

# Coding for Success



**Gianni Gonzalez, CPC**  
**Practice Consultant**  
**HealthCare Management**  
**Solutions**



# Services

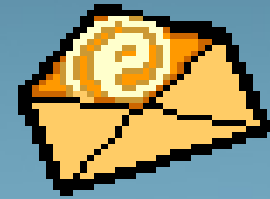
- **Practice Management/Assessment**
- **Billing Improvement Assessment**
- **Accounts Receivable Work Plan**
- **Coding, Compliance and Audits**
- **Education on Coding and Billing**



# Education



- **Evaluation and Management Documentation**
  - **Understanding documentation guidelines**
- **Chart Audits**
  - **Coding and documentation reviews help optimize revenue and reduce risk**
- **Updated Information**
  - **Present up to the minute information about billing and documentation guidelines**



**When a letter from your  
carrier arrives  
telling you that you are  
going to be audited, will  
you be ready?**



# OBJECTIVES

**The following issues will be covered during this session:**

- **1995 and 1997 E/M Guidelines**
- **Key components**
- **Consults vs. Referrals**
- **Modifiers which impact E/M services**
- **Necessary tools for effective auditing**
- **Compliance concerns**
- **Communicating results and educating the healthcare provider**



# What are some of the required documentation elements for E/M services?



# Documentation Elements

- **Note must be dated (day/month/year)**
- **Note must be signed and the identity of the provider must be decipherable**
- **The provider must be authorized to perform the service reported**



# Which of the following providers may report an E/M service under their own name?

- DO
- CNS
- OT
- RN
- OD
- NP
- PT
- PA
- Ph.D. Psychology
- MD



# Which of the following providers may report an E/M service under their own name?

- DO
- CNS
- ~~CT~~
- ~~PN~~
- OD
- NP
- ~~PT~~
- PA
- Ph.D. ~~Psychology~~
- MD



# Evaluation and Management CATEGORIES



**What are the primary categories of E/M codes that would be encountered when reviewing claims?**



# E/M Categories

- **Emergency Room** 99281-99285
- **Initial Observation** 99218-99220
- **Observation Discharge** 99217
- **Observation/Inpatient Admission & Discharge (same day)** 99234-99236
- **Critical Care** 99291-99292



# E/M Categories

- **Initial Hospital Visit**      **99221-99223**
- **Subs Hospital Visit**      **99231-99233**
- **Hospital Discharge**      **99238-99239**
- **Initial Hosp Consult**      **99251-99255**



# E/M Categories

- **New Patient Office Visit**                      **99201-99205**
- **Estab Patient Office Visit**                      **99211-99215**
- **Outpatient Consultation**                      **99241-99245**



# REFERRAL vs. CONSULTATION

- **REFERRAL (visit/care)**

- **Known problem**
- **Course of treatment is known**
- **Physician is supervising & managing known problem**
- **Written report or letter not required**

- **CONSULT (consultation)**

- **Suspected problem**
- **Course of treatment is undetermined**
- **Unknown who will manage patient at time of consult**
- **Opinion must be communicated to the requesting physician (i.e., written report or telephone call documented in the Medical Record)**



**What are the primary components which are used to determine the level of an E/M Service?**



# E/M Components

- **History**
- **Examination**
- **Medical Decision Making**
- **Time**



# E/M Components History

- **History of Present Illness (HPI) is simply the documentation of adjectives describing or relating to the patient's present problem/injury.**
- **Review of Systems (ROS)**
- **Past, Family, Social History (PFSH)**



# History Components

Elements	ROS		PFSH
<ul style="list-style-type: none"> <li>▪ Location</li> <li>▪ Severity</li> <li>▪ Timing</li> <li>▪ Modifying Factors</li> <li>▪ Quality</li> <li>▪ Duration</li> <li>▪ Context</li> <li>▪ Associated Signs and Symptoms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Constitutional Symptom</li> <li>▪ Cardiovascular</li> <li>▪ Respiratory</li> <li>▪ Genitourinary</li> <li>▪ Integumentary (skin and/or breast)</li> <li>▪ Psychiatric</li> <li>▪ Allergic/Immunologic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eyes</li> <li>▪ Ears, Nose, Mouth and Throat</li> <li>▪ Gastrointestinal</li> <li>▪ Musculoskeletal</li> <li>▪ Neurological</li> <li>▪ Endocrine</li> <li>▪ Hematologic/Lymphatic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Past History</li> <li>▪ Family History</li> <li>▪ Social History</li> </ul>



# Documentation “Links”

- **“Review of Systems as indicated on *Patient History Form* completed today.”**
- **“Vitals as noted in today’s nurse’s notes.”**
- **“See Dr. Smith’s note of 10/7/01 for patient’s history.”**



# E/M Components Examination

- **Controversy over appropriate exam documentation revolves around the ability to determine the areas examined and the findings of the provider as reflected in the progress note.**
- **1995 Criteria** - utilized more for multi-system, general body exams.
- **1997 Criteria** - developed to define the elements when examinations focused on a single system and other systems which directly impact the primary system.



# E/M Components Examination

## 1995 Exam Level Criteria:

- **Problem Focused** - exam of 1 body area or system.
- **Expanded Problem Focused** - limited exam of 2-7 systems or areas.
- **Detailed** - extended exam of at least one system and focused exam of 1-6 supporting or related systems or areas.
- **Comprehensive** - focused exam of 8 or more systems or a complete exam of a single organ system.



# E/M Components Examination

CPT recognizes the following **body areas**:

- **Head, including the face**
- **Neck**
- **Chest, including breasts and axillae**
- **Abdomen**
- **Genitalia, groin, buttocks**
- **Back, including spine**
- **Each extremity**



# E/M Components Examination

CPT recognizes the following **organ systems**:

- Constitutional (i.e., vital signs, general appearance)
- Cardiovascular
- Ears, nose, mouth, throat
- Eyes
- Gastrointestinal
- Genitourinary
- Hematology, lymphatic, immunology
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin



# 1995 Examination

Examination	
Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.	
Limited to affected body area or organ system (one body area or system related to problem)	PROBLEM FOCUSED EXAM
Affected body area or organ system and other symptomatic or related organ system(s) (Additional systems up to total of 7)	EXPANDED PROBLEM FOCUSED EXAM
Extended exam of affected area(s) and other symptomatic or related organ system(s) (Additional systems up to total of 7 or more depth than above)	DETAILED EXAM
General multi-system exam (8 or more systems) or complete exam of a single organ system (Complete single exam not defined in these instructions)	COMPREHENSIVE EXAM



# 1995 Examination

Exam							
Body areas: <input type="checkbox"/> Head, including face <input type="checkbox"/> Back, including spine <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Each extremity				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ systems: <input type="checkbox"/> Constitutional (e.g. vitals, gen app) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Skin <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Hem/lymph/imm				1 Body area or organ system	2 - 4 Body areas or organ systems	5 - 7 Body areas or organ systems	8 or more systems (not body areas)
				<b>PROBLEM FOCUSED</b>	<b>EXP PROB FOCUSED</b>	<b>DETAILED</b>	<b>COMPRE HENSIVE</b>



# E/M Components - Examination

## 1997 Exam Level Criteria:

- **Problem Focused** - 1-5 elements in 1 or more organ system(s)/body area(s). Documentation of 1-5 elements in 1 or more organ system(s)/body area(s).
- **Expanded Problem Focused** - at least 6 elements in 1 or more organ system(s)/body area(s).
- **Detailed** - at least 12 elements in any system/body area. (Eye and psychiatric exams only require 9 elements)
- **Comprehensive** - every element identified in the shaded boxes & at least 1 element in every unshaded box (approximately 18 elements).



# E/M Components Examination

Content & documentation requirements have been defined for examination of the following single organ system(s):

- Cardiovascular
- Ears, Nose, Mouth and Throat
- Eyes
- Genitourinary (Female & Male)
- Hematology, Lymphatic, Immunology
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin



# 1997 Single System Exam

<b>System/Body Area</b>	<b>Elements of Examination <i>Psychiatric</i></b>						
<b>Constitutional</b>	<ul style="list-style-type: none"> <li>▪ Measurement of any three of the following seven vital signs:               <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">1) Sitting or standing blood pressure</td> <td>5) Temperature</td> </tr> <tr> <td>2) Supine blood pressure</td> <td>6) Height</td> </tr> <tr> <td>3) Pulse rate and regularity</td> <td>7) weight</td> </tr> </table> </li> <li>4) Respiration, (May be measured and recorded by ancillary staff)</li> <li>▪ General appearance of patient (e.g. development, nutrition, body habitus, deformities, attention to grooming)</li> </ul>	1) Sitting or standing blood pressure	5) Temperature	2) Supine blood pressure	6) Height	3) Pulse rate and regularity	7) weight
1) Sitting or standing blood pressure	5) Temperature						
2) Supine blood pressure	6) Height						
3) Pulse rate and regularity	7) weight						
<b>Musculoskeletal</b>	<ul style="list-style-type: none"> <li>▪ Assessment of muscle strength and tone (e.g. flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements</li> <li>▪ Examination of gait and station</li> </ul>						
<b>Psychiatric</b>	<ul style="list-style-type: none"> <li>▪ Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (e.g. perseveration, paucity of language)</li> <li>▪ Description of thought processes including: rate of thoughts; content of thoughts (e.g. logical vs. illogical, tangential); abstract reasoning; and computation</li> <li>▪ Description of associations (e.g. loose, tangential, circumstantial, intact)</li> <li>▪ Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions</li> <li>▪ Description of the patient s judgment (e.g. concerning everyday activities and social situations) and insight (e.g. concerning psychiatric condition)</li> </ul> <p>Complete mental status examination including</p> <ul style="list-style-type: none"> <li>▪ Orientation to time, place and person</li> <li>▪ Recent and remote memory</li> <li>▪ Attention span and concentration</li> <li>▪ Language (e.g. naming objects, repeating phrases)</li> <li>▪ Fund of knowledge (e.g. awareness of current events, past history, vocabulary)</li> <li>▪ Mood and affect (e.g. depression, anxiety, agitation, hypomania, lability)</li> </ul>						



# Example of Single System Exam Criteria:

(Mental status examination and symptoms include)

- **ADL,**
- **posture/gait,**
- **eye contact,**
- **motor activity,**
- **affect,**
- **memory,**
- **rate/volume of speech,**
- **mood,**
- **associations,**
- **general knowledge,**
- **concentration,**
- **orientation,**
- **abstraction,**
- **paranoid ideation,**
- **hallucinations,**
- **idea reference,**
- **appetite,**
- **sleep disturbance, etc.**



# E/M Components

## Medical Decision Making

(2 out of 3)

### Diagnosis/Management Options

Problems to Examining Physician	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Established problem; stable, improved		1	
Established problem; worsening		2	
New problem; no additional work-up planned	Max = 1	3	
New problem, additional work-up planned		4	
		TOTAL	

A. Number of diagnoses or management options	≤ Minimal	2 Limited	3 Multiple	≥ Extensive
B. Amount of complexity of data to be reviewed	≤ Minimal or Low	2 Limited	3 Moderate	≥ Extensive
C. Risk of complications and/or morbidity or mortality	Minimal	Low	Moderate	High
TYPE OF DECISION MAKING	STRAIGHT-FORWARD	LOW COMPLEXITY	MODERATE COMPLEXITY	HIGH COMPLEXITY



# E/M Components Medical Decision Making

## Data Review

Amount and/or Complexity of Data to be Reviewed (B)

Data To Be Reviewed	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
Bring total to line B in Final Result for Complexity ---- <b>TOTAL</b>	

A. Number of diagnoses or management options	<del>1</del> Minimal	2 Limited	3 Multiple	<del>4</del> Extensive
B. Amount of complexity of data to be reviewed	<del>1</del> Minimal or Low	2 Limited	3 Moderate	<del>4</del> Extensive
C. Risk of complications and/or morbidity or mortality	Minimal	Low	Moderate	High
TYPE OF DECISION MAKING	STRAIGHT-FORWARD	LOW COMPLEXITY	MODERATE COMPLEXITY	HIGH COMPLEXITY



# E/M Components

## Medical Decision Making

- **The risk of significant complications, morbidity and/or mortality is based on the risks associated with the present problem(s), the diagnostic procedure(s), and the possible management options.**
- **Risk is determined to be minimal, low, moderate or high.**
- **The highest level of risk in any one category (presenting problem(s), diagnostic procedure(s), or management options) determines the overall risk.**



# OFFICE/OTHER OUTPATIENT SERVICES: 99201-99215

- Used to report services provided in an office or outpatient setting, as well as other ambulatory facilities (do not apply to the ER)
- Codes **99201-99205** require 3 out of 3 key components.
- Codes **99211-99215** require 2 out of 3 key components



# Requirements for Levels

3 out of 3 required

OUTPATIENT	New Office/Consults/ER				
	Requires 3 components within shaded area				
<b>History</b>	PF	EPF	D	C	C
	ER: PF	ER: EPF	ER: EPF	ER: D	ER: C
<b>Examination</b>	PF	EPF	D	C	C
	ER: PF	ER: EPF	ER: EPF	ER: D	ER: C
<b>Complexity of medical decision</b>	SF	SF	L	M	H
	ER: SL	ER: L	ER: M	ER: M	ER: H
<b>Average Time (minutes)</b> (ER have no average time)	10 New (99201) 15 Outpt Cons (99241) 20 Inpt Cons (99251) ER (99281)	20 New (99202) 30 Outpt Cons (99242) 40 Inpt Cons (99252) ER (99282)	30 New (99203) 40 Outpt Cons (99243) 55 Inpt Cons (99253) ER (99281)	45 New (99204) 60 Outpt Cons (99244) 80 Inpt Cons (99254) ER (99284)	60 New (99205) 80 Outpt Cons (99245) 110 Inpt Cons (99251) ER (99281)

# Requirements for Levels

2 out of 3 required

		Established Office				
		Requires 2 components within shaded area				
<b>History</b>	Minimal problem that may not require presence of physician	PF	EPF	D	C	
<b>Examination</b>		PF	EPF	D	C	
<b>Complexity of medical decision</b>		SF	L	M	H	
<b>Average Time (minutes)</b> (Confirmatory consults & ER have no average time)	5 99211	10 99212	15 99213	25 99214	40 99215	
<b>Level</b>	1	2	3	4	5	



# Inpatient Hospital

INPATIENT	Initial Hospital/Observation		
	Requires 3 components within shaded areas		
<b>History</b>	D or C	C	C
<b>Examination</b>	D or C	C	C
<b>Complexity of medical decision</b>	SF/L	M	H
<b>Average time (minutes)</b> Observation time has no average time	30 Intl hosp (99221) Observ care (99218)	50 Intl hosp (99222) Observ care (99219)	70 Intl hosp (99223) Observ care (99220)
<b>Level</b>	1	2	3

Subsequent Inpatient/Follow-up		
Requires 2 components within shaded areas		
PF interval	EPF Interval	D interval
PF	EPF	D
SF/L	M	H
15 Subsequent (99231) 10 FU consult (99261)	25 Subsequent (99232) 20 FU consult (99262)	35 Subsequent (99233) 30 FU consult (99263)
1	2	3



# When can time be used to set the level of an E/M?

- **Documentation must contain the following elements:**
  - **Statement that visit was dominated by counseling or coordination of care.**
  - **What were the issues discussed.**
  - **The amount of time spent counseling, as well as the total time of the visit.**
- \* **deciding factor Issues must be of significant importance to support medical necessity for using time as for selecting level of service.**



# E/M MODIFIERS



# INTRODUCTION

- **Purpose:**
  - **provide payers additional information needed to process claims,**
  - **can “flag” services provided to the patient that has been altered by some special circumstance, and**
  - **the correct use of modifiers is frequently the only way to increase or ensure the correct payment for a procedure.**



## **MODIFIER “-24” (UNRELATED E/M BY SAME MD DURING POST-OP PERIOD)**

- **Used to indicate that an E/M service was performed during a post-op (global) period for a reason(s) unrelated to the original procedure.**
- **This modifier can be used with E/M codes and with Ophthalmology codes **92012 & 92014**.**
- **Used during global periods for either minor or major procedures (i.e. 10 to 90 days).**
- **When a patient is admitted to a SNF for an unrelated condition during a global period, report modifier with the appropriate SNF admission code.**



# MODIFIER “-25”

**SIGNIFICANT SEPARATELY IDENTIFIABLE E/M SAME MD/SAME DAY AS A PROCEDURE/OTHER SERVICE**

- **Used to indicate when a provider considers a patient’s condition to require a significant, separately identifiable E/M service above and beyond the other service provided.**
- **Providers who have been detected by Medicare carriers utilizing modifier -25 at a higher level than normal, may find their claims with modifier -25 attached undergoing a case-by-case review requiring the submission of supporting documentation prior to payment.**



# MODIFIER “-25”

**SIGNIFICANT SEPARATELY IDENTIFIABLE E/M SAME MD/  
SAME DAY AS A PROCEDURE/OTHER SERVICE**

- **A separate diagnosis is not required to support the use of the -25 modifier.**
- **AMA states that though the E/M service does not have to be unrelated to the procedure performed, there must be a significant E/M service provided above the normal inherent E/M component that is part of all procedures.**



# **MODIFIER “-57” (DECISION FOR SURGERY)**

- **Used with an E/M service that resulted in the decision to perform the surgery.**
- **This modifier is used when the E/M service is performed the day before or the day of the procedure.**
- **Normally this modifier only used to indicate the decision for surgical procedures with 90 day global periods.**



# OIG Work Plan: Big Ticket Items

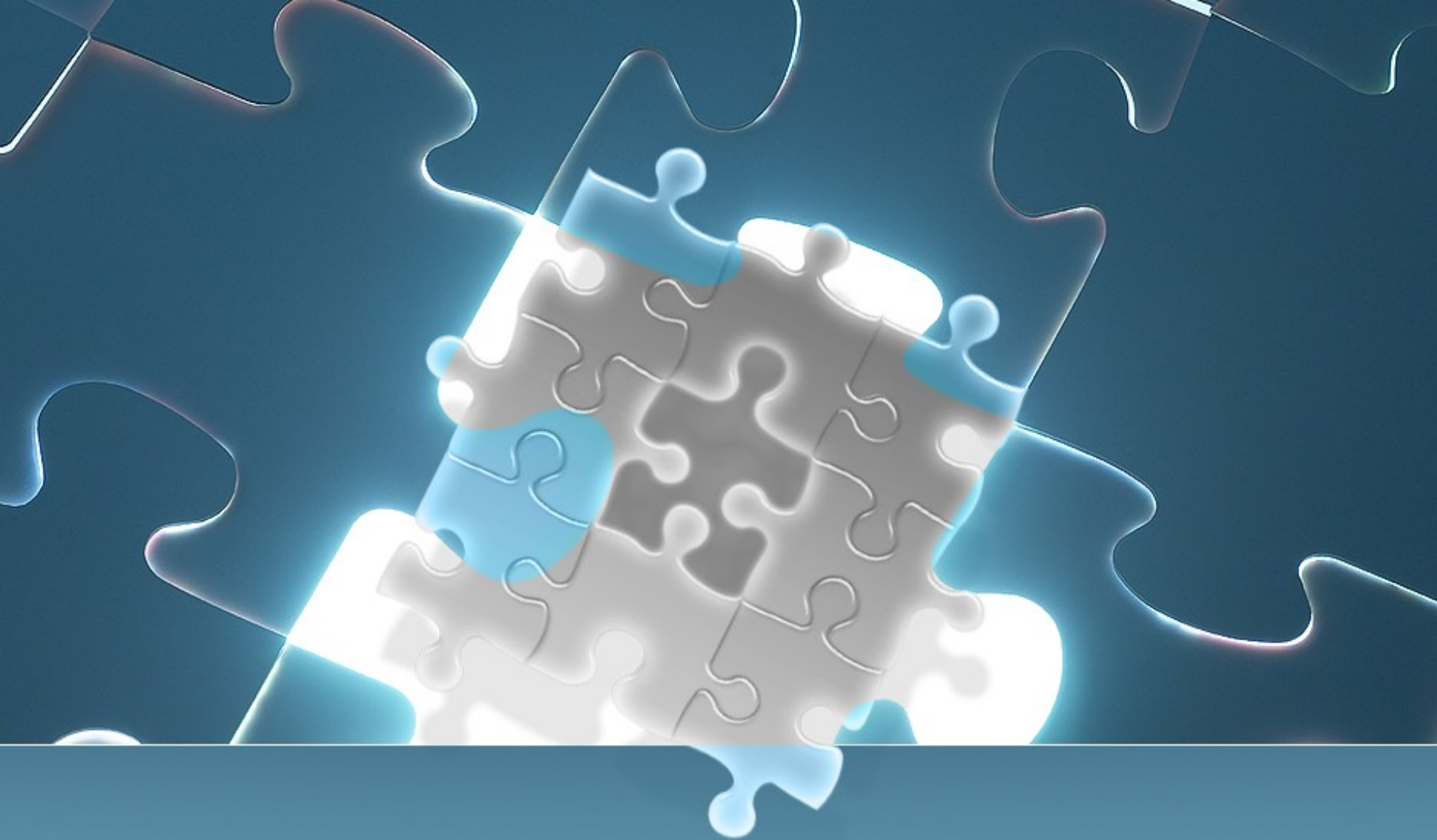


- **Usage of the 25 Modifier**
  - **In 2001 Medicare approved \$1.7 billion worth of claims**
- **National Correct Coding Initiative (NCCI) Edits- Usage of the 59 Modifier**
  - **In 2001 Medicare paid providers \$565 million for claims**



# Compliance Programs

- **Implement written policies, procedures, and standards of conduct**
- **Designate a compliance officer and compliance committee**
- **Conduct effective training and education**
- **Develop effective lines of communication**
- **Conduct internal monitoring and auditing**
- **Respond promptly to detected offenses and developing corrective action**



Questions???



**THANK YOU!**

**HealthCare Management Solutions  
(904)465-2863**

**Gianni@HealthCaremgmt.net  
www.healthcaremgmt.net**