management/modification CTS for an individual patient's caregivers. "The code descriptors for CPT codes 96202 and 96203 are specific to training provided in a group setting," CMS writes in its FAQ. The code descriptors state "multiple-family group" and "with multiple sets of parent(s)/guardian(s)/caregiver(s)" and you can't tack together individual sessions performed at different times on the same day to meet the group requirement.

Make sure your team isn't confused by the functional improvement codes. They "are not for behavior management/modification," CMS explains.

Share more documentation tips

Make sure your providers include the number of patients when they document these encounters. If the chart simply gives the number of people who attended the training, you won't be able to code the visit. The treating provider should also confirm who attended group visits. You could wind up with overpayments if your practice relies on scheduling information to count attendance.

You should also remind providers to note the start and stop or total time for their CTS encounters and whether any caregivers arrived late or left before the session ended. Group functional performance code 97552 doesn't have a time component, but it might be easier for providers to document the time, rather than remember that it is the exception to the rule. — *Julia Kyles, CPC* (*julia.kyles@decisionhealth.com*) ■

RESOURCES

- Health-related social needs FAQ: *www.cms.gov/files/document/health-related-social-needs-faq.pdf*
- MLN Booklet – Health Equity Services in the 2024 Physician Fee Schedule Final Rule *www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0*

Have a question? Ask PBN

Do you have a conundrum, a challenge or a question you can't find a clear-cut answer for? Send your query to the *Part B News* editorial team, and we'll get to work for you. Email *askpbn@decisionhealth.com* with your coding, compliance, billing, legal or other hard-to-crack questions and we'll provide an answer. Plus, your Q&A may appear in the pages of the publication.

Practice management

Patient assault underlines need for tight office entry restrictions

A recent attack by a man who conned his way into a chiropractor's office is a reminder to ensure basic security is followed in all cases — and that more than basic security is likely worth the investment.

Various news outlets reported the story of a March 18 incident at Clements Chiropractic in Long Beach, Calif., caught on security cameras, in which an unhoused man who asked to use the office's bathroom was admitted and proceeded to sexually assault a patient on a massage table. The man was apprehended and turned over to authorities.

Generally, violent incidents in medical offices and facilities appear to be on the increase. Usually it's health care workers who bear the brunt: The most recent U.S. Bureau of Labor Statistics tally, from 2018, showed that 73% of nonfatal workplace injuries and illnesses due to violence were suffered by health care workers, and a National Nurses United survey of nurses published in February 2024 found that 45% of respondents "reported an increase in workplace violence on their unit[s] in the previous year."

But patients and other authorized visitors can also be victimized, as in recent mass shootings at medical facilities in Tulsa and Atlanta, and in this case (*PBN 6/20/22*, *6/12/23*).

The rise in incidents has pushed many practices to step up their security measures (*PBN 6/19/21*). But as the Long Beach case shows, sometimes even an apparently anodyne exception to basic security protocol can lead to disastrous results.

First step: Put up a sign

No legal action against Clement Chiropractic has been reported. While the decision to admit a non-patient seems unwise, Abbye Alexander, co-managing partner of Kaufman Dolowich LLP's Orlando office and co-chair of the firm's health care and managed care practice group, says that with premises liability cases "it really depends on circumstances — [e.g.,] whether a key is required to be obtained from the office for the use of the outside bathroom." Juries might also be led to consider practice history and custom, and the character of the neighborhood.

"Each doctor's office is going to be different," Alexander says. "In some, they buzz people in, in others they don't."

Doctors' offices are more likely than other offices to be approached by non-patients, says Timothy Dimoff, founder and president of SACS Consulting & Investigative Services in Akron, Ohio. "Medical facilities have a unique image — among the general public, and also among criminals — as a public-access place where they can get a bathroom, or get warm, and other types of assistance," Dimoff says. And, given the circumstances, some staff may be prone to make what seem to be needful exceptions to access rules.

It's worth reiterating to staff that no admission to unauthorized personnel means exactly that. Dimoff also suggests you put up a sign saying restrooms are for customers only. "Criminals and people with bad intent look for facilities that don't have signage," he says. "It's the frontier of preventing a lot of this and, simple as it is, it's very effective.

Above and beyond strict regulation of who does and does not get access, Dimoff thinks security cameras are a good deterrent, and badge and even biometric entry credentials can be helpful "because it tells you date and time and who accessed that entrance," in case there are questions about incidents after the fact. But the best policy is strict gatekeeping. — *Roy Edroso* (*roy.edroso@decisionhealth.com*) ■

RESOURCES

- U.S. Bureau of Labor Statistics, "Fact Sheet | Workplace Violence in Healthcare, 2018," April 2020: *www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm*
- National Nurses United, "High and rising rates of workplace violence and employer failure to implement effective prevention strategies is contributing to the staffing crisis," February 2024: *www.nationalnursesunited.org/sites/default/files/nnu/documents/0224_Workplace_Violence_Report.pdf*

Coding

HCPCS 2024 first quarter update brought nearly 100 changes

CMS published its HCPCS quarterly update in March, which heralded the sum of 94 HCPCS Level II code additions, discontinuations and definition revisions. The changes, effective April 1, included:

- 62 added codes.
- 21 discontinued codes.
- 11 revised codes.

Many of the new codes are for injections and skin substitutes, but there are some for neuromodulation stimulator systems, vascular embolization procedures, rehabilitation systems, durable medical equipment (DME) and traditional healing services, among others.

Added codes include:

- Addition to lower extremity (**L5783**)
- Addition, endoskeletal knee-shin system (**L5841**)
- Adhesive clip (**A4438**).
- Docking station for use with oral device/appliance (**K1037**).
- Fertility cycle (contraception and conception) tracking software application (**A9293**).
- Home blood glucose monitor (**E2104**).
- Home ventilator (**E0468**).
- Integrated lancing and blood sample testing cartridges (**A4271**).
- Intra-vaginal motion sensor system (**S9002**).
- Neuromodulation stimulator system (**A4593-A4594**).
- Penile contracture device (**S4988**).
- Pessary (**A4564**).
- Rehabilitative power wheelchair accessory (**E2298**).
- Repair of enterocutaneous fistula small intestine or colon (**C9796**).
- Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame (**L1320**).
- Traditional healing service (**H0051**).
- Transcutaneous tibial nerve stimulator (**E0736**).

Revised codes include:

- **A4561** (Pessary, reusable, rubber, any type).
- **A4562** (Pessary, reusable, non rubber, any type).
- **E2001** (Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system).
- **J3425** (Injection, hydroxocobalamin, intramuscular, 10 mcg).
- **J7516** (Injection, cyclosporine, 250 mg).
- **J9029** (Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose).

Discontinued codes include:

- **0354U** (Human papilloma virus (HPV) by quantitative polymerase chain reaction [qPCR]). — *Savannah Schmidt* (*savannah.schmidt@hcpro.com*) ■