



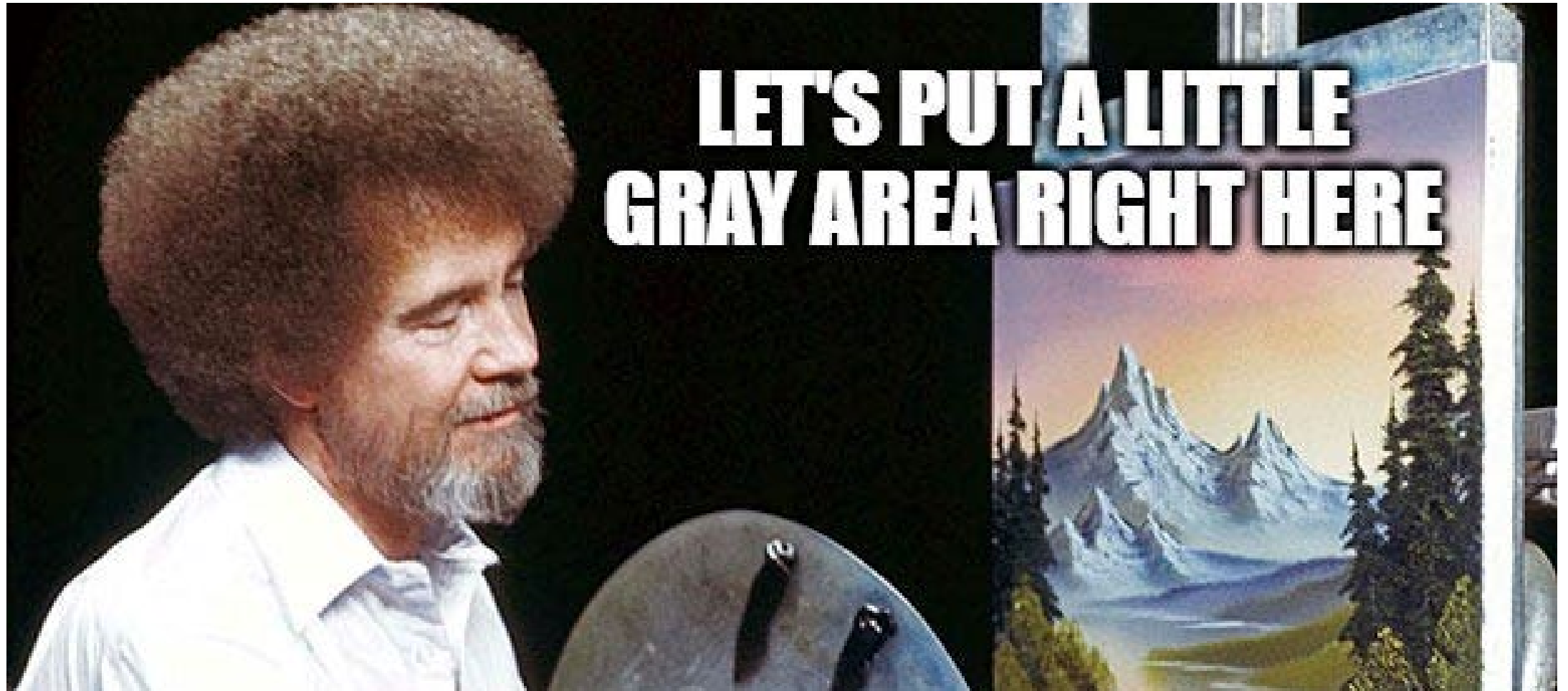
Embrace the Gray-t Unknown

The Gray Areas of Coding and Compliance
CAH Conference 2025

Disclaimer

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Coding Guidelines



ICD-10-PCS Codes



**What ICD-10-PCS procedures
should be reported on the claim?**

ICD-10-PCS Codes



ICD-10-PCS code reporting should be based on organizational policy.



Inpatient Prospective Payment System



Wound Debridement and Skin Graft Except Hand, for Musculoskeletal and Connective Tissue Disorders with MCC

MS-DRG	GMLOS	AMLOS	Total Reimbursement
464	5.50 days	7.30 days	\$xx, xxx.xx



Critical Access Hospitals



- **ICD-10-PCS codes do not directly affect payment**
 - Required for inpatient claims
- **Utilization:**
 - Accurate claims processing
 - Compliance and audit readiness
 - Public health reporting and data analytics
 - Quality initiatives

What to Report



- Only report significant procedures that impact patient care, length of stay or resource use
 - “All significant procedures should be reported. A significant procedure is one that is surgical in nature, carries a procedural risk, carries an anesthetic risk, or requires specialized training.”
General Coding Guideline A11
- Do not report minor bedside procedures unless required for quality reporting

What to Report



- Physician procedures
 - Qualifying procedures that impact care or require specialized training
- Nursing procedures
 - Midline and PICC line placements
 - Blood transfusions
 - Complex infusions (*chemotherapy*)
 - Augmentation of labor (*Pitocin, Cytotec*)

What Not to Report



- Minor and/or bedside procedures (unless integral to treatment)
 - Vaccinations
 - Diagnostic radiology (*CT, MRI, Ultrasound*)
- Duplicate procedures already captured
 - Unless payer specific guidance

Organizational Policies



- Examples
 - Reporting of nursing specific procedures that impact resources and require specialized training
 - Bilirubin blankets
 - Rhogam injections
 - Nasogastric tube placements
 - Specialized venous line placements (midline, PICC)
 - Respiratory treatments by respiratory staff
 - Reporting of duplicate procedures
 - Report nursing procedures only on the first date of service performed

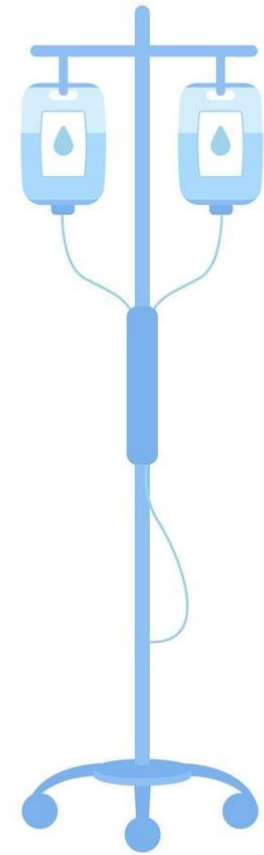
Infusions



**Should IV push times be carved out
of concurrent hydrations?**

Intravenous Push

- Intravenous push times should be treated the same as infusions
 - Appropriate carve out should be completed based on documentation
- What happens when there is no IV push stop time?
 - What is your organizational policy?
 - Assume 1-5 minute carve out as a reasonable clinical estimate?
 - Assume maximum carve out time as 15 minutes?



Modifiers



When a patient presents to the ER should modifier 25 always be utilized when a procedure is performed by the provider?

Modifier 25

“The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and shall not be reported as an evaluation and management service.”

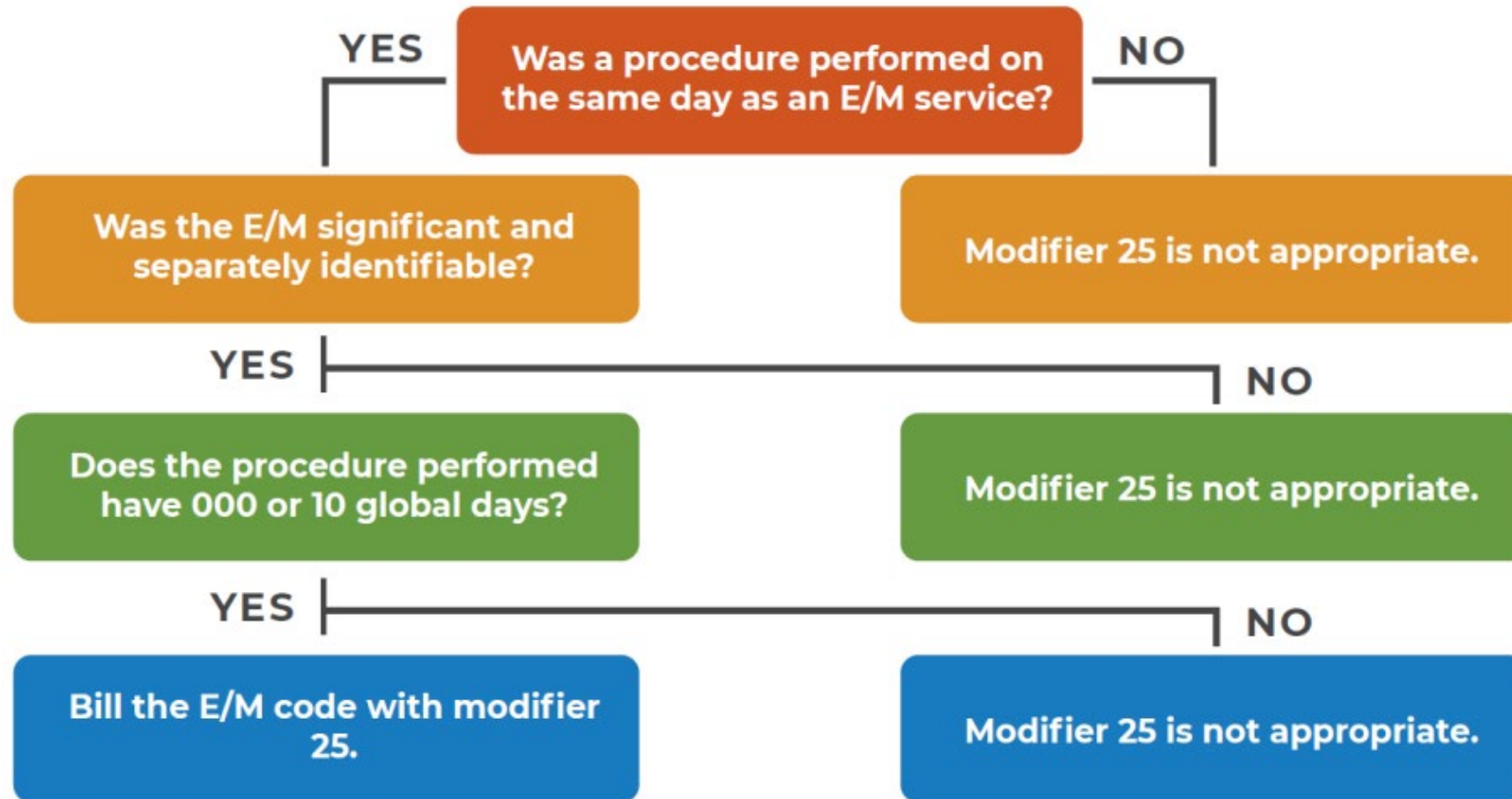
Facility

- Yes

Professional

- Was there a separately, identifiable evaluation above and beyond the procedure performed?

Decision Tree



MDM Complexity



Moderate MDM Complexity:
Prescription Drug Management

RX Management



Documentation for RX management

Rx for bowel prep prior to colonoscopy

Injection of an antibiotic

OTC Medications

Risk



Minor vs Major Surgical Procedures: What qualifies?

AMA vs Global Period



CPT vs Surgical Package		
	AMA	Surgical Global Period
Minor Procedure	“A procedure that is usually performed without anesthesia or with local anesthesia and does not carry a significant risk to the patient”	0-Day (minor) 10-Day (minor)
Major Procedure	“A procedure that is usually performed under general anesthesia, has a significant risk of morbidity or mortality and requires formal surgical intervention.”	90-Day (major)

Minor vs Major Surgical Procedure



How to classify minor vs major?

- Colonoscopy
- EGD
- ESI and other spinal injections
- Umbilical hernias

Documentation of Risk

- All risks and benefits were discussed, and the patient decides to move forward with the surgical procedure?

Historically Speaking



Active Conditions vs 'History of':
What should be coded?

Active Conditions vs Historical Conditions



- Context and Management Questions
 - Is the condition being actively managed?
 - Is there an ICD-10-CM guideline for the clinical timing/management of the condition?

CONTEXT

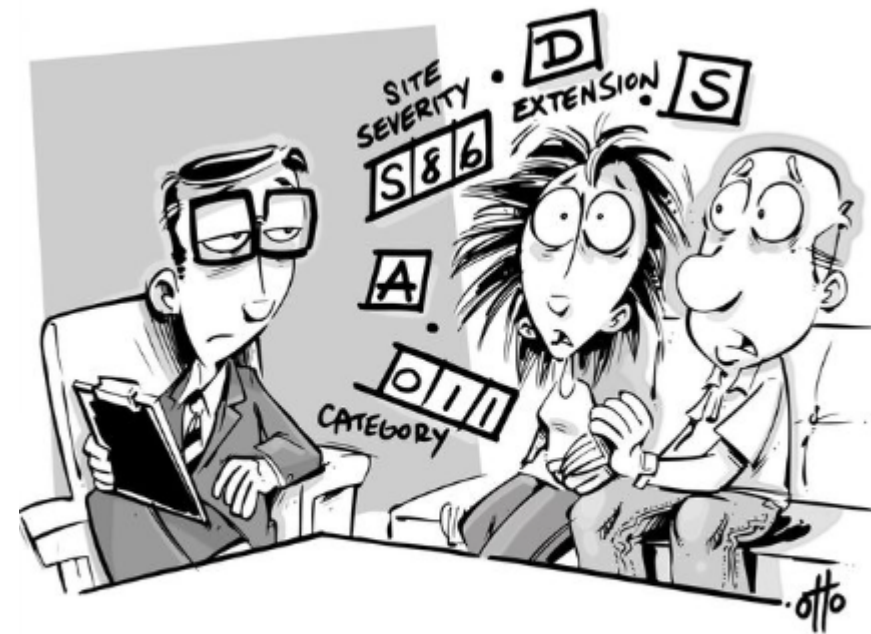
MATTERS

Active Conditions vs Historical Conditions



The Gray Areas

- Strong internal policies
- Ongoing education
- Thorough documentation
- Regular audits



"Yes! Yes! My wife is a medical coder!
How did you know?"



What are your gray areas?



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