER and critical care.

Direct Billing

For critical care services, this includes E&M services, bedside procedures, and any other services not bundled under critical care.

The service is billed under the NP's name and NPI number and is reimbursed at 85 percent of the physician fee.

All procedures performed by an NP in the hospital setting must be billed direct, under the NP's name and number.

May not bill split/shared

NP MUST be credentialed with the payer

The NP must have a portion of their clinical effort funded by the practice plan/division

Scenario

- A patient known to the practice is seen by the NP in the office for follow up of BMI > 95%.
- The NP completes the history and physical exam and reviews the plan of care with the family. The NP documents the care provided.
- The collaborating physician is on another floor of the building, and there are no other collaborating physicians available in the office suite during the patient visit with the NP.
- The NP and collaborating physician have their clinical effort funded by the same practice.
- The NP is credentialed by the payers to direct bill.

Reasons to Direct Bill



Difficult to follow all the rules of Incident to billing

Insurance fraud if rules are not followed



If visit is billed Incident to, only the physician's name appears on the claim

NP becomes a "ghost" biller
Promote NP recognition



In 2019, MedPAC recommended to Congress to eliminate Incident to billing

From 2010-2017, the number of NP visits went from 11 million to 31 million
Medicare can save \$50-250 million in 1 year

Time (2021)

Complexity	New Patient		Established Patient	
Straightforward	99202	15-29 minutes	99212	10-19 minutes
Low	99203	30-44 minutes	99213	20-29 minutes
Moderate	99204	45-59 minutes	99214	30-39 minutes
High	99205	60-74 minutes	99215	40-54 minutes

Source: [CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99417\) Code and Guideline Changes](#)

Time (2024)

Complexity	New Patient minutes must be met or exceeded		Established Patient minutes must be met or exceeded	
Straightforward	99202	15 minutes	99212	10 minutes
Low	99203	30 minutes	99213	20 minutes
Moderate	99204	45 minutes	99214	30 minutes
High	99205	60 minutes	99215	40 minutes

American Medical Association. (2023). Evaluation and management (E/M) services guidelines. In American Medical Association (Eds.) *CPT® Professional 2024* (4th edition revised, pp 15-17). Author.

Pelvic Examinations

- +99459 – Pelvic examination
- May be used in addition to office visit, consultation, preventative medicine codes
- No work RVUs are associated with this code



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COVID-19 Administration Code

- 90480
 - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

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COVID-19 Vaccines

CPT® Code	Description
91304	5 mcg/0.5mL (Novavax)
91318	3 mcg/0.2 mL (Pfizer)
91319	10 mcg/0.2 mL (Pfizer)
91320	30 mcg/0.3 mL (Pfizer)
91321	25 mcg/0.25 mL (Moderna)
91322	50 mcg/0.5 mL (Moderna)

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RSV

CPT® Code	Description
90380	RSV monoclonal antibody, 0.5 mL intramuscular
90381	RSV monoclonal antibody, 1.0 mL intramuscular
96380	Administration of monoclonal antibody, with counseling
96381	Administration of monoclonal antibody, without counseling

Used with ICD 10 code Z29.11 Prophylactic immunotherapy for RSV

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Other Vaccines

CPT® Code	Disease
90589	Chikungunya
90623	Meningococcal and MenB
90611	Smallpox and Monkeypox
90622	Vaccinia (Smallpox)

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Caregiver Training

CPT® Code	Description
97550	Caregiver training in strategies and techniques to facilitate patient's functional performance, without patient present, initial 30 minutes
+97551	Each additional 15 minutes
97552	Group caregiver training

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Social Determinants of Health (SDOH)



- G0136 (HCPCS code)
 - New code specifically for *Assessment* of SDOH
 - May be done in conjunction with an E/M service
 - 5-15 minutes, not more than every 6 months
 - Must be standardized tool
- 96160 (per AAP)
 - Health risk assessment instrument
 - Must be standardized tool

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Healthy People 2030 5 Domains of SDOH

-  Economic stability
-  Education access and quality
-  Health care access and quality
-  Neighborhood and built environment
-  Social and community context

Healthy People 2030 | [health.gov](https://www.health.gov)

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Importance of Identifying SDOH

	Help	Help providers tailor management and treatment plans
	Connect	Connect patients with resources
	Collect	Collect data to identify community needs to government and social agencies
	Reimbursement	Medical decision-making risk level may be influenced by SDOH

Social Determinants of Health

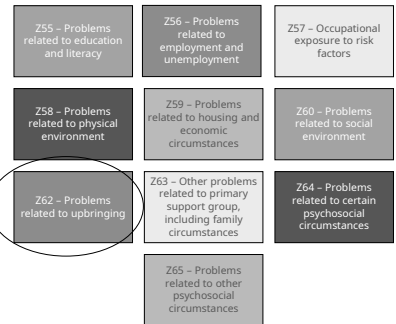


Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 - Problems related to education and literacy <ul style="list-style-type: none"> Z55.5 - Less than a high school diploma (Added, Oct. 1, 2021) Z56 - Problems related to employment and unemployment <ul style="list-style-type: none"> Z56.00 - Homelessness (Updated) Z56.01 - Homelessness unspecified (Added, Oct. 1, 2021) Z56.02 - Sheltered homelessness (Added, Oct. 1, 2021) Z56.03 - Unsheltered homelessness (Added, Oct. 1, 2021) Z56.04 - Inadequate housing (Updated) Z56.05 - Inadequate housing, unspecified Z56.06 - Inadequate housing, environmental temperature Z56.07 - Inadequate housing, utilities Z56.08 - Other inadequate housing Z56.09 - Lack of adequate food (Updated) Z56.10 - Food insecurity (Added, Oct. 1, 2021) Z56.11 - Other specified lack of adequate food (Added, Oct. 1, 2021) Z56.12 - Other problems related to housing and economic circumstances (Updated) Z56.13 - Housing instability, housed (Added, Oct. 1, 2021) Z56.14 - Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021) 	<ul style="list-style-type: none"> Z58.812 - Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021) Z58.813 - Housing instability, housed, unspecified (Added, Oct. 1, 2021) Z58.814 - Transportation insecurity (Added, Oct. 1, 2022) Z58.815 - Financial insecurity (Added, Oct. 1, 2022) Z58.816 - Material hardship due to limited financial resources, not otherwise classified (Added, Oct. 1, 2022; Revised, April 1, 2023) Z58.817 - Other problems related to housing and economic circumstances (Added, Oct. 1, 2021) Z59 - Problems related to social environment <ul style="list-style-type: none"> Z59.01 - Leaving home from parents Z59.02 - Child in custody of non-parental relative (Added, Oct. 1, 2023) Z59.03 - Child in custody of non-relative guardian (Added, Oct. 1, 2023) Z59.04 - Other specified problems related to upbringing (Updated) Z59.05 - Personal history of abuse in childhood Z59.06 - Personal history of child financial abuse Z59.07 - Personal history of intimate partner abuse in childhood Z59.08 - Parent-child conflict Z59.09 - Parent-child conflict (Added, Oct. 1, 2023) Z59.10 - Non-parental relative or guardian-child conflict (Added, Oct. 1, 2023) Z59.11 - Non-parental relative-child conflict (Added, Oct. 1, 2023) Z59.12 - Non-relative guardian-child conflict (Added, Oct. 1, 2023) Z59.13 - Group home, self-child conflict (Added, Oct. 1, 2023) Z59.14 - Other specified problems related to upbringing Z59.15 - Running from current living environment (Added, Oct. 1, 2023)
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Care Giver Non-Compliance

- Z01.A Caregiver is non-compliant with....
 - 41 medication regime due to financial hardship
 - 48 medication regime for other reasons
 - 51 renal dialysis due to financial hardship
 - 58 renal dialysis due to other reasons
 - 91 other medical treatments due to financial hardship
 - 98 other medical treatments due to other reasons
- Z02.84 Encounter for child welfare exam

New Foreign Body ICD-10 Codes

W44.A1XA	Button battery entering into or through a natural orifice, initial encounter
W44.B3XA	Plastic toy and toy part entering into or through a natural orifice, initial encounter
W44.C0XA	Glass unspecified, entering into or through a natural orifice, initial encounter
W44.D0XA	Magnetic metal entering into or through a natural orifice, initial encounter
W44.E0XA	Non-magnetic metal entering into or through a natural orifice, initial encounter
W44.F3XA	Food entering into or through a natural orifice, initial encounter
W44.G1XA	Audio device entering into or through a natural orifice, initial encounter
W44.H0XA	Other sharp object unspecified, entering into or through a natural orifice, initial encounter
W44.H2XA	Knife, sword or dagger entering into or through a natural orifice, initial encounter

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Foreign Body Sensation

- H57.8A1 Foreign body sensation right eye
- H57.8A2 Foreign body sensation left eye
- H57.8A3 Foreign body sensation both eyes
- H57.8A9 Foreign body sensation unspecified eye
- R09.A0 Other foreign body sensation unspecified
- R09.A1 Foreign body sensation nose
- R09.A2 Foreign body sensation throat
- R09.A9 Foreign body sensation other site



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Questions?

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