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

Thomas Weida, MD, FAAFP, Penn State College of Medicine, Hershey, PA **Disclosures:**

Speaker has no disclosures and there are no conflicts of interest.

The speaker has attested that their presentation will be free of all commercial bias toward a specific company and its products.

The speaker indicated that the content of the presentation will not include discussion of unapproved or investigational uses of products or devices.

BILLING AND CODING BEST PRACTICES EARN WHAT YOU'RE WORTH

Thomas J. Weida, M.D. Professor, Penn State College of Medicine

Disclosure

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

Objectives

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- 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
- Use medical decision making to guide E&M level

	fice visit for a 50 year old female with pepsia 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

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**

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

Reasons for Not Coding Properly None

Coding Captures What You Did, Not Reimbursement

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	E	sta	blis	shed	Pat	ient	PennState Hershey Medical Center
2 of 3	Element	99211	99212	99213	99214	99215	location
	сс	NA	Required	Required	Required	Required	quality severity
Hx	нрі	NA	1-3	1-3	4+	4+	← duration timing
-	ROS	N/A	NA	Pertinent	2-9	10	context modify fct
\rightarrow	PFSH	N/A	N/A	NA	1 of 3	1of each	assoc sx
(P_x)	Exam	NA	Focused	Expanded	Detailed	Comp	
\nearrow	Dx/Mgt	NA	Minimal	Limited	Multiple	Extensive	2 of 3
Decision Making	Data	NA	Minimal	Limited	Moderate	Extensive	with severe
Ľ	Risk	NA	Minimal	Low	Moderate	High	exacerbation Threat to life or
One self limited problem					nic problem		function Abrupt neuro
2 Minor sel One stable of Acute simp OTC Drug, IV no addit	chronic p le illness PT, OT, N	roblem		3 Stable Ch Undx new	ion or side o ronic Illness problem, ur plicated inju n drug	ses Icertain px	change Parenteral controlled sub Major surgery Rx with intensi

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

		Ν	lev	V	Pat	ient	PennStat	e Her	shey Medical Center
3 of 3	Element	99201	99202		99203	99204	99205		location
	сс	Required	Required		Required	Required	Required		quality severity
Hx	нрі	1-3	1-3		4+	4+	4+	•	duration timing
	ROS	N/A	Pertinent		2-9	10	10		context modify fct
	PFSH	N/A	N/A		1 of 3	1 of each	1of each		assoc sx
(Px)-	Exam	Focused	Expanded	ı	Detailed	Comp	Comp	_	2 of 3
Decision	Dx/Mgt	Minimal	Minimal		Limited	Multiple	Extensive	IT,	1 or > chronic
Making	Data	Minimal	Minimal		Limited	Moderate	Extensive		with severe
	Risk	Minimal	Minimal		Low	Moderate	High		exacerbation Threat to life or
One self li 2 Minor self One stable of Acute simp OTC Drug, IV no addit	f limited p chronic p le illness PT, OT, N	problems		2 9 Ui Ad	progressi Stable Chro ndx new p	tic problem on or side e onic Illness roblem, un licated injus drug	ffect es certain px		function Abrupt neuro change Parenteral controlled sub. Major surgery Rx with intensiv monitoring



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



Medical Decision Making: Diagnosis/Management Options Problem Points

Established problem, stable or improving	1 each 1 each
	1 each
E (11: 1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 cucii
Established problem, worsening	2 each
New problem, no additional work up planned (maximum of 1)	3
New problem, with additional work up planned	4



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

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

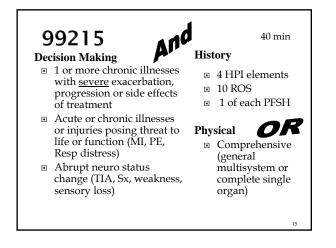
13

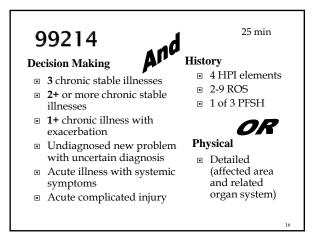


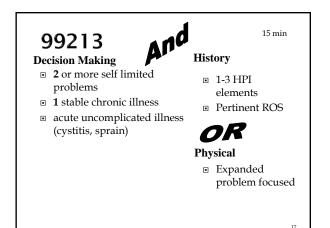
Medical Decision Making: Table of Risk - Highest Level Wins

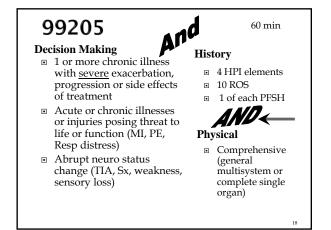
Risk	Presenting Problems	Diagnostic Options	Management Options
Minimal (992x2)	Minimal	Routine Labs, EKG, X-rays, USN, Echo, EEG	Advice
Low (992x3)	Low	PFT, Contrast X-rays, ABG, Skin Biopsy	OTC, PT, OT, Minor Surgery, IV – no additives
Moderate (992x4)	Medium	Stress tests, endoscopies, Cardiac cath, 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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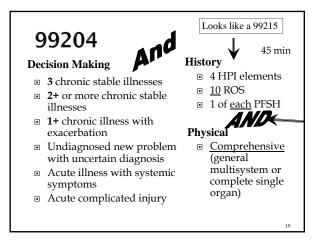


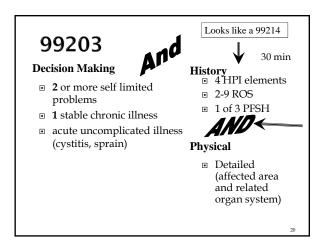


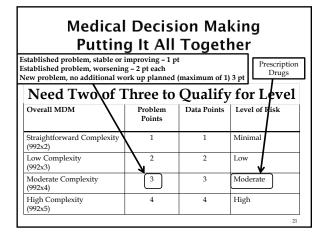




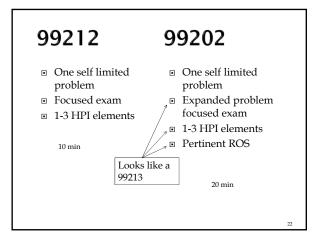
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99211

5 min

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- 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

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

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.	99205 - 60 min 99204 - 45 min 99203 - 30 min 99215 - 40 min
Face-to-face for office and outpatient	99214 – 25 min 99213 – 15 min
Unit/floor for hospital and inpatient	
Time is not a criteria for level of service.	
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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.

Examples - Outpatient

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

1. 2.	99211 99212	What else is needed?
3. 4. 5.	99213 99214 99215	4 HPIDetailed physical (affected and related2-9 ROSor1 of PFSH

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?

99211 1.

2.

3.

4.

- •1-3 HPI elements 99212
 - Pertinent ROS or
- 99213 • Expanded problem focused physical 99214
- 99215 5.

Office visit for a 55 year old male, established patient, with increasing nigh pain, limp and progressive varus of both knees.	
1. 99211	
2. 99212	
3. 9921 3	
4. 99214	
5. 99215	
	28

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

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

29

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

ation for a 28 atient, with no		et of lo	
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



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

32

33

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

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
34

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
- 5. 99215

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

35

36

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

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	

-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

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

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				

41

42

	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

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

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
- 7. -0

Lost Revenue/Year Due to Undercoding							
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	
Facility	6,903.60	13,807.20	20,710.80	127,614.40	p4,518.00	p5,228.80	
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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