

Uncommon Services for Chiropractic Offices



Instructions: Emergency Department, Nursing Facility and Transitional Care Services are not commonly rendered by a doctor of chiropractic and so are not included in the *ChiroCode DeskBook*. They are included here as a reference for those who may need additional information.

RVU Information: The RVUs included here are from 2016. The most current RVU information is included in the *ChiroCode Online Library* (available to Members) or the FindACode.com website.

Emergency Department Services

New or Established Patient

Special instructions apply. See a current CPT codebook or FindACode.com for the full information.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Emergency department visit for the evaluation and management of a patient.

CODE	SEVERITY OF PROBLEM	HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING	Average Intra-Service Time	RVU
					COUNSELING OVERRIDE	
Key Component Code Selection - 3 of 3						
99281	Minor	Focused	Focused	Straightforward	NE ncci	.60
99282	Low to Moderate	Expanded	Expanded	Low	NE ncci	1.17
99283	Moderate	Expanded	Expanded	Moderate	NE ncci	1.75
99284	High	Detailed	Detailed	Moderate	NE ncci	3.32
99285	High, Immed. Threat	Comprehensive	Comprehensive	High	NE ncci	4.90

Nursing Facility Services

Special instructions apply. See a current CPT codebook or FindACode.com for the full information.

INITIAL NURSING FACILITY CARE

New or Established Patient

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Initial nursing facility care, per day, at the bedside and on the patient's facility floor or unit.

CODE	SEVERITY OF PROBLEM	HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING	Average Intra-Service Time	RVU
					COUNSELING OVERRIDE	
Key Component Code Selection - 3 of 3						
99304	Low	Detailed/Comp.	Detailed/Comp.	Straightfwd or Low	25 ncci	2.58
99305	Moderate	Comprehensive	Comprehensive	Moderate	35 ncci	3.67
99306	High	Comprehensive	Comprehensive	High	45 ncci	4.68

SUBSEQUENT NURSING FACILITY CARE

All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status (ie, changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health care professional.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Subsequent nursing facility care, per day, at the bedside and on the patient's facility floor or unit.

Key Component Code Selection - 2 of 3					Average Intra-Service Time		
CODE	SEVERITY OF PROBLEM	HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING	COUNSELING OVERRIDE	ncci	RVU
99307	Stable	Focused IH	Focused	Straightforward	10	ncci	1.26
99308	Minor Complication	Expanded IH	Expanded	Low	15	ncci	1.95
99309	Sig. Complic. or New	Detailed IH	Detailed	Moderate	25	ncci	2.57
99310	Unstable or Sig. New	Comprehensive IH	Comprehensive	High	35	ncci	3.82

IH signifies an interval history

NURSING FACILITY DISCHARGE SERVICES

The nursing facility discharge day management codes are to be used to report the total duration of time spent by a physician or other qualified health care professional for the final nursing facility discharge of a patient. The codes include, as appropriate, final examination of the patient, discussion of the nursing facility stay, even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.

Nursing facility discharge day management;		RVU
99315	30 minutes or less	ncci 2.06
99316	more than 30 minutes	ncci 2.98

OTHER NURSING FACILITY SERVICES

Evaluation and management of a patient involving an annual nursing facility assessment, at the bedside and on the patient's facility floor or unit.

Key Component Code Selection - 3 of 3					Average Intra-Service Time		
CODE	SEVERITY OF PROBLEM	HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING	COUNSELING OVERRIDE	ncci	RVU
99318	Stable	Detailed IH	Comprehensive	Low to Moderate	30	ncci	2.65

IH signifies an interval history

Transitional Care Management Services

Codes 99495 and 99496 are used to report transitional care management services (TCM). These services are for an established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences upon the date of discharge and continues for the next 29 days.

TCM is comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his or her direction.

These codes are for an established patient who is being transferred from an inpatient hospital setting to their home, rest home or assisted living facility. Use only with a patient with a moderate/high medical decision making status.

Special instructions apply. See a current CPT codebook or FindACode.com for full information.

Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge;			<u>RVU</u>
99495	Medical decision making of at least moderate complexity during the service period. Face-to-face visit, within 14 calendar days of discharge	ncci	4.62
99496	Medical decision making of high complexity during the service period. Face-to-face visit, within 7 calendar days of discharge.	ncci	6.51

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

New Patient

Domiciliary or rest home visit for the evaluation and management of a new patient, with the patient and/or family or caregiver.

CODE	SEVERITY OF PROBLEM	Key Component Code Selection - 3 of 3			Average Intra-Service Time	COUNSELING OVERRIDE	RVU
		HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING			
99324	Low	Focused	Focused	Straightforward	20	ncci	1.56
99325	Moderate	Expanded	Expanded	Low	30	ncci	2.27
99326	Moderate to High	Detailed	Detailed	Moderate	45	ncci	3.92
99327	High	Comprehensive	Comprehensive	Moderate	60	ncci	5.23
99328	Unstable or Sig. Comp.	Comprehensive	Comprehensive	High	75	ncci	6.11

Established Patient

Domiciliary or rest home visit for the evaluation and management of an established patient, with the patient and/or family or caregiver.

CODE	SEVERITY OF PROBLEM	Key Component Code Selection - 2 of 3			Average Intra-Service Time	COUNSELING OVERRIDE	RVU
		HISTORY	EXAMINATION	COMPLEXITY OF DECISION MAKING			
99334	Minor	Focused	Focused	Straightforward	15	ncci	1.70
99335	Low to Moderate	Expanded	Expanded	Low	25	ncci	2.68
99336	Moderate to High	Detailed	Detailed	Moderate	40	ncci	3.79
99337	Moderate to High	Comprehensive	Comprehensive	Moderate to High	60	ncci	5.43

Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services

Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month;

		<u>RVU</u>
99339	15-29 minutes	ncci 2.18
99340	30 minutes or more	ncci 3.06

Transitional Care Management Services

Codes 99495 and 99496 are used to report transitional care management services (TCM). These services are for an established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences upon the date of discharge and continues for the next 29 days.

TCM is comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his or her direction.

These codes are for an established patient who is being transferred from an inpatient hospital setting to their home, rest home or assisted living facility. Use only with a patient with a moderate/high medical decision making status.

Special instructions apply. See a current CPT codebook or FindACode.com for full information.

	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/ or caregiver within 2 business days of discharge;	<u>RVU</u>
99495	Medical decision making of at least moderate complexity during the service period. Face-to-face visit, within 14 calendar days of discharge	ncci 4.62
99496	Medical decision making of high complexity during the service period. Face-to-face visit, within 7 calendar days of discharge.	ncci 6.51