

Charting Smarter not Longer: Advanced Concepts in Outpatient Coding

Workshop WB01
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Learning Objectives: To Understand

- Effective and efficient documentation strategies for coding common E&M services
- How to code for simultaneous E&M services AND procedures
- How to code for simultaneous E&M services AND preventive services.
- E&M codes for case management services that are common in academic GIM
- How to code for outpatient consultations
- How to apply Medicare specific G codes for preventive and other services

- **NOT A SUBSTITUTE FOR YOUR LOCAL COMPLIANCE OFFICE!**

Workshop Overview

- Introduction
- Didactic Segment (~15 minutes)
 - The CPT coding system
 - How to choose a CPT code and Efficient Documentation
- Small Group Segment (~23 minutes each)
 - E&M Vignettes: level 4 vs. level 5 visits
 - Preventive services and case management
 - Dual visits: E&M with preventive or procedure codes AND consultation coding
- Evaluations (5 minutes)

Current Procedural Terminology (CPT) System for Coding

- Developed by AMA
- Endorsed by CMS
 - CMS has a supplemental system, “HCPCS” for services specifically covered by Medicare
 - Preventive services (stool occult blood, PAP, etc)
 - Medications such as influenza vaccine
 - Home health care plan certification, and others

CPT System for Coding, cont'd

- All (almost) CPT codes have relative value units that determine payment for that service
- Total RVUs
 - Work, practice expense, and malpractice expense RVUs
- Conversion factor
- Geographic price correction index (GPCI)

On Line Resources

- E&M guidelines: Medicare Learning Network
www.cms.hhs.gov/MLNGenInfo
- ACP Center for Practice Innovation:
<http://www.acponline.org/pmc/coding.htm?info>

Evaluation and Management

- Medical Necessity
- Documentation
 - History
 - Examination
 - Medical Decision Making

Medical Necessity

- Payment of a claim is driven by medical necessity or the “why” of a claim
- Generally speaking, most payer definitions consider:
 - Providing services which are “reasonable and necessary” to resolve a problem, or
 - Improve the patient’s health, functioning, or well being, and
 - “Appropriate” in light of clinical standards of practice.

Conceptual Model

- Medical necessity **DRIVES** Medical Decision Making
- Medical Decision Making **DRIVES** the history and exam you do
- These in turn **DRIVE** the codes you choose

Established Outpatient Visit

Component (need 2/3)	99221	99212	99213	99214	99215
History	cc	cc	cc	cc	cc
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Established Outpatient Visit

Component (need 2/3)	99221	99212	99213	99214	99215
History	cc	cc	cc	cc	cc
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2 or 2-7 (EPF)	5 or 2-7 (DET)	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Established Outpatient Visit

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Evaluation and Management

History

- Chief Complaint
- HPI
- ROS
- Past Medical/Family/Social History (PFSH)

E&M: History

Chief Complaint: why the patient presented

- Symptom or diagnosis
- Physician recommended return
- Other factor that is reason for encounter

E&M: History

HPI (4 elements for service code 4/5: “extended HPI”)

- location
- quality
- severity
- duration
- timing
- context
- modifying factors
- associated signs and symptoms

E&M: History

ROS (14)

- Constitutional (fever, weight loss)
- Eyes
- Ear, Nose, Mouth, Throat
- Cardiovascular
- Respiratory
- GI
- GU
- Musculoskeletal
- Skin/Breast
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymph
- Allergic/Immunologic

E&M: History

-Past Medical History

(for example, med list)

-Family History

-Social History

- service code 4/5 new patients require all 3
- service code 4 return patients require 1 of 3
- service code 5 return patients require 2 of 3
- if unable to obtain, document why
- can link to PFSH in a prior note with changes noted

Evaluation and Management

Physical Examination (12)

- Constitutional
 - VS or general
- Eyes
- ENT, Mouth
- Cardiovascular
- Respiratory
- GI
- GU
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

E&M: Examination

Notations such as “negative” or “normal” are sufficient to document normal findings related to unaffected body areas or asymptomatic organ systems.

Evaluation and Management

Medical Decision Making

- # of diagnoses or management options
- amount/complexity of reviewed information
- risk and morbidity/mortality

Evaluation and Management

Coding Based on Time

- Time is the “controlling factor” for visits in which the majority of face to face time is spent counseling
- An “opt out” if hx, exam, MDM do not support as high a code as time does

E&M

Coding Based on Time, cont'd

- Counseling is discussions of:
 - diagnostic results or plans
 - prognosis
 - risk/benefits of management options
 - treatment instructions

E&M

Coding Based on Time, cont'd

- Document (99214):
 - This visit lasted 25 minutes face to face time over half of which was counseling about....
 - For example: “our diagnostic and management plans...”

Rapid Review Established Outpatient Visit

Component (need 2/3)	99221	99212	99213	99214	99215
History	cc	cc	cc	cc	cc
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Minimal MDM Requirements- Service code 4 Problem Oriented Return (99214)

- **Moderately Complex MDM (2/3 needed)**
 - **Moderate Risk (1/3 needed)**
 - Mild exacerbation of a chronic problem
 - Two stable chronic problems
 - Prescription drug management or medication side effect
 - **Multiple diagnoses/management options**
 - Undiagnosed new problem without workup
 - **Moderate complexity of data**

Minimal Requirements- Service code 4 Chronic Disease Mgmt Return (99214)

2 of 3 needed (Hx, exam, MDM)

- Detailed History
 - Chief Complaint
 - HPI: Status of 3 chronic or inactive conditions or 4 elements (both are “extended HPI”)
 - 1 PFSH
 - ROS: 2 systems—OK to “reuse” systems but not symptoms.
 - Consider separate ROS section if HPI = 3 chronic conditions

Minimal Requirements- Service code 4 Chronic Disease Mgmt Return (99214)

– Detailed Exam

- If HPI = 3 chronic conditions defer to Medical Decision Making
 - 1997 Detailed Exam = 12 elements in 2 or more systems
- If HPI = 4 elements, see problem focused return

– Moderately Complex Decision Making

- See problem focused return
- Moderate risk includes (among other things):
 - Two or more stable or chronic conditions

Documentation Requirements for Other Visits

- Return service code 5 (99215)
 - If the visit complexity is high, either perform a comprehensive (8+ system) exam or document 10+ ROS and 2 PFSH
- New service code 4/5 (99204/5)
 - Consider new patient history form for efficient 10+ ROS. Document 3 PFSH. 8+ system exam.

Tools to systematize history and documentation process

- Patient Questionnaire
 - Update PMH/FH/SH
 - Complete ROS
- Documentation Templates and Habits
 - “PMH/FH/SH reviewed and updated on profile page”
 - “10+ system ROS otherwise negative”

Determinants of 99215

- **History:** common (4 HPI, 10+ ROS, 2 PFSH)
- **Exam:** 8 system (not extraordinary, for example: gen, EENT, pulm, CV, GI, skin, psych)
- **MDM** (Need 2 of 3):
 - **Dx:** (common) “New problem to examiner, further w/u”
 - **Risk:** (seldom) “life threatening”
 - **Data (4 points):** lab = 1 pt; x-ray = 1 pt; med test = 1 pt
 - **Key points for documentation:**
 - Obtain and summarize part of history from family member = 2 points
 - Review x-ray = 2 points
 - Review and summarize old records = 2 points

99215 (vs. 99214)

- Need to have 2 of comprehensive hx or exam, or high complexity MDM
 - Management of 3 chronic problems is usually 99214
 - Management of problem new to examiner with additional workup (or worsening of established problem and 2 stable chronic problems) is extensive # of diagnoses, but to reach 99215, need:
 - High risk (severe exacerbation of acute or chronic problem or drug therapy with intensive monitoring) OR
 - Extensive complexity of data (e.g., lab, ECG, and independent visualization of x-ray [or other additive criteria])
AND EITHER
 - 8 system exam performed **OR**
 - Comprehensive history, including 10+ROS and 2+PFSH

Problem Oriented Return, Case #1

- CC: 55 yo woman w/ back pain
- Level 3, 4, or 5?
- Depends on:
 - what is done (and medical necessity for it)
 - what is documented

Problem Oriented Return, Case #1, cont'd

- CC: 55 yo woman w/ back pain
- HPI
 - pt awoke 1 week ago with constant, aching, moderately-severe LBP
 - associated with intermittent spasms
 - improves with ibuprofen
 - no trauma, fevers, weakness, bowel or bladder sx

Problem Oriented Return, Case #1, cont'd

- Exam
 - Gen: BP 110/60
 - Back: lumbar paraspinous tenderness
- Assessment
 - LBP, probably muscular
- Plan
 - Continue ibuprofen
 - Begin cyclobenzaprine 10mg TID prn
 - RTC 2 weeks if not better, sooner prn

Problem Oriented Return, Case #1: analysis

Element (need 2/3) 99211 99212 **99213** 99214 99215

Element (need 2/3)	99211	99212	99213	99214	99215
History					
HPI	Min.	1	1	4 (or 3 chronic)	4 (or 3 chronic)
ROS	prob.		1	2	10
PFSH	may			1	2
Exam # systems	not	0	2	5	8
Medical Decision Making (2/3)	need MD				
Dx		1	2	3	4
Data		0	2	3	4
Risk		min	low	mod	high

Problem Oriented Return, Case #1: detailed analysis

- History:
 - HPI extended
- Exam:
 - Expanded problem focused (2 systems)
- MDM:
 - Dx
 - Data
 - Risk

Problem Oriented Return, Case #1:

Analysis with: added history:

“medications reviewed, see summary page”

Element (need 2/3) 99211 99212 99213 **99214** 99215

History					
HPI	Min.	1	1	4 (or 3 chronic)	4 (or 3 chronic)
ROS	prob.		1	2	10
PFSH	may			1	2
Exam # systems	not	0	2	5	8
Medical Decision Making (2/3)	need MD				
Dx		1	2	3	4
Data		0	2	3	4
Risk		min	low	mod	high

Problem Oriented Return, Case #1:

Analysis with added history and complexity

ROS: complete ROS o/w neg; **PFSH:** Non-smoker; **Exam:** T= 102; **MDM:** W/U: CBC, MRI, discuss with spine surgeon

Element (need 2/3)

99211

99212

99213

99214

99215

Element (need 2/3)	99211	99212	99213	99214	99215
History HPI ROS PFSH	Min. prob. may	1	1 1	4 (or 3 chronic) 2 1	4 (or 3 chronic) 10 2
Exam # systems	not	0	2	5	8
Medical Decision Making (2/3) Dx Data Risk	need MD	1 0 min	2 2 low	3 3 mod	4 4 high

Problem Oriented Return, Case #2:

S: 72 yo smoker whose daughter calls “20 lb wt loss in 2 mo”, fatigue. Sleeping a lot, some diarrhea, epigastric pain with eating. No hematochezia, no fever, 10+ system ROS o/w negative. Wife died 6 mo ago; PMH: CAD, pos. PPD

(4 HPI: severity, duration, context, assoc s/s; 2 PFSH)

O: 8 organ system exam

A: wt loss in elderly pt, very broad DDx

P: order and review CXR and ECG; order CBC, TSH, CPK, CMP; stool hemoccult

(7 Data: 1 lab, 1 x-ray, 1 medical test, 2 for other history source, 2 review CXR; note: some experts would only give 2 points for ordering x-ray and independent review of same)

Problem Oriented Exam, Case #2

Element (need 2/3)	99221	99212	99213	99214	99215
History	cc	cc	cc	cc	cc
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Chronic Disease Return #1

- CC/ID: 65 yo woman with several concerns
- Problem List/Med List- See 1/10/10 note; reviewed, no changes
- HPI
 - 1) Cerebrovascular Disease. No TIA symptoms.
 - 2) HTN. She is tolerating her HCTZ well.
 - 3) Hyperlipidemia. Her 12/09 lipid panel showed an LDL of 120.
- ROS
 - No exertional chest pain. Notes reflux symptoms every 1-2 weeks, controlled with Tums.

Chronic Disease Return #1 (Cont'd)

- Exam. BP 124/82. Weight 190 lbs. Appears well
- A/P
 - 1) Cerebrovascular disease. Continue aspirin. Repeat duplex in 1 year.
 - 2) HTN. Stable. Continue HCTZ.
 - 3) Hyperlipidemia. Above her target LDL given her cerebrovascular disease. Increase lovastatin to 40 mg/day. Lipid panel and ALT at her follow up visit in 3 months.

Chronic Disease Return, Case #1

Element (need 2/3)	99211	99212	99213	99214	99215
History	CC	CC	CC	CC	CC
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Chronic Disease Return #2

- **CC**
 - 55 yo man with several concerns
- **Problem List/Medication List**
 - See 10/21/09 clinic note, with the adjustment that bupropion is being discontinued
- **HPI**
 - 1) HTN. His BP is usually around 120/80 when checked at work. He has no side effects from HCTZ.
 - 2) Depression. Mood is much better after 8 months of treatment. He would like to discontinue bupropion.
 - 3) Asthma. No recent exacerbations.

Chronic Disease Return #2 (Cont'd)

- ROS. No edema or cough
- PE. BP 130/80. P 70. Chest-Clear
- A/P
 - 1) HTN. Adequately controlled. Continue HCTZ
 - 2) Depression. Resolved. Bupropion 150 mg/day for 10 days then D/C. If his mood worsens significantly, he will restart it. Recheck in 3 months.
 - 3) Asthma. Continue prn albuterol

Chronic Disease Return, Case #2

Element (need 2/3)	99211	99212	99213	99214	99215
History	CC	CC	CC	CC	CC
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Chronic Disease Return #3

- CC/ID: 63 yo man with several concerns
- Problem List/Medication List- See 1/9/10 note, except metformin is now 1 gm bid.
- HPI:
 - 1) Diabetes. Denies hypoglycemic episodes.
 - 2) Hyperlipidemia. Trying to follow a low fat diet.
 - 3) DJD. Knee pain adequately controlled with salsalate.

Chronic Disease Return #3 (Cont'd)

- ROS: No GI upset or skin lesions on feet
- Exam: BP 124/70 P 62 Weight 199 lb
- Lab: 12/09 HbA1c 7.5%, LDL 120
- A/P
 - 1) Diabetes. Continue metformin as above. Counseled about diet/exercise, recheck A1c.
 - 2) Hyperlipidemia. Risks and benefits of diet/exercise vs statins discussed. Continue diet and exercise. Repeat lipid panel in 3 months.
 - 3) DJD. Continue salsalate; script written for 3 months.

Chronic Disease Return, Case #3

Element (need 2/3)	99221	99212	99213	99214	99215
History	cc	cc	cc	cc	cc
HPI		1	1	4	4
ROS		0	1	2	10
PFSH		0	0	1	2
Exam # systems	0	1	2	5	8
Medical Decision Making (need 2 of 3)					
Dx	1	1	2	3	4
Data	0	0	2	3	4
Risk	min	min	low	mod	high
If billing by time	5 min	10	15	25	40

Consults

- 3 Rs
 - Request
 - Must be in written record of requesting provider, even if request is verbal (CMS requirement effective January, 2006)
 - Render opinion
 - Premise is that the consultant has expertise beyond that of requestor for a specific area
 - Report to requesting physician
 - Must be written
 - May be part of shared medical record (“CC” in EMR OK)
 - Referral is a transfer of care, not a consult
 - Occurs when an MD/NPP requests that another MD/NPP take over the responsibility for managing a patient’s complete care for a condition and does not expect to continue treating or caring for that condition: **intent of request is key**
- » NPP = non physician provider

Consults

- When documenting a consult state:
 - “I was requested by Dr. Smith to evaluate Mr. Patient for _____”
 - “Dear Dr. Smith, I saw Mr. Patient per your request in consultation for _____”
 - Report must include recommendations

Consults

- A 59 year old clinic patient of yours is scheduled for elective prostatectomy. He has well controlled hypertension, type 2 diabetes and DJD. Current medications include ASA, HCTZ, and metformin. His surgeon asks you to do a preoperative evaluation to help plan his medication use during surgery.
- You do:
 - a detailed history (status of chronic disease, cardiac and pulmonary ROS, med review)
 - a detailed exam that includes 5 systems: constitutional, pulmonary, cardiac, GI, musculoskeletal
 - moderate complexity decision making
- How do you code this encounter?

New Outpatient Visit and Outpatient Consult

(need 3 of 3 elements)

(required elements are the same for new visit or consult, the only difference is when coding by time)

New Pt: outpt	99201	99202	99203	99204	99205
Consult: outpt	99241	99242	99243	99244	99245

History (need all)					
HPI	1	1	4 (or 3 chron)	4 (or 3 chron)	4 (or 3 chron)
ROS		1	2	10	10
PFSH			1	3	3
Exam	1	2	5	8	8
Complexity (2/3)					
#Dx	1	1	2	1 new no w/u	1 new w w/u or
Data	0	0	2	or 2 stable	2 worse
Risk	No meds	No meds	1 stable prob	3 Prescription med Or 2 stable prob	4 Life threaten

New Pt: outpt	10 min	20	30	45	60
Consult: outpt	15	30	40	60	80

Consults, cont'd

- If this were a return office visit, it would be a level 4 return visit: 99214 (1.50 wRVU)
- However, since he was referred to you for consultation for a specific problem, it can be coded as a level 3 outpt consult: 99243 (1.88 wRVU)
 - Your note must indicate the reason for the referral, and a copy must go to the surgeon
- The coded diagnoses should include the reason he was referred (HTN, DM), and the procedure that is planned (prostatectomy)
- If you help with postop management, code with subsequent visit codes, not consult codes

Procedural Services

- Identified by CPT code
- Covers the spectrum from minor office based procedures to inpatient based surgery
- Global surgical period: physician services for a period of time around procedure
 - Example: Postop care of cholecystectomy

Procedural Services, cont'd

Common office procedures for internists:

- Destruction of premalignant lesion (CPT 17000, 0.65 wRVU)
- Cryotherapy of warts (CPT 17110, 0.70 wRVU)
- Subdeltoid bursa injection (CPT 20610, 0.79 wRVU)
- Paracentesis (CPT 49080, 1.35 wRVU)

Procedural Services, cont'd

- Mindset of CPT is that procedures occur as a separate service, on a scheduled basis
- For general internists, this is often not the case
- You can bill (and get paid) for simultaneous E and M and procedural services

Procedural Services, case 1

A 60 year old woman presents for routine follow-up of hypertension. She takes HCTZ and enalapril. She feels well. Her BP today is 130/80.

She asks you to examine some red spots on her forehead. You identify 3 actinic keratoses and freeze them

...How do you code this visit?

Procedural Services, case 1 cont'd

- Management of hypertension: 99213 (wRVU 0.97)
- Destruction of skin lesion
 - For first lesion: 17000 (0.65 wRVU)
 - For second: 17003 (0.07 wRVU)
 - For third: 17003 (0.07 wRVU)
- Attach 25 modifier to the E&M service
- Total wRVU 1.77 (betw level 4 and 5)

Procedural Services, case 2

- A 60 year old woman presents for follow-up of knee pain. At her last visit, you suspected osteoarthritis, and recommended NSAIDs.
- Your history today is EPF (brief HPI, single system ROS)
- Your exam today is EPF (vitals, musculoskeletal)
- You do an x-ray, which confirms OA, and decide to do an intra-articular injection

...How do you code this visit?

Procedural Services, case 2 cont'd

- E&M for knee OA: 99213 (wRVU 0.97)
- Intra-articular injection of knee
 - 20610 (0.79 wRVU)
 - Bill separately for drug injected (triamcinolone)
- Attach 25 modifier to the E/M service
- If you injected both knees, bill 20610 twice, add 50 modifier (“bilateral procedure”) to second procedure code

Preventive Services

- Mindset of CPT is that NO symptom or disease evaluation and management is done (*no CC, no HPI*)
- The CPT version requires the following:
 - Comprehensive history
 - Comprehensive pt-appropriate exam
 - Appropriate counseling
- Insurance coverage varies greatly

Preventive Services, cont'd

- For patients desiring preventive service, report using CPT codes
 - Determined by age and new vs. established (9938x, 9939x)
 - Established patient age 40-64, CPT 99396 (1.53 wRVU; 99214 1.50, 99215 2.11)
- For commercially insured patients, often paid without deductibles, so patients are motivated to have this reported correctly
- Not covered by Medicare

Preventive Services, cont'd

- Medicare DOES cover a group of preventive services
- Breast and pelvic exam (G0101)
- Obtaining screening PAP (Q0091)
- Digital rectal exam (G0102 “bundled” unless only service performed)
- Colon cancer screening (multiple codes)
- Vaccines: influenza, pneumococcal, hepatitis B (high risk only)

Preventive Services, cont'd: G101 “Breast & Pelvic Exam”

- Requires at least 7 of the following:
 - Inspection & palpation of breasts
 - Digital rectal examination
 - External genitalia
 - Urethral meatus
 - Urethra
 - Bladder
 - Vagina
 - Cervix
 - Uterus
 - Adnexa
 - Anus and perineum

Preventive Services, cont'd: Smoking Cessation

- Two attempts per 12 month period, 4 counseling sessions per attempt
- Sessions can be “intermediate” (>3, ≤10 min) or “intensive (>10 min)
- Services may be performed “incident to” services by a “qualified provider”

<http://www.cms.hhs.gov/MLNProducts/downloads/smoking.pdf>

Preventive Services, cont'd: Tests

- Screening PAP
- Screening FOB and others
- PSA testing
- Bone mineral density testing
- AAA testing
- Others determined by statute

Preventive Services, cont'd: Initial Preventive Physical Exam

- “Welcome to Medicare” visit (G0402; wRVU = 2.30)
- Must be done within 12 months of part B eligibility
- Can be done with other E&M service
- Must include
 - Comprehensive medical and social history review; brief physical exam (height, weight, BMI, BP, visual acuity); risk assessment for depression
 - Functional ability (hearing, ADLs, fall risk) and home safety assessment
 - End of life planning
 - **ECG NO LONGER REQUIRED (though may be done)**
 - Written plan for other preventive services

» http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

Preventive Services, cont'd

- A 50 year old man presents for his “annual checkup”. He is healthy except for stable, well controlled HTN, treated with HCTZ 25 mg q day. As you talk to him, it is clear that he expects age appropriate preventive services, as well as assessment and management of his disease
- How do you proceed?

Preventive Services, cont'd

- You tell the patient that you have time to do both preventive services and assessment of his HTN today, but that you need to bill him for both
- You could offer to do 1 service today, and the other service on a different day

Preventive Services, cont'd

- You do a comprehensive history and exam, with extra attention paid to cardiovascular system, neurologic system, and potential side effects of HCTZ
- You order appropriate testing and counsel about his medication
- You document the preventive service and disease management service (note must demonstrate the extra work: safest is to document services separately)
- How should you code this encounter?

Preventive Services, cont'd

- You can use the following codes:
- For the preventive service, CPT 99396 (1.53 wRVU)
- For the disease management service, CPT 99213 (0.97 wRVU)
- Attach a 25 modifier to the E/M code (99213)
- Be sure to link ICD-9 codes to each CPT code:
 - V70.0 for 99396 (preventive service)
 - 401.1 for 99213 (disease management)

Preventive Services, cont'd: Elements needed

	Prev	99213	99214	99215
HPI	none	1-3	4+	4+
ROS	10+	1	2-9	10+
PFSH	all	none	1	2
PE	Comp*	2-4	5-7	8+

*Based on age & risk factors; not synonymous with 8+ PE in 99215

Case Management

- A 70 year old patient of yours is hospitalized with pneumonia.
 - Medical history includes diabetes and osteoarthritis.
- The hospitalization goes well, except she develops a grade 2 pressure sore on her right heel.
- She is discharged to home with home health nursing visits to manage her pressure sore. You receive the home health agency care plan.
- What do you do with it?

Home Health Care Plan Certification

- Certification of home health care plan
- CMS covered service: use HCPCS code
- Done for 60 day period
- Initial certification: HCPCS G0179 (0.67 wRVU—between level 2 and 3 return visit)
- Recertification: HCPCS G0180 (0.45 wRVU—about same as level 2 return visit)
- Does **NOT** require a face to face visit

Care Plan Oversight

- A 52 year old C7 quadriparetic man receives daily home health nursing for his bowel and bladder program, as well as skin assessment and medication oversight. He works full time, and his quadriparesis resulted from an on-the-job injury.
- You spend 20 minutes reviewing his care plan for the next 60 days, then return it to his home health agency

Care Plan Oversight, cont'd

- Applies to a broad range of services
- Can only be done by 1 physician for any given time period
- You must have seen the patient within previous 6 months
- Report total time per 30 day period
- Time is either 15-29 min **OR** \geq 30 min
- Our patient is 20 minutes, CPT 99374 (1.1 wRVU, between level 3 and 4 return visit)
- There are other codes for patients in hospice or nursing home
 - <http://www.acponline.org/journals/news/jan-feb06/codes.htm>
 - <http://www.aafp.org/fpm/20050500/23howt.html>

Care Plan Oversight, cont'd

- For Medicare patients, rules are slightly different
 - Use G0181 to report this service (1.73 wRVU, between level 4 and 5 return visit); use G0182 if for hospice care
 - Can only be used if time for 30 day period is ≥ 30 min
 - Time less than 30 min is considered a “bundled service”

Case Management, cont'd

- You notice Mr. X, a long time patient on your schedule
- He is a 78 year old patient who lives at home, but suffers from dementia
- The patient has a spouse-caretaker, a home health nurse, and a department of aging case manager
- When you go into the exam room, you are surprised to see them all there, but not Mr. X. They want to discuss behavioral problems he has been having
- Can you bill for this service?
 - Interdisciplinary care conference: not currently covered by CMS
 - You can bill the patient or the family member for this service
 - CPT 99367; (1.10 wRVU)

Case Management, Phone calls

- Ms. Y is a 53 year old female patient of yours with diabetes and hypertension.
- You last saw her 4 weeks ago. At that time, her BP was 150/95 on HCTZ, and you asked her to start enalapril 10 mg per day, take her BP 3 times a week, and either return for a visit or phone you with results. In addition, she had a BMP done 10 days after starting enalapril.
- She has called you to report she has had no side effects of enalapril. Her BPs have been 140-150/85-90. You review her overall medication regimen with her, the normal lab tests, and recommend she increase enalapril to 20 mg per day
- Can you bill for this service?

Case Management, Phone calls, cont'd

- This phone call is a billable service
 - You are on the firmest ground for billing this if you told the patient at her last visit that you think a f/u phone call is OK, but you will need to bill her for it, and she must check with her health plan to see if any portion of her bill will be “covered”
- This service will be reimbursed by some private insurance carriers and Medicaid, but not Medicare
- CPT codes are: 99441-99443
 - 99444 is for a similar service done by electronic communication such as email
- “Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment”
 - 99441: 5-10 min of “medical discussion” (0.25 wRVU, 0.34 tRVU)
 - 99442: 11-20 min of “medical discussion” (0.5 wRVU, 0.64 tRVU)
 - 99443: 21-30 min of “medical discussion” (0.75 wRVU, 0.95 tRVU)
 - 99444: time not specified (0 wRVU)
- **Should you provide or bill for this service?**

EVALUATIONS!!

Audit Tool

HISTORY						CHIEF COMPLAINT																																																																																																																		
HPI: <input type="checkbox"/> Location <input type="checkbox"/> Timing <input type="checkbox"/> Quality <input type="checkbox"/> Context <input type="checkbox"/> Severity <input type="checkbox"/> Mod Factors <input type="checkbox"/> Duration <input type="checkbox"/> Associated Signs/Symptoms		ROS: <input type="checkbox"/> Const <input type="checkbox"/> GI <input type="checkbox"/> Eyes <input type="checkbox"/> GU <input type="checkbox"/> ENMT <input type="checkbox"/> Musc <input type="checkbox"/> Cardio <input type="checkbox"/> Integ <input type="checkbox"/> Resp <input type="checkbox"/> Neur		<input type="checkbox"/> Psych <input type="checkbox"/> Hem/Lymp <input type="checkbox"/> Endo <input type="checkbox"/> All/Imm		PFSH: Past Hx: Fam Hx: Soc Hx:		HISTORY SUMMARY <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Hx</td> <td>PE</td> <td>EPE</td> <td>DET</td> <td>COMP</td> </tr> <tr> <td>HPI</td> <td>1-3</td> <td>1-3</td> <td>4+</td> <td>4+</td> </tr> <tr> <td>ROS</td> <td>0</td> <td>1</td> <td>2-9</td> <td>10+</td> </tr> <tr> <td>PFSH</td> <td>0</td> <td>0</td> <td>1</td> <td>2 or 3</td> </tr> </table>				Hx	PE	EPE	DET	COMP	HPI	1-3	1-3	4+	4+	ROS	0	1	2-9	10+	PFSH	0	0	1	2 or 3																																																																																									
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						If all answers are "yes," select level based on time. <input type="checkbox"/> <input type="checkbox"/>																																																																																																																		
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