Objective I: NEW OR CHANGED CODES:

95017 – Venom Allergy testing, any **combination o**f SPT, ID, sequential and incremental. Specify number of tests. Replaces 95010 and 95915. Includes interpretation and report of test. (RVU 0.26).

95018 – Allergy drug/biologic testing, any combination of SPT ,ID, sequential and incremental, specify number of tests. Includes interpretation and report of the test. (RVU 0.64).

95076- Ingestion challenge test; initial 120 minutes of testing of testing time (RVU 3.42)., no office visit charge unless reaction occurs, then can charge both

95079 – Ingestion challenge test – each additional 60 minutes of testing after 2.5 hours. (RVU 2.41).

OTHER NEED TO KNOW TESTING CODES:

95004-SPT #done, **95024**-IDs # done, **95044**-Patch # placed with documentation of need #60 and most insurers #90. Every payer has different limits – even within Medicare

94010-Spirometry **94375**- Full Volume Loop **94060**-bronchodilation pre/post response, teaching MDI and nebulizer is included in the 94060 if performed to determine results.

NEED TO KNOW TREATMENT CODES:

94640-Nebulizer treatment. 94644- Continuous inhalation tx for 1st hour. 94645 – each add'l hour for continuous inhalation tx.

95199- SLIT, **95144**- Aeroallergen Serum Single dose (#doses), **95165**- Allergen Serum Multiple doses (#doses) and this is per #cc in master for Medicare charging. Medicare carriers vary on maximum CCs allowed; 10.

95115-one allergy injection, **95117**-2 or more allergy injections

95145-Single Hymenoptera Venom, **95146** – 2 hym., **95147**- 3 hym., **95148**- 4 hym., **95149**- 5 hymenoptera

95170-Whole body ant serum

95180-Rapid Desensitization #/hr

96401-Xolair injection for some carriers, **96372**-injection of antibiotic or other therapeutic

NEED TO KNOW MONITORING AND TEACHING CODES:

94760-Oximetry reading, **94761**-Multiple Oximetry (many payers included ox reading with E/M)

94664- MDI use review, **98960** - education by Qualified Educator for 30 minutes, not by MD, **98961**-2-4 patients education

99406,- Smoke cessation 3-10 minutes, **99407**- over 10 minute smoke cessation discussion. Must be separate from E/M

Objective II: Correct E & M level Codes: Increase level by more documentation, ICD codes, higher Medical Decision Making.; WE ARE MOST OFTEN UNDERCODING!

To correctly code implement more complete documentation system/EMR:

- Create quick option choices for CC, PMHx, FHSH, ROS, PE, A&P
- Patient information can be obtained prior to date of service if reviewed date of visit.
- EMR documentation often more complete and faster if completed correctly.
- Patient Portals further reduce documentation time, or use personnel to data enter.

Aim to document sufficiently appropriate level of service:

- CC with HPI addressing 4 elements such as complaint location, severity, duration and modifying factors.
- CC should never be "testing" but name disease "testing may be needed" for, in order to treat.
- ROS review and document 10 of 14 systems for Complete status (HPI symptoms included) include negatives.
- PMHx, Family Hx, and Social Hx should have one element addressed in each, minimally.
- PE of multisystem should be standard and documenting 8 organ systems examined.
- MDM: Medical Decision Making: include 3 or more ICDs, such as BA, AR, AD, Pruritis, Rash or include co-morbidities such as documented HTN and Hypothyroid (don't forget drug allergy 995.27 if this has been assessed) to increase elements in decision making. Testing and review of any Lab, study or old records increases complexity so visit is at least a level 4. To increase to level 5 there must be documented moderate/severe morbidity or complicated, life threatening case.

1) Treatment Codes: When treatment occurs in the office, document and charge all that applies, including prolonged face to face time.
   - If giving 2 treatments of bronchodilator use modifier -76 for repeat procedure: 94640-76.
2) Know Modifiers: -25 for significant/separately identifiable E/M service on the same day of procedure. -51 multiple procedures, -59 Distinct procedural service -76 repeat procedure by same physician.

Medical Necessity- Code for what you do, but only what is medically necessary. Document Well!

Recommended: Coding for Chest Medicine from the American College of Chest Physicians to purchase and online Evaluation & Management Services Guide: (**cms.hhs.gov**/MLNProducts/downloads/eval_mgmt_serv_**guide**.pdf).