

MEDICINE (90000)



IMMUNIZATION ADMINISTRATION FOR VACCINES / TOXOIDS:

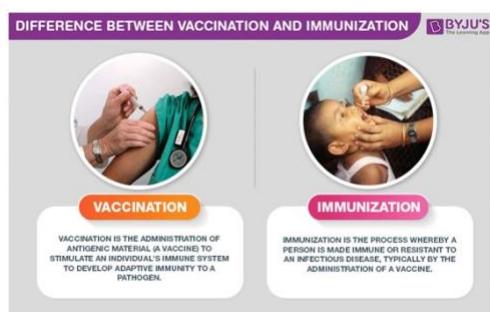
Immunization and vaccination:

Immunization:

Administration of immunoglobulin into human body which results in to prevent the disease

Vaccination:

Administration of weakened micro-organisms into human body which results in to prevent the disease.



- In immunization & vaccination default we have to code 2 CPTs one is administration code another one is product code

To code vaccines or immunizations we need see:-

- Age of patient.(through 18 years 90460 or greater then 18 years 90471).
- Root of administration (intramuscular 90460 or 96471, intranasal oral route 90473.)
- Type of vaccine. (polio vaccine, MMR vaccine)
- Number of vaccines. (1 or 2 or 3 – for each additional vaccine for 18+ age we use add on code +90472

- Number of components (for through 18 years age we have count no of vaccines and no of component for each additional component we need to add add on code +90461.

Q1) physician gave poliovirus vaccine inactivated for subcutaneous or intramuscular for 5 year old boy.

90460 – immunization administration through 18 years of age via any route of administration,with counseling by physician or other qualified health care professional : first or only component of each vaccine or toxoid administration.

90713 - poliovirus vaccine, inactivated (IPV),for subcutaneous or intramuscular.

Q2) physician Gave measles, mumps, rubella virus vaccine (MMR) live for subcutaneous root for 21 years female.

90471 – immunization administration (includes percutaneous , intradermal ,subcutaneous, or intramuscular injections) : 1 vaccine.

90707 - measles, mumps, rubella virus vaccine (MMR) live for subcutaneous root.

Q3) physician gave measles, mumps, rubella virus vaccine (MMR) live for subcutaneous root and poliovirus vaccine inactivated for subcutaneous or intramuscular, for 19 year old female.

90471

90472

90707

90713

Q4) physician gave measles, mumps, rubella virus vaccine (MMR) live for subcutaneous root and poliovirus vaccine inactivated for subcutaneous or intramuscular, for 5 year old female.

90460 ×2(count nuber of vaccines)

+96461× 2(count number of components)

PSYCHIATRY DIAGNOSTIC EVALUATION: It is an integrated bio psychosocial and medical assessment, including, mental status, other physical examinations elements as indicated, and recommendations.

- It also include communication with family (or) other sources. Prescription of medications and review of laboratory (or) other diagnostic studies.



90791 - psychiatric diagnostic evaluation

90792 - psychiatric diagnostic evaluation with medical seervices.

PSYCHOTHERAPY :



- Psychotherapy is the treatment for mental illness and behavioral disturbances in which the physician (or) other qualified health care professional through definitive therapeutic communication, attempts to alleviate the emotion disturbances, reverse (or) change maladaptive patterns of behavior, and encourage personality growth and development.
- TO CODE PSYCHOTHERAPHY SEE :
 - 1) Psychotheraphy alone or psychotherapy in E and M.
 - 2) See the TIME.

90832 – Psychotherapy, 30 minutes with patient.

+90833 – psychotherapy 30 minutes with patient when performed with an evaluation and management services.

90834 - Psychotherapy, 45 minutes with patient.

90837 - Psychotherapy, 60 minutes with patient.

Q1) physician performed psychotherapy 30 minutes.

90832

Q2) physician performed psychotherapy 35 minutes.

90832

NOTE : FOR THE PROCEDURES OF PSYCHOTHERAPY THE CONCESSION TIME IS 7 MINUTES)

Q3) physician performed psychotherapy 50 minutes.

90834.

PSYCHOTHERAPY FOR CRISIS :



It is an urgent assessment and history of a crisis statue, a mental status exam, and a dislocation.

- Same to critical care concept

90839 – psychotherapy for crisis : first 60 minutes (60-74)

+90840 - each additional 30 minutes

NOTE :(Concession time is 14 minutes)

Q1) Physician performed 110 minutes Psychotherapy For crisis?

90839

90840*2

2. Physician performed 75 minutes Psychotherapy For crisis?

90839,

90840

3. Physician performed 74 minutes Psychotherapy For crisis?

90839

OTHER PSYCHOTHERAPY:

90845 : psychoanalysis.

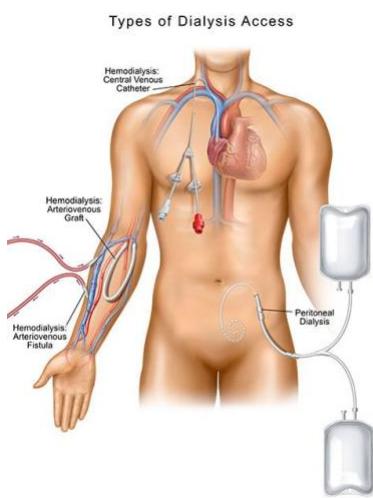
90846: Family psychotherapy (without the patient present) 50 minutes.

90847: Family psychotherapy (with the patient present) 50 minutes.

DIALYSIS:

- It is a procedure removing toxins from blood in patients with chronic renal failure (or) acute failure.

HEMODIALYSIS : Hemodialysis is ongoing dialysis(3 -5 times a week) that cleans your blood. It access from arm.



PERITONEAL DIALYSIS : Peritoneal dialysis is ongoing dialysis dialy that collect the waste from the blood by washing the empty space in the abdomen (peritoneal cavity)

90935 – hemodialysis procedure with single evaluation by the physician or other health care professional.

90937 – Hemodialysis procedure requiring repeated evaluations

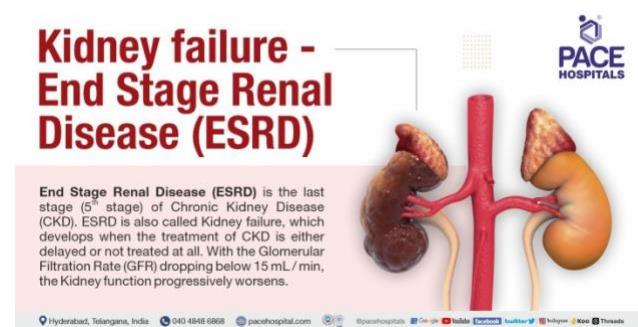
90940 – hemodialysis access flow study to determine the blood flow.

PERITONEAL DIALYSIS :

90945 - Dialysis procedure other than hemodialysis (eg: peritoneal dialysis,hemofiltration) with single evaluation by the physician or other health care professional.

90947 -- Dialysis procedure other than hemodialysis (eg: peritoneal dialysis,hemofiltration) requiring repeated evaluations.

ESRD RELATED SERVICES:



- To code ESRD related services we need to see
- OUT PATIENT OR HOSPITAL SERVICES AND HOME SERVICES
- AGE OF THE PATIENT
- NUMBER OF FACE TO FACE VISITS BY PHYSICIAN.

ESRD For Hospital Monthly service (OP):

90951- ESRD less than 2 years age: 4(or) more visits

90952 - 2-3 visits.

90953 - 1 visit

90954 -ESRD 2-11 years age: 4 (or) more visits .

90955- 2-3 visits = 90955

90956- 1 visits

90957 – ESRD 12-19 years age :4 (or) more visits

90958 - 2-3 visits

90959- 1 visit

90960 ESRD 20 years (or) more age:, 4 (or) more visits

90961- 2-3 visits

90962- 1 visits

ESRD Home Monthly services (only based one age)

90963- ESRD 0- <2 years

90964 – ESRD 2-11 years

90965 – ESRD 12-19 years

90966 –ESRD 20 years (or) more

[30 days dialysis in home setting then only you have to go with these codes]

{If one (or) 2 days missing from 30 days means then you have to down codes to less than monthly service}

Less than monthly service: - only based on age

90967 – ESRD 0 - <2 years

90968 –ESRD 2-11 years

90969 – ESRD 12-19 years

90970 - 20 years (or) more

These are per day codes [each day we have to give

(e.g.) 10 days you have to code 909xx X 10]

Example:

1)Patient age 18 years initially planned to home dialysis but dialysis performed in home setting at 10 days only?

90969*10

2).Patient is 55 year old toxins home dialysis for monthly service dialysis happened in home settings 30 days?

90966

3.)Patient is 55 year old came to t hospital for dialysis for monthly service dialysis happened in hospital with 1 face to face visit

-90962

OPHTHALMOLOGICAL SERVICE



General ophthalmological service Coding points

- First we have to look new patient (90202 (I), 92004(c)) (or) established patient(92012(I),92014(c).
- Intermediate (or) comprehensive

Intermediate ophthalmological service:

- Including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated may include the use of mydriasis for ophthalmoscopy.

Comprehensive ophthalmological service:

- Which including history, general medical examination, external and ophthalmoscopic examination gross visual fields and basic sensorimotor examination, it often includes as indicated bio microscopy, examination with cycloplegia (or) mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs

1. Ophthalmologist performed a review of history, external exam, ophthalmoscopy, bio-microscopy and tonometry on an established patient with a new cataract?

- a) 92014 b) 99212 c) 99002 d) 99202 e) 92012

CARDIOVASCULAR SYSTEM : The major procedures codes are present in cardiovascular system and the minor procedure (non – dangerous) codes are present in the medicine.



92950 – cardiopulmonary resuscitation (CPR) (eg, in cardiac arrest)

92920 – percutaneous transluminal coronary angioplasty : single major coronary artery or branch.

+92921 - each additional branch of a major coronary artery.

HYDRARTION : Infusion of a pre- packaged fluid and electrolytes(eg ,normal saline, D5-1/2 normal saline + 30m equal KCL/liter. IV= intravenous.



But not the infusion of drugs and other substances.

96360 – Intravenous infusion, hydration : initial 31 to 1 hour.

+96361 - each additional hour.

(concession is 30 minutes)

INTRAVENOUS INFUSION OF DRUGS OR DRUGS+SALINE : if any drug is introduced intravenously we should code.



96365 – intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or Drug) : initial, up to 1 hour.

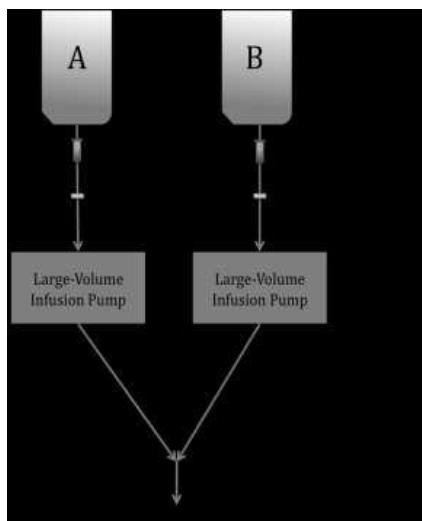
+96366 - each additional hour

(Concession 30 min)

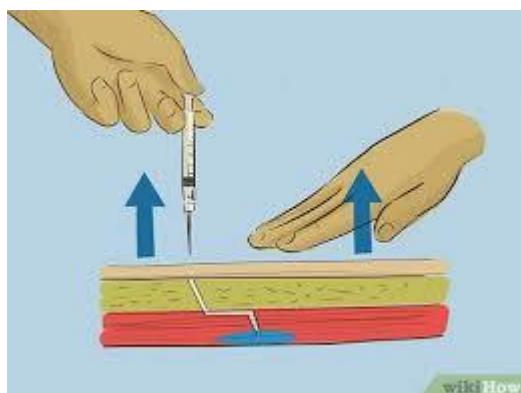
+96367 - additional sequential infusion of new drug / substance ,up to 1 hr.

+96368 - concurrent infusion

(when two different drugs are given at the same time with 2 different bags via same I.V route will be considered concurrent infusion.



INTRAMUSCULAR :

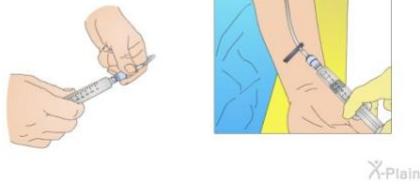


96372 - Therapeutic prophylactic, or diagnostic injection (specify substance or drug) : subcutaneous or intramuscular.

96373 - Intra – arterial.

INTRAVENOUS PUSH : Iv push is a rapidly delivers a single dose of medicine directly in to the blood stream.

Administering a medication using the IV push technique is safe and effective when done correctly. It can be done at home.



X-Plain

96374 –intravenous push, single or initial substance / drug

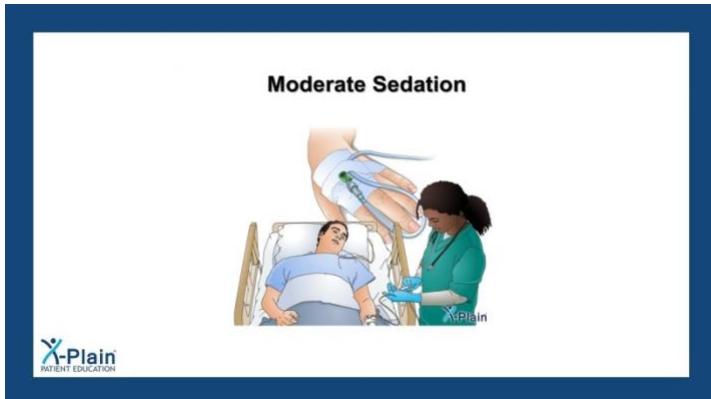
+96375 – each additional sequential intravenous push of a new substance/ drug.

Heirarchy of infusions are:

- 1) IV INFUSION(DRUG) - 96365**
- 2) IV PUSH - 96374**
- 3) HYDRATION - 96360**
- 4) IM OR SUBCUTANEOUS DRUG.- 96372**

Moderate sedation:

- Moderate (also known as conscious) sedation is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone (or) accompanied by light tactile stimulation}
- Whereas in anesthesia patient is completely lost conscious.



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- Moderate sedation codes 99151, 99152, 99153, 99155, 99156, 99157 are not used to report administration of medication for pain control, minimal sedation (anxiolysis), deep sedation (or) monitored anesthesia care (00100, 01999).

TO CODE MODERATE SEDATION SEE :

- SAME PHYSICIAN ONLY GIVING SEDATION AND DOING PROCEDURE OR DIFFERENT PHYSICIAN PROVIDING SEDATION.

Physician A only giving the sedation and procedure

Or

Physician A is giving sedation B is doing procedure.

- AGE OF THE PATIENT LESS THEN 5 YEARS OR GREATER THEN 5 YEARS.
- SEDATION TIME .