COA Advanced Practice Provider Call

Tuesday, September, 19th, 12:30 pm ET
CAPP Co-Chairs:

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Reminders

▪ The call will be recorded. Access to the recording will be placed on the CAPP website.

▪ Callers will be muted once the call begins. Toggle between mute and unmute with *6.

▪ Please do not place our call on “hold” while unmuted.
Understanding E&M Coding

More is not always better

Bo Gamble - COA
(Not a coder – just a person that wanted an easier way)
Non-Expert from School of Hard Knocks
9/19/17
Components of E&M Coding (CPT-97 Guidelines)

• History – 4 parts
• Physical Exam - 14 systems
• Decision Making – 3 parts
• Time (another option)
General Rules

- 2 of 3 needed for Established Patient visits
- 3 of 3 needed for New Patient visits
- Each part will need to be at the same level to get credit at that level (Example: highest level of history, physical exam and decision making will justify the highest level E&M)
- Each sub-part (of each part) will need to be at the same level to get credit for that sub-part (Example: 3 highest levels for History)
- History requires all 3 parts (History of Present Illness, Review of Systems, Past-Family-Social) to meet History criteria
- Decision Making – Management Option & Presenting Problem (2 of 3) Acute or chronic illness or injury that pose a threat to life or bodily function & Drug therapy requiring intensive monitoring for toxicity are the highest level
- Brief Visit does not have these requirements
History – will need all 3

- Chief complaint

- History of Present Illness (HPI) – Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs and Symptoms
  - 1 to 3 = 99213
  - 4 or more = 99215

- Review of Systems (ROS) – Constitutional, Eyes, Ears, Nose, Mouth, and Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary (skin and/or breast), Neurological, Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic
  - 1 = 99213
  - 2 to 9 = 99214
  - > 9 = 99215

- Past, Family, Social
  - 1 = 99214
  - >1 = 99215
Multi-System Physical Exam

- Components
  - Constitutional  2
  - Eyes 3
  - Ear, Nose and Throat 6
  - Neck 2
  - Respiratory 4
  - Cardiovascular 7
  - Chest 2
  - Gastrointestinal 5
  - Genitourinary – Male 3
  - Genitourinary – Female 6
  - Lymphatic 3
  - Musculoskeletal 6
  - Neurologic 3
  - Psychiatric 2
Multi-System Physical Exam – continued

- Levels
  - 99212 = 1 to 5 elements
  - 99213 = At least 6 elements
  - 99214 =
    - At least 2 elements from each of 6 areas or systems OR
    - At least 12 elements from 2 or more areas or systems
  - 99215 = Performs all elements and documents at least 2 elements from at least 9 areas or systems
Decision Making – 2 of 3 must be met

• Number of diagnoses or management options
  – One self limited or minor problem, e.g., cold, insect bite, tinea corporis
  – Two or more self-limited or minor problems or: 2) One stable chronic illness e.g., well controlled hypertension, non-insulin dependent diabetes, cataract, BPH
  – One or more chronic illnesses with mild exacerbation, progression or side effects of treatment or 2) Two or more stable chronic illnesses or 3) Undiagnosed new problem with uncertain prognosis e.g., lump in breast or 4) Acute illness with systematic symptoms e.g., pneumonitis, colitis or loss of consciousness
  – One or more chronic illnesses with severe exacerbation, progression or side effects of treatment or 2) Acute or chronic illness or injury that pose a threat to life or bodily function e.g., severe respiratory distress or acute renal failure or 3) An abrupt change in neurologic status e.g., seizures, weakness sensory loss

• Risk of complications and/or morbidity or mortality
Decision Making – 2 of 3 must be met

- Amount and/or complexity of data to be reviewed
  - 1) Laboratory tests requiring Venipuncture or 2) Chest x-rays or 3) Urinalysis or 4) EKG/EEG
  - 1) Physiologic tests not under stress or 2) Non-cardiovascular imaging studies with contrast or 3) Superficial needle biopsies or 4) Clinical laboratory tests requiring arterial puncture or 5) Skin biopsies
  - 1) Physiologic tests under stress or 2) Diagnostic endoscopies with no identified risk factors or 3) Deep needle or incisional biopsy or 4) Cardiovascular imaging studies with contrast and no identified risk factors or 5) Obtain fluid from body cavity
  - 1) Cardiovascular imaging studies with contrast with identified risk factors 2) Cardiac electrophysiological tests 3) Diagnostic endoscopies with identified risk factors 4) Discography

- Risk of complications and/or mortality
Decision Making – 2 of 3 must be met

• Management Options
  - 1) Rest or 2) Gargles or 3) Elastic bandages or 4) Superficial dressings
  - 1) Over the counter drugs or 2) Minor surgery with no identified risk factors or 3) Physical therapy or 4) Occupational therapy or 5) IV fluids without additives
  - 1) Minor surgery with identified risk factors or 2) Elective major surgery with no identified risk factors or 3) Prescription drug management or 4) Therapeutic nuclear medicine or 5) IV fluids with additives
  - 1) Elective surgery with identified risk factors or 2) Emergency major surgery or 3) Parenteral controlled substances or 4) Drug therapy requiring intensive monitoring for toxicity or 5) Decision not to resuscitate or to de-escalate care because of poor prognosis
• Assumes Established Patient
• Physical Exam
  – Document at least 2 elements from 9 areas or symptoms
• Decision Making
  – Number of Diagnosis - One or more chronic illnesses with severe exacerbation, progression or side effects of treatment OR 2) Acute or chronic illness or injury that pose a threat to life or bodily function
  – Management Options - Drug therapy requiring intensive monitoring for toxicity OR 5) Decision not to resuscitate or to de-escalate care because of poor prognosis

What else needs to be noted for the chart and/or referring MDS

= 99215 Level 5 Visit
TYPICAL TIMES FOR CPT CODES  The tables below show the average times associated with common codes, per CPT. For example, a 99214 typically requires 25 minutes of face-to-face time with the patient. Under time-based coding, more than half of the face-to-face time (in the office or other outpatient setting) or more than half of the floor/unit time (in the hospital or nursing facility) must be spent on counseling or coordinating care. The time spent with the patient must meet or exceed the typical time for the code selected, according to Medicare. Other payers may allow the physician to select the code whose typical time is closest to the time spent with the patient.

<table>
<thead>
<tr>
<th>New Patient Visit</th>
<th>Typical Time (minutes)</th>
<th>Established Patient Visit</th>
<th>Typical Time (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10</td>
<td>99211</td>
<td>5</td>
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<tr>
<td>99202</td>
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<td>99205</td>
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To learn more…

Questions

Next call: Tuesday, October 17th, 12:30 pm ET