Every January brings changes to CPT codes. This year, the majority of coding changes are in orthopedics, neurology and psychiatry. Highlights of the coding changes are:

**Orthopedics**

**Spine**

- **22586—**Arthrosis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
- **0309T—**Arthritis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for the primary procedure) Note: Category III code 0309T is an add-on code to 22586.

**Shoulder Arthroplasty**

- **23473—**Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
- **23474—**Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

**Elbow Arthroplasty**

- **24370—**Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
- **24371—**Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component

**Nerve Conduction**

Guideline instructions related to the reporting of electromyograms (EMGs) and nerve conduction studies (NCS) are found in the beginning of their respective CPT sections. CPT codes 95900–95904 were deleted and replaced by the following CPT codes:

- **95907—**Nerve conduction studies; 1–2 studies
- **95908—**Nerve conduction studies; 3–4 studies
- **95909—**Nerve conduction studies; 5–6 studies

95910—Nerve conduction studies; 7–8 studies
95911—Nerve conduction studies; 9–10 studies
95912—Nerve conduction studies; 11–12 studies
95913—Nerve conduction studies; 13 or more studies

**Psychiatry**

New codes have been added for 2013 to capture the way psychotherapy services are currently performed. There have been little changes in the psychiatry codes since 1998. There have been shifts from treating single disorder to treating multiple medical co-morbidities and there has been a shift of site of service from the hospital to the office setting. These changes necessitated the creation of new codes.

**Psychiatric Diagnostic Evaluation:** CPT codes 90801 - 90802, psychiatric diagnostic interview exam were deleted and replaced with **90791, psychiatric diagnostic evaluation** and **90792, psychiatric diagnostic evaluation with medical services.** A distinction has been made between an initial evaluation with medical services done by a physician (90792) and an initial evaluation done by a non-physician (90791). CPT codes 90791 and 90792 may be reported more than once when separate diagnostic evaluations are conducted with the patient and other informants.

**Medication Management:** CPT code 90862, pharmacologic management, has been deleted. In 2013, this service will be reported using an evaluation and management (E/M) code (e.g., 99201 - 99215). CPT code **90863+, pharmacologic management including prescription and review of medication when performed with psychotherapy services,** is a new add-on code for those providers who can prescribe and render a psychotherapy service, but who also cannot bill E/M services.

Continuation on next page...
Psychotherapy Services with E/M Services: When psychotherapy is provided during the same encounter as an E/M service, there are new timed add-on codes for psychotherapy services (indicated in CPT by the "+" symbol) that are to be used by psychiatrists to indicate that both services were provided: 90833 - 30 minutes; 90836 - 45 minutes; and 90838 - 60 minutes. When an E/M service and psychotherapy are provided during the same session, the E/M service is not billed based on time. The level of E/M service billed is based on the work involved and documented (history, exam, and medical decision making or MDM). The psychotherapy portion of the service is coded based on time.

Psychotherapy Services without E/M Services: If psychotherapy is provided without any E/M component, only a psychotherapy code will be billed. There are now just three timed codes to be used for psychotherapy in all settings instead of a distinction made by setting and are only used when no E/M services were provided:

- Non-crisis code: 90832 - 30 min.; 90834 - 45 min; and 90837 - 60 min
- Crisis code: 90839 – 60 minutes; 90840 – each additional 30 minutes.

Time Rule: The time for each psychotherapy code is now described as the time spent with the patient and/or family member. This is a change from the previous psychotherapy code times, which denoted only time spent face-to-face with the patient. In order to bill CPT code 90832 (psychotherapy, 30 minutes with patient and/or family) at least 16 minutes of psychotherapy must be performed and documented. Since the new psychotherapy codes are not for a range of times, like the old codes, but for a specific time, the CPT "time rule" applies. The CPT "time rule" requires that more than half of the time must be met, before the next higher code can be selected. Examples:
- If 16 min to 37 minutes of psychotherapy was provided, use the 30-minute code, 90832.
- For 38 min to 52 minutes of psychotherapy, use the 45-minute code, 90834.
- For 53 min to 75 minutes of psychotherapy, use the 60-minute code, 90837.

Summary of New CPT Codes for Psychiatry Services

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Time Component</th>
<th>Coding Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
<td></td>
<td>Deleted code: 90801</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
<td></td>
<td>Deleted code: 90802</td>
</tr>
<tr>
<td>90832</td>
<td>Non-crisis</td>
<td>16 min – 30 min</td>
<td></td>
</tr>
<tr>
<td>90834</td>
<td>Non-crisis</td>
<td>45 minutes</td>
<td></td>
</tr>
<tr>
<td>90837</td>
<td>Non-crisis</td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>90839</td>
<td>Crisis</td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>90840</td>
<td>Crisis</td>
<td>Each add’l 30 min</td>
<td></td>
</tr>
<tr>
<td>90833</td>
<td></td>
<td>16 min - 30 min</td>
<td></td>
</tr>
<tr>
<td>90836</td>
<td></td>
<td>45 minutes</td>
<td></td>
</tr>
<tr>
<td>90838</td>
<td></td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>90863+</td>
<td>Pharmacologic management including prescription and review of medication when performed with psychotherapy services</td>
<td></td>
<td>Add-on code – for providers who cannot bill E/M codes. Use only with psychotherapy code. Note: 90862 was deleted.</td>
</tr>
</tbody>
</table>
ICD-9: Guidelines for Sequencing ICD-9 Diagnosis Codes

Many patients have multiple diagnoses, so how does one determine which diagnosis code should be listed as the primary diagnosis (or the first ICD-9 code) for professional fee billing? Although making this determination can be challenging, the first question should be what is the main diagnosis (or the chief reason) that brought the patient into the office? First, identify the complaint(s) or problem(s) that were addressed through the history, physical exam, assessment, and medical decision making process. Signs and symptom codes should not be assigned when a diagnosis has been confirmed. Diagnoses that were not addressed during the visit, or diagnoses that do not complicate the care of the patient, should not be submitted.

For example, a patient visits the gastrointestinal clinic for a consult due to unexplained weight loss. The physician documents that the patient also has a history of hypertension, dysphagia and a change in bowel habits.

<table>
<thead>
<tr>
<th>Diagnosis Status</th>
<th>Visit Notes</th>
<th>Sequence of ICD9 Codes on the Physician’s Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>No definitive diagnosis</td>
<td>If a definitive diagnosis has not been made to explain the weight loss, then “abnormal loss of weight” (783.21) would be the primary or first submitted diagnosis code. If the hypertension, dysphagia and change in bowel habits were addressed during the patient’s visit, the additional diagnoses would be included and submitted in any order.</td>
<td>Weight loss (783.21) Hypertension (401.9) Dysphagia (787.29) Change in bowel habits (787.99)</td>
</tr>
<tr>
<td>Confirmed diagnosis</td>
<td>If a cause for the weight loss was determined such as dumping syndrome, the code for dumping syndrome (564.2) would be assigned first. Since weight loss is a sign and symptom code, it should not be assigned when a diagnosis has been confirmed. Any additional diagnoses reported and managed are appropriate to include.</td>
<td>Post-gastric surgery syndrome, (564.2) Hypertension (401.9) Dysphagia (787.29) Change in bowel habits (787.99)</td>
</tr>
</tbody>
</table>

Use Caution with EPIC Copy & Paste Functionality!

All entries in the electronic medical record (EMR or Epic) must be patient and visit specific and contain the actual data collected by the provider based on medical necessity and personally rendered services. Risks associated with the inappropriate use of the copy / paste functionality could result in the incorrect diagnoses being relied upon by other care providers. Misuse of the copy / paste functionality includes: inaccurate, contradictory, duplicative, inapplicable, erroneous, and misleading information.

Examples:
- Chief complaint “knee pain” vs. review of system indicates “no pain”
- History of present illness refers to a married person vs. past family social history indicates “single person”
- Information included via the “pulled forward” function raises questions as to the origin and accuracy of the information (who is the author, was the information verified as still current?).

Teaching Physician Reminders

- **Resident notes**: Teaching physicians must document the personal performance of the key / critical portions of the service and may refer to the resident’s note for details. Use the approved Epic GC template to ensure that the teaching physician note includes patient specific information.
- **Medical student notes**: Teaching physicians may only utilize the review of systems (ROS) and past, family and social history (PFSH). Any other portions of a medical student note must be personally re-performed and re-documented.
- **“Make-me-the-author” functionality** is not a substitute for the attending’s note. The attending physician must personally perform and document personally provided, patient specific notes.
- Cloned notes (verbatim copy) are not acceptable for the teaching physician note.
In the News:

- Theft of an Unencrypted Laptop with ePHI Results in Fine to an Institution. Health and Human Services (HHS) announced its first settlement of potential HIPAA violations for a breach involving the theft of a laptop that held electronic protected health information (ePHI) on fewer than 500 individuals. The Hospice of North Idaho (HONI) reported to HHS that an unencrypted laptop containing PHI of 441 patients had been stolen in 2010. HONI agreed to pay HHS $50,000.

- New! Office of the National Coordinator (ONC) just released an educational initiative which focuses on practical ways to protect ePHI on mobile devices. Refer to the main page for helpful training tools: http://www.healthit.gov/providers-professionals/how-can-you-protect-and-secure-health-information-when-using-mobile-device

Don’t post anything that might embarrass or compromise you later.

- Never type anything online that you wouldn’t say in public.
- Think twice before posting a photo or information you wouldn’t want your parents or boss to see.
- Remember that anything you post may be used against you in a legal investigation.
- Review the Health System policy, MCP 523.1, “Social Media Guidelines” at URL: http://mcpolicy.ucsd.edu

ENCRYPT YOUR LAPTOP & SECURE IT OR KEEP IT WITH YOU!!

Recently, a personal laptop was stolen from the locked car of one of our employees. While this may not seem like news, the break-in method is. Thieves are cracking security codes to get into cars. Thieves managed to unlock the car in seconds without a key and without any signs of forced entry. In October 2012, ABC World News reported that, “Wireless signal experts think some car thieves have cracked security codes, so they are able to send the same unlock signal that an owner’s key transmitter uses.”


Privacy / Security Tip: Just Two Clicks (“Windows + L”) will Lock Your Computer Session!

Press the “Windows Logo” button + the” L” key. The combination of these two buttons can easily be done with one hand. You can find the “Windows Logo Key” in both the lower right and lower left quadrants of the keyboard. This method is easier than using the CTRL + ALT + Delete keys to lock the computer. These keys will immediately lock the workstation and display the logon screen. Not only does this prevent the display of information that may be on the screen, but it also locks the workstation so that someone doesn't access it or use it while the person is away. Try this today!

Privacy Reminders:

Co-Workers, Friends or Family Members as Patients, Concern is Good, Accessing Information is Not!

Having a friend, family member, or co-worker in the hospital can be emotional. You may want to get information out of concern; however, it is important to remember that you can access their information ONLY if it is necessary to perform your job duties. Accessing information for non-work related purposes is a violation and may result in disciplinary action – including termination.

- In FY2013, one individual lost their job for unauthorized access to the medical record.

“Keeping Your Computer Virus-Free”

http://blink.ucsd.edu/technology/security/personal_communities/virus-free/

Sophos Endpoint Protection is available for use on UCSD-owned devices. To gain access to the download site, send a request to support-sophos@ucsd.edu

February 2013
Standards of Ethical Conduct #2: Individual Responsibility and Accountability

Members of the University community are expected to exercise responsibility appropriate to their position and delegated authorities. They are responsible to each other, the University and the University's stakeholders both for their actions and their decisions not to act. Each individual is expected to conduct the business of the University in accordance with the Core Values and the Standards of Ethical Conduct, exercising sound judgment and serving the best interests of the institution and the community.

Article

Filling Holes

Sam, a supervisor, was dumbfounded as he watched Bill diligently dig holes while Chuck, after waiting a short interval, filled them. When he demanded an explanation, Bill was indignant: "Chuck and I have been doing this job for more than 10 years. What's your problem?" "Are you telling me that for 10 years you've been digging and filling empty holes?" Sam replied. "Well, not exactly," Bill said. "Until a few months ago, another fellow put a bush in the hole before Chuck filled it. But he retired and was never replaced." "Why didn't you tell somebody?" Sam sputtered. "My gosh," Bill answered, "You're management. We figured you knew!"

Explanation: While management is ultimately to blame when employees systematically waste time and money in a thoughtless unproductive activity, we can't let Bill and Chuck off the hook. Responsibility is a personal burden everyone carries for himself or herself. Too many organizations are weighed down by practices equivalent to digging and filling holes, because too many workers and managers engage in or ignore inefficient and ineffective activities. Whether unaccountability is fed by laziness, ignorance, or fear, employees who surrender to the negative momentum of the workplace not only demean the value of their work, but they increase the likelihood that they will someday be out of work.

We can avoid our responsibilities, but we can't avoid the associated consequences. All of us are accountable for what we allow, as well as what we do. If we want to make our lives more meaningful, we should be sure our work is meaningful.

You can't escape the responsibility of tomorrow by evading it today.
— Abraham Lincoln, 16th U.S. president (1809-1865)

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: