Houston Derm

18:58:56 : Hi Dr. Elston, In the context of multi specialty practice settings: 1) does email count when talking to a physician of a different specialty? 2) does reviewing notes within your system but outside your specialty count as external notes?

Yes to both

19:11:30 : Dr. Easton is something simple such as tines versicolor or perioral dermatitis patient given script and benign lesions documented a level 3?

Correct: Self-limited minor problems (level 3 complexity) + prescription (level 4 risk) = level 3

19:12:32 : Heliocare advanced or nicotinamide? How does this count as a med rec?

Gray zone, but OTCs and herbals in general are level 3.

19:13:41 : Hi Dr. Elston, you said time should not be used but many times patient asks me about their cosmetic products that I look through the ingredients and discuss skin care routine for acne, rosacea that will take way more than 20 minutes plus time to document all discussion with patient count. So would time be appropriate to use to code these cases?

If time = a higher level of service than MDM, code by time.

19:14:32 : Has there been guidance on what constitutes chronic stable problems versus a self limited or minor problem specifically for conditions like eczema?

Disease not at target has been clarified as level 4, not level 3.

19:15:17 : We are allowed to use closure code and 11106? I sometimes get paid and sometimes get denied even with -59 on closure code due bundling. Pls comment. Thanks so much.

Simple closure is bundled into excision. Intermediate is bundled with soft tissue codes. Complex bundled with excision of benign < 0.5 cm. Medical necessity must be documented for intermediate and complex.

19:15:29 : Can the independent historian be a parent?

Yes

19:16:41 does past history of skin cancer qualify as a legitimate reason for full body exam?

Yes, but Medicare does not recognize it as a stand alone diagnosis or chief complaint.

19:17:10 Is there guidance for the age cut off when children of normal development require an independent historian due to their inability to communicate symptoms. thanks!

Any time the patient consents (written or implied) and history must be elicited from an independent historian, it counts.

19:17:36 : where does a new AK fall on the complexity spectrum on a patient you see routinely for actinic skin damage skin checks w hx of several nmscs, aks, etc? worsening chronic? self limited? acute, uncomplicated?

If patient is always seen for AKs, single problem If new problem, then valid uncertain prognosis under complexity. If treated with prescription, level 4 risk. If treated with cryo, decision to perform cryo same day does not count towards MDM.

19:18:28 : For private insurance consults, do we use old coding rules to meet consults or bill following new CMS coding guidelines?

Most private payers follow Medicare rules.

19:18:51 With the new coding, are you allowed to include the procedure in your MDM level. For example, if you do a full body skin check and do 1 bx, is that a level 3 or level 4?

Neither physical exam nor decision to perform 0/10 day global procedure count towards MDM.

19:19:10 Hello Dr. Elston. Is isotretinoin considered a high risk medication (risk level 5) under new guidelines?

Depends on patient risk – patient with hyperlipidemia who needs ongoing montoring – yes, healthy young male whose lipids are normal at 8 weeks – no

19:19:54 : please clarify the acute, chronic, self limited, uncertain definitions with dermatologic examples.

Seb k = level 2 risk

Sebs + lentigines and cherry angiomas = level 3

Psoriasis requiring apremilast = level 4

Severe flare of psoriasis requiring cyclosporine = level 5

More are forthcoming from AAD Coding and Reimbursement Committee.

19:21:08 : how would you bill for a patient with severe inflammatory nodular acne on face and plan to start isotretinoin with monthly LFTs and lipid panel during duration of treatment?

If monthly labs are clearly indicated (usually would not be for a healthy male), then level 5 for first visit, but likely level 4 or lower for subsequent visits when acne improves if there are no other diagnoses.

19:21:29 You are allowed to use time to document as part of time allowed the new codes, right?

Yes – Time must be you yourself, but it includes time to complete your note and order meds. No longer a requirement for >50% face to face counseling.

19:24:35 What about chronic stable condition of herpes labialis, not active which I refilled the patient's valacyclovir where does that fall in complexity?

If that’s the only diagnosis, may be self limited so complexity may only be level 2 even though risk is level 4.

19:27:22 : Sorry, 0.1% Differin gel should be counted as prescription?

Yes – Gray zone but if available both by prescription and OTC likely counts

19:29:49 : Patient with wart that you treat with LN2 +OTC sal acid that would be procedure only.

But wart that you treat with LN2 +prescribe Efudex would be LOS+procedure code?

LN2 alone: procedure only

Ln2 + sal acid: justify why this patient was different and needed the sal acid, procedure + level 3

Ln2 + Efudex acid: justify why this patient was different and needed the Efudex, procedure + level 4

Never routinely add a med just to upcode

19:30:59 : skin check fine refill rosacea med level 3?

Could be level 4 if rosacea not at target

19:33:08 : just to clarify - extensive psoriasis improving but not nearly controlled on a biologic - chronic stable (level 3) or chronic progressing (level 4)

Not at target + med = Level 4

19:36:28 : What about starting NBUVB—it does carry some risk does this count as any sort of prescription?

Per guidance we’ve received, No

19:37:09 : patient given large tub of triamcinolone cream before. continuing treatment no refill needed, does that count?

Yes – decision to continue med counts

19:39:03 : So if you have a case of low complexity but must give prescription (high risk), then which side weighs more toward E&M level? Thx

Whichever is the lower of the 2 is your level of service

Miami Derm:

I see a patient and do a bx to rule out lichen planopilaris. In 2 weeks they come back to discuss results and plan, I review labs, ophthalmology report and I start plaquenil or cellcept. How do I code this second visit?

**Level 4 complexity, Level 4 -5 risk for plaquenil depending on patient, level 5 risk for cellcept – either way, complexity is lower than risk and makes visit level 4.**

**However, if you had to call a physician or independently correlate the biopsy result (lymphoid alopecia) with the physical findings and reviewed 3+ labs, Data could be level 5.**