

Unwrapping Compliance, Coding, & Auditing Gifts This Holiday Season



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It's the time of year for gift giving!

Let's look at a few recent gifts for the compliance, coding, and auditing communities.



OIG AND COMPLIANCE GUIDANCE

The U.S. Department of Health and Human Services Office of Inspector General (OIG) recently gave the compliance community a gift.

It is the [General Compliance Program Guidance](#) document recently released in November. This 90+ page document provides information about relevant Federal laws, compliance program infrastructure, OIG resources, and other information useful to understanding healthcare compliance.

It's been many years since the OIG has published such significant guidance and surely this will be a gift that keeps on giving, as we will likely need months and perhaps this next year to fully understand the changes.

Join us in early January for [a webinar](#) focusing on this new guidance document.



ICD CODES

New, revised, and/or deleted ICD codes are a consistent gift received every year in the Fall.

ICD-10 codes are the standard for essentially the entire U.S. healthcare system. The Department of Health and Human Services (HHS) mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) were required to transition to ICD-10 for electronic health care transactions on October 1, 2015.

The October 1, 2023 release of codes and files can be found here: <https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm>

The updates to the code set included almost 400 new codes. Additionally, some codes were deleted, and others revised. Even though the coding community has known about the new codes since the summer, they did not become effective until October 1. Some of the sections seeing many changes include External Causes of Morbidity (V00-Y99), Musculoskeletal System and Connective Tissues (M00-M99), Eye and Adnexa (H00-H59), and Factors Influencing Health Status (Z00-Z99).

Understanding and reporting ICD-10 codes correctly is essential for correct reimbursement in many areas. The HHS OIG is paying particular attention to diagnosis coding and Medicare Advantage. Of course, ICD-10 coding is also important for DRG reimbursement methodologies and for meeting LCD or NCD medical necessity requirements.

Coders, auditors, and compliance officers should be aware of the changes and make sure coding changes are efficiently and compliantly implemented.



CPT® CODES

Every year coders also see changes made to the CPT® coding methodology.

According to the American Medical Association (AMA), the 2024 annual update "...created 349 editorial changes, including 230 additions, 49 deletions and 70 revisions. With 11,163 codes that describe the medical procedures and services available to patients, the CPT® code set continues to grow and evolve with the rapid pace of innovation in medical science and health technology."

The AMA also said some of the more significant changes include a consolidation of over 50 previous codes that streamline the reporting of immunizations for COVID-19. The CPT® Editorial Panel also approved the provisional codes (91318-91322) to identify monovalent vaccine products from Moderna and Pfizer for immunization against COVID-19. The provisional codes will be effective for use when the monovalent vaccine products from Moderna and Pfizer receive approval from the U.S. Food and Drug Administration. In addition, a new vaccine administration code (90480) was approved for reporting the administration of any COVID-19 vaccine for any patient, replacing all previously approved product specific vaccine administration codes.

Additionally, some evaluation and management (E&M) codes are seeing some changes for 2024. The revisions include:

- Removal of time ranges from office or other outpatient visit codes (99202-99205, 99212-99215),
- A definition to determine the “substantive portion” of a split/shared E/M visit in which a physician and a non-physician practitioner work jointly to furnish all the work related to the visit, and

- Instructions for reporting hospital inpatient or observation care services and admission and discharge services for the use of codes 99234-99236 when the patient stay crosses over two calendar dates.



HCPCS CODES

We also received a gift of new HCPCS codes. The complete list can be found in many resources, such as your local MAC. For example, CGS posts the list on their website <https://www.cgsmedicare.com/jc/pubs/news/2023/11/cope147408.html>.

Some of the more significant changes include:

- A codes: Addition of many codes describing gradient compression products as well as a few codes relating to tubes, belts, and bags.
- E codes: Neuromuscular stimulation devices, non-pneumatic compression garments, suction pump and even a walk-in, portable whirlpool tub.

- J codes: Over 30 new drug codes, including but not limited to dinutuximab, bumetanide, paclitaxel protein-bound particles, pemetrexed and rozanolixizumab-noli.

Many of these gifts should not come as a big surprise, as similar gifts are received every year around this time. But the details are different -- and we all know in coding, compliance, and auditing, it is often the details that count.

Happy holidays from all of us at Healthicity. May you enjoy this time of gift-giving and gift-receiving.





CJ Wolf

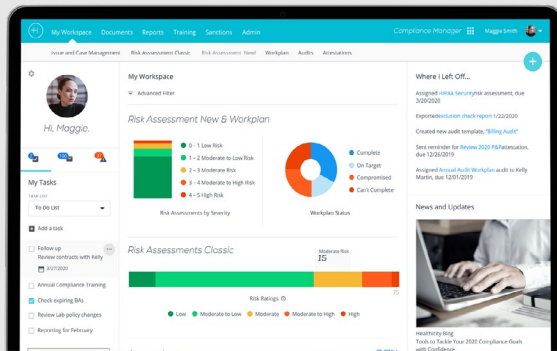
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CJ Wolf is a healthcare professional with more than 20 years of experience in hospital and physician revenue cycle, practice management, compliance, coding, billing, and client services. He has provided healthcare consulting and solution services to hospitals and physician organizations throughout the country.



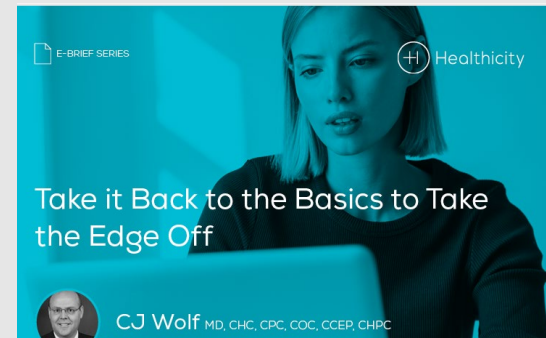
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