Effective for claims on and after August 25, 2010, Centers for Medicare and Medicaid Services (CMS) will cover tobacco cessation counseling to prevent tobacco use for outpatient and hospitalized Medicare beneficiaries who meet the following criteria:

- Use tobacco, regardless of whether they have signs and symptoms of tobacco-related disease;
- Are competent and alert at the time that counseling is provided; and
- Receive counseling furnished by a qualified physician or other Medicare-recognized practitioner.

Symptomatic patients are covered effective August 25, 2010. Asymptomatic individuals, who do not have signs or symptoms of tobacco-related disease, are covered under Medicare Part B when the above conditions of coverage are met, subject to certain frequency and other limitations. Use the unlisted CPT code (99199) for asymptomatic patients receiving tobacco cessation counseling during the period August 25 – December 31, 2010.

### Billing Requirements for Symptomatic Patients: August 25-December 31, 2010

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Diagnosis (ICD9 Codes)</th>
<th>Coverage Limitation</th>
<th>Frequency</th>
<th>Beneficiary Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406, counseling visit; 3-10 minutes</td>
<td>305.1, non-dependent tobacco use disorder or V15.82, history of tobacco use</td>
<td>Symptomatic patients</td>
<td>2 cessation attempts per year; each attempt includes maximum of 4 sessions; up to 8 sessions in a 12 month period</td>
<td>Co-pay &amp; deductible</td>
</tr>
<tr>
<td>99407, counseling visit; greater than 10 minutes</td>
<td>305.1, non-dependent tobacco use disorder or V15.82, history of tobacco use</td>
<td>Symptomatic patients</td>
<td>2 cessation attempts per year; each attempt includes maximum of 4 sessions; up to 8 sessions in a 12 month period</td>
<td>Co-pay &amp; deductible</td>
</tr>
</tbody>
</table>

Note: For patients who are asymptomatic prior to January 2011, use 99199, unlisted special services.

### Billing Requirements for Asymptomatic Patients: Effective January 1, 2011

<table>
<thead>
<tr>
<th>HCPCS / CPT Codes</th>
<th>Diagnosis (ICD9 Codes)</th>
<th>Coverage Limitation</th>
<th>Frequency</th>
<th>Beneficiary Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0436, smoking and tobacco cessation counseling, 3-10 minutes</td>
<td>305.1, non-dependent tobacco use disorder or V15.82, history of tobacco use</td>
<td>Asymptomatic patients</td>
<td>2 cessation attempts per year; each attempt includes maximum of 4 sessions; up to 8 sessions in a 12 month period</td>
<td>No co-pay &amp; No deductible</td>
</tr>
<tr>
<td>G0437, smoking and tobacco counseling, greater than 10 minutes</td>
<td>305.1, non-dependent tobacco use disorder or V15.82, history of tobacco use</td>
<td>Asymptomatic patients</td>
<td>2 cessation attempts per year; each attempt includes maximum of 4 sessions; up to 8 sessions in a 12 month period</td>
<td>No co-pay &amp; No deductible</td>
</tr>
</tbody>
</table>

The provider must document the time spent providing the counseling in the patient’s medical record. To learn more: [www.cms.gov/transmittals/downloads/R2058CP.pdf](http://www.cms.gov/transmittals/downloads/R2058CP.pdf)
Determining when to use modifier 58 vs. modifier 78 can sometimes be confusing. A physician may plan or stage second procedures for a patient that falls within the original procedure’s global period. For example, a physician performs a debridement of a patient’s burn. The physician knows he or she will need to perform additional debridements and documents this in the patient’s chart. When the physician performs the additional debridement during the post-operative period, append modifier -58 to the CPT code.

The physician may also need to perform a more extensive procedure than the original one. For example, a physician performs a breast biopsy and diagnoses the patient with breast cancer. One week later, the same physician performs a modified radical mastectomy on the right breast. In this case, append modifier -58 to the CPT code for the modified radical mastectomy.

Append modifier -58 for the following situations:
- Procedures that are planned or anticipated (staged)
- Therapy following a surgical procedure
- Procedures that are more extensive than the original procedure

Use modifier -78 if the physician returns the patient to the O.R. on the same day because of unplanned complications to a procedure. For example, a surgeon removes polyps from a patient’s colon. Several hours later, the physician returns the patient to the O.R. and performs a colonoscopy with electrocautery to control postoperative bleeding. In this case, modifier -78 should be appended to the CPT code for the colonoscopy procedure.

### Teaching Physician Corner: Maternity Services

Certain pregnant women are eligible for Medicare through disability benefits. In order to bill Medicare (Part B) for the delivery, a teaching physician must be present in the delivery room and document personal presence and involvement in the delivery. There are separate CPT billing codes for global obstetric care (antepartum, delivery, and postpartum) and delivery only. If the teaching physician was involved only in the delivery, he or she should use only the delivery code. In order to bill for the global procedure, the teaching physician must be present for the minimum indicated number of visits when such a number is specified in the description of the CPT code.

**Documentation Template:**

I (attending physician) was present to observe Dr. Resident perform the delivery.  or
I (attending physician) personally performed the delivery.

### Prepare for ICD-10 Diagnosis Coding Changes – Effective October 1, 2013

*By Suzanne Forrest, RHIA*

The ICD-10 coding classification system will require specific documentation requirements in order to capture the complete code. For example, documentation from the Gustilo-Anderson scale will be required for fractures:

- **Type I:** The wound is smaller than 1 cm, clean, and generally caused by a fracture fragment that pierces the skin (i.e., inside-out injury). This is a low-energy injury.
- **Type II:** The wound is longer than 1 cm, not contaminated, and without major soft tissue damage or defect. This is also a low-energy injury.
- **Type III:** The wound is longer than 1 cm, with significant soft tissue disruption. The mechanism often involves high-energy trauma, resulting in a severely unstable fracture with varying degrees of fragmentation.

For coders to assign the most accurate ICD-10 code, physicians / providers’ medical record documentation must specify the size of the wound, whether or not the wound is contaminated, and whether or not there is soft tissue damage.
Privacy: Ways that YOU can Protect Personally Identified Information

1. Protect Personally Identified Information from Unauthorized Access: Implement Safe Harbors. In the federal breach notification final rule, the Office for Civil Rights (OCR) included two safe harbors: encryption and cross-shredding. If a laptop is stolen, but encrypted, there is no need for breach notification. Similarly, if paper records are cross-shredded prior to being discarded, there is no need for breach notifications in the event that the records are later lost. You can meet the safe harbor exception, if you:
   a. Encrypt laptops, USB and other portable media. Consult with the UCSD Health System’s Help Desk (619-543-7474) or your department’s IT professional for encryption software.
   b. Cross-shred paper records – or use the designated locked shredding bins to dispose of records containing restricted, personally identified information.

2. Report Privacy Breaches & Misdirected Information Promptly. A privacy breach is the unauthorized access, use, viewing or disclosure of unsecured (unencrypted) personally identified information (PII) and/or protected health information (PHI). State laws require licensed facilities to report privacy breaches to the California Department of Public Health (CDPH) within 5 business days of an incident. CDPH can fine facilities for untimely reports (@$100/day). Examples of privacy breaches:
   a. Paper: Misdirected medical reports (given to the wrong individual); misdirected fax to the wrong facility.
   b. Electronic: Stolen laptop containing unencrypted, personally identified information (PII); accessing the electronic health record to view protected health information (PHI) without a job-related need-to-know. Be aware that ‘snooping’ is illegal; misdirected e-mail attachments containing unencrypted ePHI; compromised computer server.

3. Prevent Privacy Breaches via a “Time Out” Moment. Privacy breach notifications resulting from misdirected information are on the rise. The consequences for privacy breaches are significant: breach notifications to CDPH licensing and the Office for Civil Rights, notifications to patients, potential for fines to the institution and to individuals, and regulatory investigations. Often breaches are due to unintentional errors which could have been prevented by implementing a brief “time out”. Time-out examples which demonstrate respect for patient privacy:
   a. Prior to “arriving” a patient (e.g., clinic, ED, procedural areas, admissions), verify the patient’s identity by asking to see a photo identification card. Check that the patient's full name + MRN + DOB match the name of the patient.
   b. During check-in and check-out procedures, verify that all 3-identifiers (patient’s full name + MRN + date of birth) are printed on each document and that the identifiers match the patient.
   c. Ask to see the patient's photo identification card (e.g., license, passport) during clinical check-in and inpatient admission procedures.
   d. Prior to releasing the after visit summary (AVS) to the patient, look at the patient’s name on the AVS. Does the name on the AVS match the name of the patient who will receive the documents?
   e. Prior to entering information in the electronic health record, verify that you are in the correct patient account. Remember to log-out or lock your session, prior to leaving the clinical work station.
   f. Prior to pushing the Fax “send” button, verify that you entered the correct fax number and that you included a fax cover sheet with your contact information.

4. Review the Updated Privacy Policies. The University of California’s (UC) Systemwide HIPAA Privacy Policies were revised and released on September 17, 2010. The Privacy Office will revise UCSD Health System’s (UCSDHS) MCP policies to align with federal HITECH Privacy Provisions and UC’s privacy policies. UC’s privacy policies: http://www.ucop.edu/ucophome/coordrev/policy/hipaa_policies.pdf

Learn about Annual HIPAA Training. UCSD Health System’s workforce members are required to complete HIPAA training on an annual basis. In FY2011, HIPAA training will be available via the UC Learning Exchange along with the Environment of Care training which will be rolled-out later this year. UCSDHS Learning Exchange: http://health.ucsd.edu/learningcenter/learningcenter.htm
We live in a stage of politics where legislators seem to regard the passage of laws as much more important than the results of their enforcement.

— William Howard Taft, 27th American president (1857-1930)

For additional information regarding the University’s Standards of Ethical Conduct, please visit http://blink.ucsd.edu/finance/accountability/ethics/core-values.html#Fairness

References:
1. http://blink.ucsd.edu/finance/accountability/ethics/core-values.html#Caring
2. http://www.universityofcalifornia.edu/compaudit/ethicalconduct.html#compliance