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Billing and Coding Best Practices...Earn What You're Worth

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Disclosures:

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**BILLING AND CODING BEST PRACTICES
EARN WHAT YOU'RE WORTH**

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Disclosure

☐ Dr. Thomas Weida has no conflict of interest, financial agreement, or working affiliation with any group or organization.

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Objectives

1. Utilize proper documentation for CPT E&M coding
2. Apply proper CPT code use for common clinical situations, thereby avoiding under-coding or over-coding
3. Use medical decision making to guide E&M level

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Office visit for a 50 year old female with dyspepsia and nausea who you last saw in the office four years ago.

1. 99201
2. 99202
3. 99203
4. 99204
5. 99205
6. 99211
7. 99212
8. 99213
9. 99214
10. 99215

4

Office visit for a 32 year old female, established patient, with new onset RLQ pain.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

5

Office visit for a 70 year old female, established patient, with diabetes mellitus and hypertension, presenting with a 2 month history of increasing confusion, agitation and short term memory loss.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

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Reasons for Not Coding Properly

None

**Coding Captures What
You Did, Not
Reimbursement**

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Established Patient PennState Hershey Medical Center

2 of 3

Hx

Px

Decision Making

Element	99211	99212	99213	99214	99215
CC	NA	Required	Required	Required	Required
HPI	NA	1-3	1-3	4+	4+
ROS	N/A	NA	Pertinent	2-9	10
PFSH	N/A	N/A	NA	1 of 3	1 of each
Exam	NA	Focused	Expanded	Detailed	Comp
Dx/Mgt	NA	Minimal	Limited	Multiple	Extensive
Data	NA	Minimal	Limited	Moderate	Extensive
Risk	NA	Minimal	Low	Moderate	High

location
quality
severity
duration
timing
context
modify fct
assoc sx

2 of 3

1 or > chronic
with severe
exacerbation
Threat to life or
function
Abrupt neuro
change
Parenteral
controlled sub.
Major surgery
Rx with intensiv
monitoring

One self limited problem

2 Minor self limited problems
One stable chronic problem
Acute simple illness
OTC Drug, PT, OT, Minor surg
IV no additives

1 or > chronic problem with
progression or side effect
3 Stable Chronic Illnesses
Undx new problem, uncertain px
Acute complicated injury
Prescription drug

**New and Established Patient -
9920x**

- ❑ New: A patient who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.
- ❑ Established: A patient who has been seen within the past three years.

New > Three Years

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New Patient PennState Hershey Medical Center

3 of 3

Hx

Px

Decision Making

Element	99201	99202	99203	99204	99205
CC	Required	Required	Required	Required	Required
HPI	1-3	1-3	4+	4+	4+
ROS	N/A	Perinent	2-9	10	10
PFSH	N/A	N/A	1 of 3	1 of each	1of each
Exam	Focused	Expanded	Detailed	Comp	Comp
Dx/Mgt	Minimal	Minimal	Limited	Multiple	Extensive
Data	Minimal	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Minimal	Low	Moderate	High

location
quality
severity
duration
timing
context
modify fct
assoc sx

2 of 3

1 or > chronic with severe exacerbation
Threat to life or function
Abrupt neuro change
Parenteral controlled sub.
Major surgery
Rx with intensive monitoring

One self limited problem

2 Minor self limited problems
One stable chronic problem
Acute simple illness
OTC Drug, PT, OT, Minor surg
IV no additives

1 or > chronic problem with progression or side effect
2 Stable Chronic Illnesses
Undx new problem, uncertain px
Acute complicated injury
Prescription drug

Medical Decision Making Putting It All Together

Need Two of Three to Qualify for Level

Overall MDM	Problem Points	Data Points	Level of Risk
Straightforward Complexity (992x2)	1	1	Minimal
Low Complexity (992x3)	2	2	Low
Moderate Complexity (992x4)	3	3	Moderate
High Complexity (992x5)	4	4	High

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Medical Decision Making: Diagnosis/Management Options Problem Points

Problem	Points
Self limited or minor (maximum of 2)	1 each
Established problem, stable or improving	1 each
Established problem, worsening	2 each
New problem, no additional work up planned (maximum of 1)	3
New problem, with additional work up planned	4

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Medical Decision Making: Data Points

Data Reviewed	Points
Review or order clinical laboratory tests	1
Review or order radiology tests (except echo or heart cath)	1
Review or order medicine test (PFT, EKG, Cardiac Cath, Echo, etc. *)	1
Discuss test with performing physician	1
Independent review of tracing, image or specimen (i.e. EKG, KOH, UA)	2
Decision to obtain old records	1
Review and summation of old records	2

* EKGs, EEGs, PFTs, echocardiograms, cardiac catheterizations, cardiac stress tests, audiometry, speech or swallow studies, pacemaker interrogations, arterial or venous doppler studies, plethysmography, non-invasive arterial studies (such as ABIs), transcranial doppler studies, allergy testing, sleep studies, EMGs, evoked potentials, tensilon testing and nutritional assessments

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Medical Decision Making: Table of Risk - Highest Level Wins

Risk	Presenting Problems	Diagnostic Options	Management Options
Minimal (992x2)	Minimal	Routine Labs, EKG, X-rays, USN, Echo, EEG	Advice
Low (992x3)	Low	PFT, Contrast X-rays, ABCG, Skin Biopsy	OTC, PT, OT, Minor Surgery, IV - no additives
Moderate (992x4)	Medium	Stress tests, endoscopies, Cardiac cath, LP, Thoracentesis	Prescription Drugs , IV's with additives, Major surgery - no risk factors, Minor surgery with risk, Closed fracture, Nuclear med treatment
High (992x5)	High	Cardiovasc imaging with risk factors, EP studies, Endoscopy with risk, Discography	Surgery with risk, Emergency surgery, Narcotics, Drug therapy with extensive monitoring , DNR decision

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<h2 style="margin: 0;">99215</h2> <p>Decision Making</p> <ul style="list-style-type: none"> ☐ 1 or more chronic illnesses with <u>severe</u> exacerbation, progression or side effects of treatment ☐ Acute or chronic illnesses or injuries posing threat to life or function (MI, PE, Resp distress) ☐ Abrupt neuro status change (TIA, Sx, weakness, sensory loss) 	And	<p style="text-align: right;">40 min</p> <p>History</p> <ul style="list-style-type: none"> ☐ 4 HPI elements ☐ 10 ROS ☐ 1 of each PFSH <p>Physical OR</p> <ul style="list-style-type: none"> ☐ Comprehensive (general multisystem or complete single organ)
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15

25 min

99214

Decision Making *And* **History**

- ☐ 3 chronic stable illnesses
 - ☐ 2+ or more chronic stable illnesses
 - ☐ 1+ chronic illness with exacerbation
 - ☐ Undiagnosed new problem with uncertain diagnosis
 - ☐ Acute illness with systemic symptoms
 - ☐ Acute complicated injury
- ☐ 4 HPI elements
 - ☐ 2-9 ROS
 - ☐ 1 of 3 PFSH

OR

Physical

- ☐ Detailed (affected area and related organ system)

16

15 min

99213

Decision Making *And* **History**

- ☐ 2 or more self limited problems
 - ☐ 1 stable chronic illness
 - ☐ acute uncomplicated illness (cystitis, sprain)
- ☐ 1-3 HPI elements
 - ☐ Pertinent ROS

OR

Physical

- ☐ Expanded problem focused

17

60 min

99205

Decision Making *And* **History**

- ☐ 1 or more chronic illness with severe exacerbation, progression or side effects of treatment
 - ☐ Acute or chronic illnesses or injuries posing threat to life or function (MI, PE, Resp distress)
 - ☐ Abrupt neuro status change (TIA, Sx, weakness, sensory loss)
- ☐ 4 HPI elements
 - ☐ 10 ROS
 - ☐ 1 of each PFSH

AND ←

Physical

- ☐ Comprehensive (general multisystem or complete single organ)

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99204 *And* Looks like a 99215

↓ 45 min

Decision Making

- ☐ 3 chronic stable illnesses
- ☐ 2+ or more chronic stable illnesses
- ☐ 1+ chronic illness with exacerbation
- ☐ Undiagnosed new problem with uncertain diagnosis
- ☐ Acute illness with systemic symptoms
- ☐ Acute complicated injury

History

- ☐ 4 HPI elements
- ☐ 10 ROS
- ☐ 1 of each PFSH

Physical *AND*

- ☐ Comprehensive (general multisystem or complete single organ)

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99203 *And* Looks like a 99214

↓ 30 min

Decision Making

- ☐ 2 or more self limited problems
- ☐ 1 stable chronic illness
- ☐ acute uncomplicated illness (cystitis, sprain)

History

- ☐ 4 HPI elements
- ☐ 2-9 ROS
- ☐ 1 of 3 PFSH

Physical *AND*

- ☐ Detailed (affected area and related organ system)

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**Medical Decision Making
Putting It All Together**

Established problem, stable or improving - 1 pt
 Established problem, worsening - 2 pt each
 New problem, no additional work up planned (maximum of 1) 3 pt

Prescription Drugs

Need Two of Three to Qualify for Level

Overall MDM	Problem Points	Data Points	Level of Risk
Straightforward Complexity (992x2)	1	1	Minimal
Low Complexity (992x3)	2	2	Low
Moderate Complexity (992x4)	3	3	Moderate
High Complexity (992x5)	4	4	High

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<h2>99212</h2> <ul style="list-style-type: none">☐ One self limited problem☐ Focused exam☐ 1-3 HPI elements <p>10 min</p>	<h2>99202</h2> <ul style="list-style-type: none">☐ One self limited problem☐ Expanded problem focused exam☐ 1-3 HPI elements☐ Pertinent ROS <p>20 min</p>
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Looks like a 99213

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99211

- ☐ BP check by nurse
- ☐ Weight check for CHF
- ☐ Lab draw
- ☐ Picking up prescription refill
- ☐ Picking up return to work or school certificate. (If mail or call in, no CPT code allowed)
- ☐ May not require physician presence

5 min

"Coding from the Bottom Up," Thomas Weida, David O'Gurek, *Family Practice Management*, November 2008

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Time

- ☐ The specific times expressed in the visit code descriptors are averages, and therefore represent a range of times which may be higher or lower depending on actual clinical circumstances.
- ☐ Face-to-face for office and outpatient
- ☐ Unit/floor for hospital and inpatient
- ☐ Time is not a criteria for level of service.

99205 - 60 min
99204 - 45 min
99203 - 30 min

99215 - 40 min
99214 - 25 min
99213 - 15 min

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Counseling

- ☐ Counseling: a discussion with a patient and/or family concerning:
 - Diagnostic results, or recommended studies
 - Prognosis
 - Risks & benefits of treatment
 - Importance of compliance
 - Risk factor reduction
 - Patient and family education
- ☐ Not just psychological counseling
- ☐ If counseling > 50% of visit time, can use counseling documentation for level.

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Examples - Outpatient

Office visit for a 68 year old female, established patient, for routine review and follow-up of non-insulin dependent diabetes, obesity, hypertension and CHF. Complains of vision difficulties and dietary noncompliance. Pt counseled concerning diet and current meds adjusted.

- | | | |
|----------|----------------------|---|
| 1. 99211 | | |
| 2. 99212 | What else is needed? | |
| 3. 99213 | 4 HPI | Detailed physical (affected and related organ system) |
| 4. 99214 | 2-9 ROS | or |
| 5. 99215 | 1 of PFSH | |

26

Office visit for the quarterly follow-up of a 45 year old male with stable chronic asthma requiring regular drug therapy.

- | | | |
|----------|------------------------------------|--|
| | What else is needed? | |
| 1. 99211 | | |
| 2. 99212 | •1-3 HPI elements | |
| 3. 99213 | •Pertinent ROS or | |
| 4. 99214 | •Expanded problem focused physical | |
| 5. 99215 | | |

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Office visit for a 55 year old male, established patient, with increasing night pain, limp and progressive varus of both knees.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

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Office visit for a 60 year old female, established patient, diabetic, blood sugar controlled by diet. She now complains of frequency of urination and weight loss, blood sugar of 320 and negative ketones on dipstick.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

29

Evaluation for a 28 year old male, established patient, with new onset of low back pain.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

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Evaluation for a 28 year old male, established patient, with new onset of low back pain. (cont.)

Overall MDM	Problem Points	Data Points	Level of Risk
Straightforward Complexity (992x2)	1	1	Minimal
Low Complexity (992x3)	2	2	Low
Moderate Complexity (992x4)	3	3	Moderate
High Complexity (992x5)	4	4	High

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Evaluation for a 28 year old male, established patient, with new onset of low back pain. (cont.)

Problem	Points
Self limited or minor (maximum of 2)	1 each
Established problem, stable or improving	1 each
Established problem, worsening	2 each
New problem, no additional work up planned (maximum of 1)	3
New problem, with additional work up planned	4

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Outpatient visit for a 77 year old male, established patient, with hypertension, presenting with a three month history of episodic sub-sternal chest pain on exertion.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

33

Initial office visit for a 17 year old female with depression.

Medical decision making of 99214
History and physical of 99215

1. 99201
2. 99202
3. 99203
4. 99204
5. 99205

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Office visit for reassessment and reassurance/counseling of a 40 year old female, established patient, who is experiencing increased symptoms while on a pain management treatment program.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

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Initial office visit for a 73 year old male with an unexplained 20 lb weight loss.

1. 99201
2. 99202
3. 99203
4. 99204
5. 99205

36

Office visit for evaluation of recent onset syncopal attacks in a 70 year old woman, established patient.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

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-25

- Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
- Best to have two different diagnoses
- E&M -25 and procedure code
- Example: laceration which you evaluate and then repair with sutures
- Document two independent notes**

CPT 2000, pg. 403-404

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Review: 99214

- 3 chronic stable illnesses
- 2+ or more chronic stable illnesses
- 1+ chronic illness with exacerbation
- Undiagnosed new problem with uncertain diagnosis
- Acute illness with systemic symptoms
- Acute complicated injury

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Office visit for a 50 year old female with dyspepsia and nausea who you last saw in the office four years ago.

1. 99201
2. 99202
3. 99203
4. 99204
5. 99205
6. 99211
7. 99212
8. 99213
9. 99214
10. 99215

40

Office visit for a 32 year old female, established patient, with new onset RLQ pain.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

41

Office visit for a 70 year old female, established patient, with diabetes mellitus and hypertension, presenting with a 2 month history of increasing confusion, agitation and short term memory loss.

1. 99211
2. 99212
3. 99213
4. 99214
5. 99215

42

How many outpatient visits do you under-code a day?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5 - 7
7. > 8

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Lost Revenue/Year Due to Undercoding

- Medicare Rates



Undercoded/day	1	2	3	4	5	8
Non facility	\$ 8,331.60	\$ 16,663.20	\$ 24,994.80	\$ 33,326.40	\$ 41,658.00	\$ 66,652.80
Facility	\$ 6,903.60	\$ 13,807.20	\$ 20,710.80	\$ 27,614.40	\$ 34,518.00	\$ 55,228.80

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Making It Happen

- Pull 10 notes and check coding against easy to use guidelines.
- Mentally calculate how much revenue lost
- Kick self
- Repeat process till no longer kicking self
- Simple

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