Getting Paid for What You Do

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Dr. Krebs earned her medical degree from the Ohio State University College of Medicine in Columbus and completed a family medicine residency at Miami Valley Hospital in Dayton, Ohio. She is a solo family physician at a rural federally qualified health center (FQHC) and teaches residents at a new family medicine residency program. She is developing a practice management curriculum and is focused on the patient-centered medical home (PCMH) and quality improvement. Her completed projects include efforts to improve diabetes care, improve preventive health, decrease emergency department and hospital utilization, improve care coordination, address population health, measure physician quality, and deliver medical neighborhood care within the context of the PCMH model. Dr. Krebs has experience writing and evaluating quality measures and served on the American Medical Association (AMA) Prediabetes Quality Measures Technical Expert Panel. She is frequently consulted on matters relating to quality measures, population health, lifestyle modification, value-based payment, and diabetes. In addition, she is a frequent contributor to *The Ohio Family Physician* and has written on a variety of public health issues.

Previously, Dr. Krebs co-ran Family Practice Associates, an independent practice where she led transformation to the PCMH model of care and was involved in the Center for Medicare & Medicaid Innovation's Comprehensive Primary Care (CPC) initiative. She also implemented clinical staff and electronic health record (EHR) training, numerous quality improvement and population health projects, and other efforts to improve patient and practice team satisfaction. Dr. Krebs currently serves on the AAFP's Commission on Quality and Practice and is the chair of the AAFP Working Group on Rural Health, as well as serving on the Ohio Academy of Family Physicians Board of Directors. In the past, she has served on the National Conference of Constituency Leaders (formerly the National Conference of Special Constituencies), the Congress of Delegates, and the Reference Committee on Organization and Finance. She served on the quality committee for Premier Health—a physician-led insurance plan—to help make decisions regarding measurement of physician performance, population health, development of quality measures, compensation for quality, and privileging.

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Learning Objectives

1. Identify techniques to improve specificity and accuracy of coding and billing practices.
2. Determine areas of opportunity for maximizing revenue through appropriate billing and coding.
3. Evaluate current quality improvement initiatives/processes to ensure sustainability.
4. Utilize best practices to optimize clinical, financial, and operational performance.

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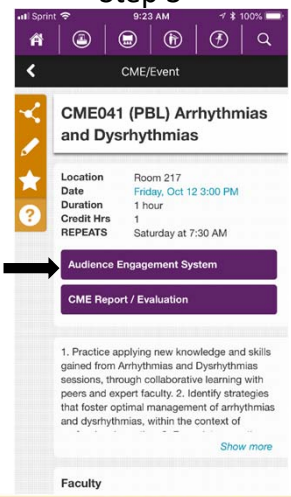
Audience Engagement System

Step 1

Step 2

Step 3



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Equipment

- Coding hat
- Coding card

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Benefits of Coding if Employed

- Allows you to spend more time with your patients
- Helps your employer
- Avoids problems of audits
- Bonuses
- Keeps you current if you change jobs
- Job security

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Benefits of Coding if Independent

- Spend more time with your patients
- Help uninsured patients
- Avoid problems of audits
- Employ better staff
- Have nicer office and equipment
- More money

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A Few Caveats

- Medical necessity
- You should always document based on good medical care. Good medicine often requires far more than coding requirements.
- Always need chief complaint

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Three Key Components

- History
- Exam
- Medical Decision Making

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History Components

- Chief Complaint
- HPI
- ROS
- PFSH

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Chief Complaint

- Every visit needs a chief complaint
- May be recorded by ancillary staff
- Concise statement for reason of visit in patient's own words
- Do not use "f/u" or "recheck"

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History of Present Illness

- Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms
  - 1-3 elements=problem-focused or expanded problem-focused
  - 4+ elements=detailed or comprehensive
- OR status of three chronic problems

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Review of Systems

- Based on number of systems
- Constitutional, eyes, ENT/mouth, CV, Pulm, GI, GU, musculoskeletal, skin, neurologic, psych, endo, heme/lymph, allergic/immuno
  - 0=problem-focused
  - 1=expanded problem-focused
  - 2-9=detailed
  - 10+=comprehensive

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Past, Family, and Social History

- Past history=PMH, PSH, medications, or allergies
- Family history=events in family history that would affect care. Negative statement counts.
- Social History=past and current activities relevant (tobacco use/exposure, alcohol, employment, schooling, etc.)

- 0=Problem-focused or expanded PF
- 1=Detailed
- 2 (established), 3 (new)=comprehensive

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History Tips

- Ancillary staff can record ROS and PFSH as long as you document that you reviewed it.
- You do not need to re-record info from an earlier visit as long as you describe any changes or that there is no change and the date.
- ROS and PFSH may be included in HPI or listed separately, but can only be counted once.

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History Summary

- Problem-focused
  - CC
  - HPI: 1-3 components
- Expanded problem-focused
  - CC
  - HPI: 1-3 components
  - ROS: 1 system

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History Summary

- Detailed
  - CC
  - HPI: 4+ components or status of 3 chronic conditions
  - ROS: 2 systems
  - PFSH: 1 element
- Comprehensive
  - CC
  - HPI: 4+ components or status of 3 chronic conditions
  - ROS: 10+ systems
  - PFSH: 2 for established, 3 for new

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Case #1

- CC: chest pain
- HPI: 3 day history of intermittent, left-sided chest pain, 5/10, feels like pressure. Starts with activity, and goes away with rest. Getting worse. Has never had this before.
- ROS: no SOB, cough, or wheezing.
- PMH: HTN, asthma, seasonal allergies
- Family history: no history of cardiac disease
- Social history: nonsmoker, no alcohol, no recreational drugs; occasionally exercises

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AES Question #1

Which level history would you choose?

A. Problem-focused
B. Expanded problem-focused
C. Detailed
D. Comprehensive

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Case #2

- CC: chest pain
- HPI: 3 day history of left-sided chest pain, 5/10, feels like pressure.
- ROS: no SOB. No nausea.
- Social history: nonsmoker.

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AES Question #2

Which level history would you choose?

A. Problem-focused
B. Expanded problem-focused
C. Detailed
D. Comprehensive

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Case #3

- CC: follow-up on HTN, complains of knee pain
- HPI: right knee pain for 2 months. Worse with stairs. Tylenol helps a little. Takes BP med as directed, no side effects, doesn't monitor BP at home.
- ROS: no chest pain or SOB.
- Meds: HCTZ 25mg daily, tylenol 325mg prn
- Allergies: PCN
- Social history: nonsmoker.

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AES Question #3

Which level history would you choose?

A. Problem-focused
B. Expanded problem-focused
C. Detailed
D. Comprehensive

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Case #4

- CC: cough
- HPI: 1 week history of productive cough (yellow sputum). Getting worse. Taking robitussin with partial relief. Also has rhinorrhea, sore throat, and congestion.
- ROS: no fever, no SOB. Wheezing.
- Allergies: NKDA

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AES Question #4

Which level history would you choose?

A. Problem-focused
B. Expanded problem-focused
C. Detailed
D. Comprehensive

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Physical Exam

- You can choose between documenting systems or bullet points.
- For system, it is ok to document “negative” or “normal.”

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Exam

	Systems	Bullets
Problem-focused	1	1-5
Expanded Problem-focused	2	6-11
Detailed	2	12-17
Comprehensive	9	18+ (2 in each of 9 systems)

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1995 Body Areas

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

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1995 Organ Systems

- Constitutional (e.g., vital signs, general appearance)
- Eyes
- Ears, nose, mouth, and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic/immunologic

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Exam Bullets

Constitutional

- Check vitals: at least 3 (BP/pulse/resp/temp/wt/ht)- may be recorded by staff)
- Inspect general appearance

Eyes

- Inspect conjunctivae and lids
- Examine pupils and irises
- Examine optic discs and posterior segments

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Physical Exam Bullets

Ears, Nose, Mouth and Throat

- Assess external appearance of ears and nose
- Examine exterior auditory canals and tympanic membranes
- Assess hearing
- Inspect nasal mucosa, septum and turbinates
- Inspect lips, teeth and gums
- Examine oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx

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Exam Bullets

Neck

- Examine neck
- Examine thyroid

Respiratory

- Assess respiratory efforts
- Conduct chest percussion
- Palpate chest
- Auscultate lungs

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Physical Exam Bullets

Cardiovascular

- Palpate heart
- Auscultate heart with notations of abnormal sounds and murmurs
- Examine carotid arteries
- Examine abdominal aorta
- Examine femoral arteries
- Examine pedal pulses
- Assess extremities for edema/varicosities

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Physical Exam Bullets

Chest (breasts)

- Inspect breasts
- Palpate breasts and axillae

GI (abdomen)

- Examine abdomen with notation of presence of masses or tenderness
- Examine liver and spleen
- Determine presence or absence of hernia
- Examine anus, perineum and rectum including sphincter tone, presence of hemorrhoids and rectal masses
- Obtain stool sample for occult blood testing

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Physical Exam Bullets

Genitourinary – Male

- Examine scrotal contents
- Examine penis
- Conduct digital rectal exam of prostate gland

Genitourinary – Female

- External genitalia and vagina
- Urethra
- Bladder
- Cervix
- Uterus
- Adnexa

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Physical Exam Bullets

Lymphatic: Palpate lymph nodes in at least two areas:

- Neck
- Axillae
- Groin
- Other

Musculoskeletal

- Examine gait and station
- Inspect/palpate digits and nails
- Joints, bones and muscles
  - Inspect/palpate
  - Assess range of motion
  - Assess stability
  - Assess muscle strength and tone

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Physical Exam Bullets

Skin

• Inspect skin and subcutaneous tissue

• Palpate skin and subcutaneous tissue

Neurologic

• Test cranial nerves with notation of deficits

• Examine deep tendon reflexes (note pathological reflexes)

• Examine sensation

Psychiatric

• Describe patient's judgment and insight

• Assess orientation to time, place and person

• Assess recent and remote memory

• Assess mood and affect

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Medical Decision Making

- Diagnosis
- Data
- Risk

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Diagnosis

• Self-limited, minor problem	1 (max 2)
• Established problem, stable	1
• Established problem, unstable	2
• New problem, no work-up	3
• New problem, additional work-up planned	4

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Data

• Lab tests ordered/reviewed	1
• Radiology tests ordered/reviewed	1
• Medical studies ordered/reviewed	1
• Independent interpretation of test	2
• Discussion of test results with testing physician	1
• Decision to obtain old records	1
• Summarize old records/info from another source	2

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Level of Risk	Problems	Procedures	Management
Minimal	One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture, Chest X-rays, Urinalysis, Ultrasound (e.g., echocardiography), KOH prep	Rest, Gargles, Elastic bandages, Superficial dressing
Low	Two or more self-limited or minor problems One stable chronic illness (e.g., well-controlled hypertension or non-insulin-dependent diabetes, cataract, BPH) **Acute uncomplicated illness or injury** (e.g., cystitis, allergic rhinitis, simple sprain)	Physiologic tests not under stress (e.g., pulmonary function tests) Non-cardiovascular imaging studies with contrast (e.g., barium enema) Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies	**Over-the-counter drugs** Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Medium	One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses **Undiagnosed new problem with uncertain prognosis (e.g., lump in breast)** **Acute illness with systemic symptoms (e.g., pyelonephritis, pneumonitis, colitis)** Acute complicated injury (e.g., head injury with brief loss of consciousness)	Physiologic tests under stress (e.g., cardiac stress test, fetal contraction stress test) Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization) Obtain fluid from body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis)	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors **Prescription drug management** Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	**One or more chronic illnesses with severe exacerbation, progression or side effects of treatment** **Acute or chronic illnesses or injuries that may pose a threat to life or bodily function** (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure) An abrupt change in neurologic status (e.g., seizure, TIA, weakness, sensory loss)	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiologic tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

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Medical Decision Making: 2 out of 3

	Diagnosis	Data	Risk
Straightforward	1	1	Minimal
Low complexity	2	2	Low
Moderate complexity	3	3	Moderate
High complexity	4	4	High

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Putting It All Together

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New: 3/3

Established: 2/3

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Outpatient Established: 2 out of 3

Code	History	Exam	Medical Decision Making
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded problem-focused	Expanded problem-focused	Low Complexity
99214	Detailed	Detailed	Moderate Complexity
99215	Comprehensive	Comprehensive	High Complexity

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New Patient

- 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.
- Professional service- face-to-face services reported by a specific CPT code
- **Need 3 out of 3**

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Outpatient New: 3 out of 3

Code	History	Exam	Medical Decision Making
99201	Problem-focused	Problem-focused	Straightforward
99202	Expanded Problem-focused	Expanded Problem-focused	Straightforward
99203	Detailed	Detailed	Low Complexity
99204	Comprehensive	Comprehensive	Moderate Complexity
99205	Comprehensive	Comprehensive	High Complexity

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Inpatient Coding

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Inpatient H and P: 3/3

Code	History	Exam	Medical Decision Making
99221	Detailed or comprehensive	Detailed or comprehensive	Straightforward or low
99222	Comprehensive	Comprehensive	Moderate
99223	Comprehensive	Comprehensive	High

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Inpatient: Subsequent Days 2/3

Code	History	Exam	Medical Decision Making
99231	Problem focused	Problem focused	Straightforward or low
99232	Expanded problem-focused	Expanded problem-focused	Moderate
99233	Detailed	Detailed	High

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Inpatient Discharge

Code	Description
99238	Hospital discharge day management, 30 minutes or less
99239	Hospital discharge day management, more than 30 minutes

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Observation H and P 3/3

Code	History	Exam	Medical Decision Making
99218	Detailed or Comprehensive	Detailed or Comprehensive	Straightforward or low
99219	Comprehensive	Comprehensive	Moderate
99220	Comprehensive	Comprehensive	High

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Observation Discharge: 99217

Admitted and Discharged Same Day 3/3

Code	History	Exam	Medical Decision Making
99234	Detailed or comprehensive	Detailed or comprehensive	Straightforward or low
99235	Comprehensive	Comprehensive	Moderate
99236	Comprehensive	Comprehensive	High

Critical Care Time

99291: Critical care, evaluation and management of the critically ill or critically injured patient: first 30-74 minutes.

+99292: Critical care, evaluation and management of the critically ill or critically injured patient: each additional 30 minutes (list separately in addition to code for primary service).

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Critical Care Time

Document:

1. How the patient was critically ill
2. What you did for the patient
3. The cumulative critical care time spent on direct and indirect patient care

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Prevention Services Coding

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Four Parts of Well Visits

1. Medical content (note)
2. Diagnosis code
3. Bill
4. Separate services if they apply

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Preventive Coding 0-64

- Comprehensive History (comprehensive ROS and comprehensive or interval past, family, and social history as well as a comprehensive assessment/history of pertinent risk factors)
- Comprehensive Exam (based on age and gender)
- Age-appropriate anticipatory guidance
- Recommended screenings (including development for children)

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Diagnosis Code

Based on two things:

Age of patient
Presence/absence of abnormal findings

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Pediatric Well Diagnosis Code

Z00.110 Newborn under 8 days
Z00.111 Newborn 8-28 days

29 Days and older:
Z00.121 Encounter for routine child health exam **with** abnormal findings
Z00.129 Encounter for routine child health exam **without** abnormal findings

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Well Visit Codes 18-64

Z00.00 Encounter for general adult medical exam **without** abnormal findings

Z00.01 Encounter for general adult medical exam **with** abnormal findings

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GYN Prevention Codes

Z01.411 Encounter for GYN exam **with** abnormal findings
Z01.419 Encounter for GYN exam **without** abnormal findings

If you do pap of cervix outside of GYN exam, report with Z12.4 (not needed with above codes)

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Billing Code

Need two things:

New vs. Established
Age of Patient

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Prevention Codes

Age	New	Established
Under 1	99381	99391
1-4	99382	99392
5-11	99383	99393
12-17	99384	99394
18-39	99385	99395
40-64	99386	99396
65+	99387	99397

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Diagnosis Must Match Code

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Medicare Wellness Visits

Code	Description	Frequency Covered
G0402	Initial Preventive Physical Exam	Once per lifetime Within first 12 months of medicare
G0438	Initial AWV	Once per lifetime After first 12 months of medicare
G0439	Subsequent AWV	Every 12 months after initial AWV No lifetime maximum

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Separate Services

- May not be paid
- Check with individual insurance plans

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Preventive Counseling

- May include obesity/diet/exercise, medications, sexual behaviors, and family issues
- Medicare does not pay
- Check with other insurances

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Preventive Counseling

Code	Description
99401	Approximately 15 minutes
99402	Approximately 30 minutes
99403	Approximately 45 minutes
99404	Approximately 60 minutes
99411	Group counseling, approximately 30 minutes
99412	Group counseling, approximately 60 minutes

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Vaccines

- Varies greatly by insurance
- Medicare covers influenza, pneumococcal, and some Hepatitis B vaccinations. Covers tetanus only with wound.
- Pediatric vaccines typically covered following CDC guidelines
- Bill vaccine plus administration codes

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Screening for STIs

Medicare covers up to two 30-minute sessions annually for high-intensity behavioral counseling (G0445), in addition to the lab screening tests.

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Smoking Cessation Counseling

- Medicare covers two attempts per year, up to four sessions (intermediate or intensive) per attempt.
- Other insurances vary. May be covered or bundled.

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Smoking Cessation Counseling

99406: Intermediate (3-10 minutes)

99407: Intensive (>10 minutes)

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Alcohol Misuse Screening: Medicare

Code	Description	Frequency Covered
G0442	Annual screening, 15 minutes	Annually
G0443	Face-to-face counseling, 15 minutes	If positive for misuse, up to 4 times per year

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Alcohol Misuse Screening: Insurance

Code	Description
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes
99409	Alcohol and/or substance abuse screening and intervention, 30+ minutes

Verify with insurance carrier if covered and under health or mental/substance benefit.

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Depression Screening

- G0444- Medicare annual screening, 15 minutes
- 96127- Brief emotional/behavioral assessment with scoring and documentation per standardized instrument

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Advanced Care Planning

- 99497- First 16-30 minutes
- 99498- Each additional 30 minutes

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Advanced Care Planning: Medicare

- Eligible annually at no cost to beneficiary when billed on same day/claim as AWV (must attach modifier -33)
- ACP may be billed with E/M service or by itself but subject to copay/deductible
- ACP should not be billed with IPPE (part of IPPE)
- Specific diagnosis not required

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Advanced Care Planning: Insurance

- Most insurance plans cover ACP
- Copays/deductibles may apply

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Combining Prevention and E/M

- Problem-based visit must be able to stand alone
- Attach -25 modifier to E/M code
- If new patient, use new patient wellness code and established E/M code

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Combining Prevention and E/M

- Not all insurances cover
- Discuss with patients that they may get a bill for the problem-based visit

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Modifiers

25 = Significant, Separately Identifiable E&M Service by the Same Physician on the Same Day of the Procedure or Other Service

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Coding Based on Time

- When >50% of your face-to-face time is devoted to counseling or coordination of care, you may code based on time.
- Document the visit length and describe your services.
- 15 minutes- 99213
- 25 minutes- 99214
- 40 minutes- 99215

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Case #5

CC: follow up on DM, HTN, HLD
HPI: checks sugars daily, range 80-110. Checks bp at home- runs 120s/70s. Taking statin daily, no muscle pain. Nonsmoker. No CP, no SOB.
VS: weight 160lbs, BP 120/68, HR 80
A/P: Diabetes- a1c 6.5, continue metformin.
HTN: stable, continue lisinopril.
HLD: continue simvastatin, encourage exercise.

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AES Question #5

How would you code this visit?

A.99212
B.99213
C.99214
D.99215

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Practice Recommendations

- Choose your coding tool and format
- Review EHR templates to coincide with billing requirements
- Work with staff to make sure you are billing for all services performed

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Questions

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