CODING AND BILLING

The link between documentation and reimbursement potential

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CONFLICT OF INTEREST DISCLOSURE

- Conflict(s) of Interest
  - None
    - Marianne Buzby

A conflict of interest exists when an individual is in a position to profit directly or indirectly through application of authority, influence, or knowledge in relation to the affairs of PENS. A conflict of interest also exists if a relative benefits or when the organization is adversely affected in any way.

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OBJECTIVES

- Review general principles of Evaluation and Management (E/M) documentation
- Describe in detail the categories and elements used to select the appropriate level of service
- Audit Case Studies

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GENERAL PRINCIPLES

- Medical record should be complete and legible
- Documentation should include:
  - Reason for encounter
  - Relevant history, physical exam, and prior diagnostic test results
  - Assessment, clinical impression/diagnosis
  - Medical plan of care
  - Date and signature
- Rationale for diagnostics and other services ordered
- Health risk factors
- Progress, response to treatments, revised diagnoses
- Diagnosis and treatment codes

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COMMON SETS OF CODES

- CPT = Current Procedural Terminology
  - Used to report care provided by a medical provider
  - Updated every October
  - Maintained by AMA (American Medical Society)
  - Sections
    - Evaluation and Management
    - Anesthesia
    - Radiology
    - Pathology
    - Medicine

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COMMON SETS OF CODES

- E/M codes = Evaluation and Management Codes
  - Category 1 of CPT codes
    - 99201-99499
  - Patient type:
    - New vs established patient
  - Site of service
    - Office/Outpatient
    - Hospital: observation, inpatient
    - Emergency Department
    - Nursing facility
    - Rest home: boarding home, assisted living
    - Home health
  - Type of visit
    - Consultation
    - Critical Care: adult, pediatric, neonatal
    - Prolonged services
    - Case management
    - Preventive Medicine
    - Non-face-to-face
    - Complex chronic care coordination

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COMMON SETS OF CODES

- HCPCS = Healthcare Common Procedural Coding System
  - Codes used to identify procedures, services, drugs, and devices provided to the patient
    - Ambulance services
    - Durable medical equipment (DME)
    - Prosthetics
    - Orthotics
    - Supplies used outside office
  - Level 1 codes are the CPT codes developed and maintained by AMA
  - Level 2 codes are divided into sections based on specialty, developed and maintained by CMS
    - "E" codes for DME (ie. Blood glucose monitors)

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COMMON SETS OF CODES

- ICD 10 = International Classification of Diseases 10th revision
  - Diagnosis codes
  - Maintained by WHO (World Health Organization)
  - 68,000 codes, new ones added Oct 1 each year
  - Need to code to the highest level of specificity
  - Begin with a letter, usually 3-7 characters

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HOW DO WE IMPLEMENT THESE CODES?

Documentation guidelines:

- Provide a framework for documentation of E&M services
- Implemented in 1995
- Revised in 1997
  - Chronic conditions were added to the history
  - Physical exam requirements are different

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COMPONENTS OF E&M SERVICES

- New versus established patient
- History
- Physical exam
- Medical decision making
- Appropriate level of service for the care provided
  - Must include a CPT for E&M services, and ICD code
  - May include CPT procedure codes as well

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NEW VS ESTABLISHED PATIENT

- New patient has not received services from the billing provider or another provider in the same practice plan within the past 3 years
- Establish patient has received services from the billing provider or another provider in the same practice plan within the past 3 years

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HISTORY COMPONENT SUBCATEGORIES

- History of present illness (HPI)
- Review of systems (ROS)
- Past, family, and social history (PFSH)

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HISTORY OF PRESENT ILLNESS

- Chief Complaint (CC)
- History of Present Illness (HPI)
  - Acute
    - Location
    - Quality
    - Severity
    - Duration
    - Timing
    - Context
    - Modifying factors
    - Associated signs and symptoms
  - Chronic
    - Number of chronic conditions
    - Status of chronic conditions

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REVIEW OF SYSTEMS (ROS)

- Constitutional
- Psychiatric
- Eyes
- ENT
- CV
- Respiratory
- Skin
- GI
- GU
- Endocrine
- Musculoskeletal
- Allergy/Immunology
- Neurologic
- Hematologic

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PAST, FAMILY, AND SOCIAL HISTORY

- Past medical: illnesses, operations, injuries, treatments
- Family: medical events in the patient's family including diseases that may be hereditary or place the patient at risk
  - 3 generations
- Social: "age appropriate" review of past and current activities
  - Who do you live with?
  - What grade are you in school?
  - Activities (clubs, sports, etc) outside of school

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HISTORY: LEVEL OF SERVICE

- Level of service is determined by the number of items documented in each subcategory

History: Level of Service	HPI	ROS	PFSH
Problem-focused	1-3 elements	Not required	Not required
Expanded problem-focused	1-3 elements	1 system	Not required
Detailed	4 or more elements	2-9 systems	1 area
Comprehensive	4 or more elements	10 or more systems	2 or more areas

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PHYSICAL EXAM: SUBCATEGORIES

The body areas:
- Head, including face
- Back, including spine
- Chest including breasts and axillae
- Abdomen
- Neck
- Genitalia, groin, buttocks
- Each extremity

The organ systems:
- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- GI
- GU
- Musculoskeletal
- Neurological
- Skin
- Psychiatric
- Hem/lymph/imm

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PHYSICAL EXAM

- A brief notation indicating "normal" or "negative" is sufficient to document normal findings
- "abnormal" findings should be described
- Documentation for each element must satisfy any numeric requirements (3 vital signs)
- Elements with multiple components but with no specific requirements (such as exam of liver and spleen) require documentation of at least one component)

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PHYSICAL EXAM: LEVEL OF SERVICE

Exam: Level of Service	Number of Body Areas/Organ Systems
Problem-focused	1-5 elements in one or more organ systems or body areas
Expanded problem-focused	At least 6 elements in one or more organ systems or body areas
Detailed	Includes at least 6 organ systems or body areas. For each area or system selected, documentation of at least two elements is expected. Alternately, may include documentation of at least 12 elements within two organ systems or body areas.
Comprehensive	Includes at least 9 organ systems or body areas. For each area or system selected, documentation of at least two elements is expected.

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PHYSICAL EXAM: LEVEL OF SERVICE

"Rule of Sixes"

- Problem-focused: <6 (1-5) bullets in 1+ system
- Expanded problem-focused: 6-11 bullets in 1+ system
- Detailed: 12+ bullets in 2+ systems
- Comprehensive: 18+ bullets in 9+ systems*

* At least 2 bullets from each of the 9 systems must be documented

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MEDICAL DECISION MAKING SUBCATEGORIES

- Options for diagnosis or management considered
- Data reviewed
  - Amount and complexity of medical records, diagnostic tests and/or other information that must be obtained, reviewed and analyzed
- Risk
  - Risk of significant complications, morbidity and/or mortality as well as comorbidities associated with the patient's presenting problems, diagnostic procedures, and /or possible management options

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OPTIONS FOR DIAGNOSIS OR MANAGEMENT

3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.) Do not categorize the problem(s) if the encounter is dominated by counseling/coordinating of care, and duration of time is not specified. In that case, enter 3 in the total box.

MAKING

Number of Diagnoses or Treatment Options				
	A	B	X C = D	
	Problem(s) Status	Number	Points	Result
	Self-limited or minor (stable, improved or worsening)	Max = 2	1	
	Est. problem [to examiner]; stable, improved		1	
	Est. problem [to examiner]; worsening		2	
	New problem [to examiner]; no additional workup planned	Max = 1	3	
	New prob. [to examiner]; add'l. workup planned		4	
			TOTAL	

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to line A in Final Result for Complexity (table below)

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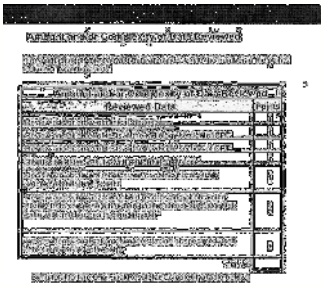
DATA REVIEWED



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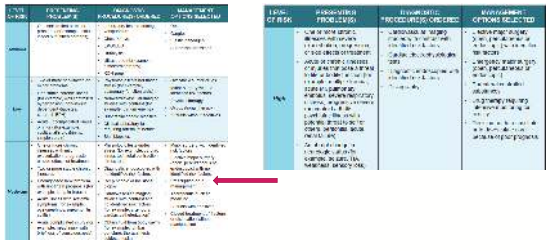
RISK



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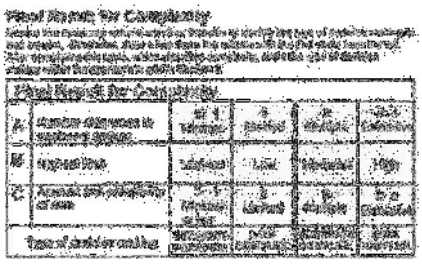
FINAL SCORE



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MEDICAL DECISION MAKING: LEVEL OF SERVICE

Type of Medical Decision Making	Options for Diagnosis or Management	Data Reviewed	Risk
Straightforward	Minimal	Minimal or none	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Multiple	Moderate
High Complexity	Extensive	Extensive	High

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BRINING IT ALL TOGETHER:
SELECTING THE APPROPRIATE OFFICE VISIT CODE

Office Visit CPT Coding Guidelines - New Patient

Office Visit Code	Type of History	Type of Exam	Type of 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

Office Visit CPT Coding Guidelines - Established Patient

Office Visit Code	Type of History	Type of Exam	Type of Decision Making
99211	Not required	Not required	Not required
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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LET'S PRACTICE

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HISTORY COMPONENT

We saw JSB on 4/18/2019 at the Diabetes Center for Children of The Children's Hospital of Philadelphia for routine follow up of his diabetes care. JSB was accompanied by his mother. Today, he was seen by Marianne Buzby, CRNP in collaboration with Dr. Nightingale at the CHOP Specialty Care Center & Ambulatory Surgery Center.

CHIEF COMPLAINT: Diabetes Mellitus, Type 1

DIABETES HISTORY: JSB is a 13 year old male with Type 1 Diabetes Mellitus, diagnosed on 04/07/09 at the age of 3 years 5 months. At time of diagnosis, his blood sugar was 396, his HbA1c was unknown. JSB's diabetes autoimmune antibodies were positive for IAA. Since diagnosis, JSB has had 0 hospitalizations for DKA and 0 severe hypoglycemic events requiring glucagon or EMS intervention.

INTERIM HISTORY: Since JSB's last visit on 12/13/2018, he has had the following changes in his overall health:

- No ED visits, hospitalizations
- Eye exam: due in May 2019
- Dental exam: every 6 months for routine cleaning; started invisalign last week (4/8/2019)
- Technology
  - T-slim X2 with basal IQ
  - Dexcom

HYPOGLYCEMIA:
Severe Hypoglycemic Events since last visit: No
Hypoglycemia Awareness: Intermittent
Grams of Carbs Used to Treat: 15g
Managing Hypoglycemia Appropriately: Yes
Carries Fast Acting Carbohydrates: Yes
Glucagon at Home: Yes

KETONES:
ED presentation for ketones since last visit: No
Inpatient DKA admission since last visit: No
Checking Ketones if BG >240mg/dL: Intermittently
Ketone Management: Correction Factor

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ROS COMPONENT

REVIEW OF SYSTEMS
Constitutional: Negative for fatigue, changes in appetite and excessive weight gain. Positive for weight loss.
Neuro: Negative for headaches, numbness or tingling of feet, numbness or tingling o' hands and seizures.
Eyes: Negative for vision changes and visual blurring.
ENT: Negative for dental caries and thrush. Positive for Invisalign
Cardiovascular: Negative for hypertension, chest pain, palpitations and tachycardia.
Respiratory: Negative for cough, difficulty breathing and snoring. Positive history for asthma
GI: Negative for abdominal pain, constipation, diarrhea, bloating, nausea and vomiting.
GU: Negative for urinary frequency and nocturnal enuresis. Sometimes up at night to void
Puberty: Prepubertal.
Musculoskeletal: Negative for leg cramps, joint pain, foot problems and fractures.
Derm: Negative for changes in skin texture, dry skin, rash and hair loss.
Endo: Negative for polydipsia, polyphagia and polyuria.
Psych: Negative for sleep disturbance, anxiety and depression.
Risk Taking Behaviors: Negative for smoking and vaping..

PFSH COMPONENT

FAMILY HISTORY: No changes in the family medical history since the last visit.

SOCIAL HISTORY:
Lives with: mother, father and brothers and Lulu the dog
School: Joshua is in the 7th grade.
Lacrosse now
Other seasons: basketball, football, track

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WHAT IS THE LEVEL OF SERVICE FOR HISTORY IN THIS DOCUMENTATION?

History: Level of Service	HPI	ROS	PFSH
Problem-focused	1-3 elements	Not required	Not required
Expanded problem-focused	1-3 elements	1 system	Not required
Detailed	4 or more elements	2-9 systems	1 area
Comprehensive	4 or more elements	10 or more systems	2 or more areas

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PHYSICAL EXAM COMPONENT

PHYSICAL EXAM:
Height: 146.6 cm (4' 9.72"): 6 percentile (Z= -1.58) based on CDC (Boys, 2-20 Years) Stature-for-age data based on Stature recorded on 4/18/2019.
Weight: 42.2 kg (93 lb 0.6 oz): 25 percentile (Z= -0.66) based on CDC (Boys, 2-20 Years) weight-for-age data using vitals from 4/18/2019.
Body mass index is 19.64 kg/m². 63 %ile (Z= 0.34) based on CDC (Boys, 2-20 Years) BMI-for-age based on BMI available as of 4/18/2019.
BP: 120/67 (Blood pressure percentiles are 95 % systolic and 70 % diastolic based on the August 2017 AAP Clinical Practice Guideline. This reading is in the elevated blood pressure range (BP >= 120/80).) Pulse: 76

General Appearance: alert, well appearing
Psych: interactive and normal, no obvious anxiety or depression
Head and Face: normocephalic, atraumatic
Eyes: fundus positive red reflex bilaterally, corneal light reflex symmetric, cover/uncover normal
ENT: Ears: TM normal Nose: no discharge, swelling or lesions noted Throat: normal
Neck: thyroid no thyroid tissue appreciated , neck supple, no significant adenopathy , no asymmetry, masses, or scars
Cardiac: regular rhythm, normal rate
Respiratory: clear to auscultation without wheezes or rales, good air entry bilaterally
GI: soft, non-tender with no hepatosplenomegaly, normoactive bowel sounds
GU: Male GU (Tanner Stage: pubic hair: I; genitalia: I PENIS: circumcised TESTIS: not examined, volume: not assessed)
Skin: no lipohypertrophy, bruising noted over the knees bilaterally
Musculoskeletal: no deformities present
Extremities: extremities normal
Neurology: grossly normal

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WHAT IS THE LEVEL OF SERVICE FOR THE PHYSICAL EXAM IN THIS DOCUMENTATION?

Exam: Level of Service	Number of Body Areas/Organ Systems
Problem-focused	1-5 elements in one or more organ systems or body areas
Expanded problem-focused	At least 6 elements in one or more organ systems or body areas
Detailed	Includes at least 6 organ systems or body areas. For each area or system selected, documentation of at least two elements is expected. Alternately, may include documentation of at least 12 elements within two organ systems or body areas.
Comprehensive	Includes at least 9 organ systems or body areas. For each area or system selected, documentation of at least two elements is expected.

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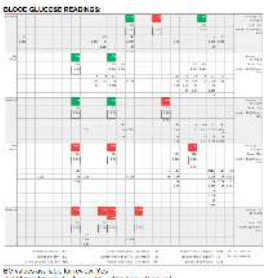
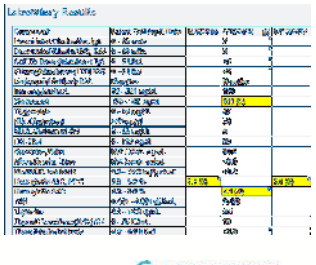
MEDICAL DECISION MAKING COMPONENT





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MEDICAL DECISION MAKING COMPONENT

IMPRESSION:

- Last A1c dated: 12/13/18, decreased to 6.6 %, which is an estimated average blood sugar = 138 mg/dL. Goal HbA1c per ADA guideline is < 7.5%.
- JSB's diabetes control is very good based on review of Dexcom data, anticipate a rise in A1c.
- No social issues identified.
- Weight is down since September 2018 with no explanation other than viral GI illness in March 2019. BMI is healthier. Linear growth is slowing. Possible pre-pubertal growth slump.

Diabetes Complications and Co-Morbidities Screening

- Last Screening Labs: 04/19/18
- Fasting: Yes
- Celiac Screen: Normal
- Lipid Panel Comments: TC 181; HDL 73; LDL 99
- Thyroid Screen: Normal
- Microalbuminuria: No
- Hypertension: No
- Diabetic Neuropathy Screen: Normal
- Last Retinopathy Screen: 06/01/18
- Retinopathy Screen: Normal

Encounter diagnoses:

1. Type 1 diabetes mellitus with hyperglycemia
2. Insulin pump in place
3. Seasonal allergies
4. Weight loss

PLAN:

Recommended Diabetes Regimen: Adjustments Made Today: Yes insulin changes

Diabetes Regimen: Insulin Pump
Current Insulin Pump: Tslim with CGM
CGM Type: Dexcom G6

Long/Intermediate Acting Insulin: Levemir
Long Acting Insulin Dose for Pump Malfunction: 12 units

Rapid Acting Insulin: Novolog
Insulin to Carb Ratio: MN 1:15, 6am 1:9
Insulin Sensitivity Factor:1:60
Insulin Pump BG Target Setting: MN 130, 7AM 110, 10PM 130
Basal Rate(s): MN 0.65, 7:30AM 0.9, 12:30PM 0.575, 5PM 0.6, 9PM 0.65

Ketone Management: Correction Factor

Diabetes Complications and Co-Morbidities Plan:
- None

Other Health Problems:
- Asthma and allergies: continue follow up as recommended by allergist
- Growth: monitor

Patient Instructions:
- Enter all blood sugars into pump when dosing for carbs or correcting high blood sugar

Behavioral Goals:
-

Diabetes Education Requested: Diabetes Education Requested: AHM Targeted Review (Seen 5/2018)
Reason for Referral: Ongoing diabetes technology support
Labs/Tests Ordered Today:
GLUC MNTR INTREP AND REPORT
HEMOGLOBIN A1C
THYROID STIMULATING HORMONE
LIPID PANEL
MICROALBUMIN PROFILE, URINE
CELIAC PANEL IGA
Follow Up: Return in about 3 months (around 7/18/2019) for Buzby, 6 months Buzby, CDE, SW.

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WHAT IS THE LEVEL OF SERVICE FOR THE MEDICAL DECISION MAKING IN THIS DOCUMENTATION?

Type of Medical Decision Making	Options for Diagnosis or Management	Data Reviewed	Risk
Straightforward	Minimal	Minimal or none	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Multiple	Moderate
High Complexity	Extensive	Extensive	High

*At least two of the three criteria in the row must be met or exceeded to qualify

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APPROPRIATE VISIT LEVEL CODE FOR JSB

- History is comprehensive
- Physical exam is comprehensive
- Medical decision making is moderate complexity

Office Visit CPT Coding Guidelines - Established Patient

Office Visit Code	Type of History	Type of Exam	Type of Decision Making
99211	Not required	Not required	Not required
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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ONE MORE COMPONENT: TIME

- When > 50 % of the face to face time is devoted to counseling or coordination of care, you may billed based on the amount of time spent with the patient
- Documentation must include a statement of how much time was spent with the patient, > 50% was in face to face counseling , and a description of what was discussed

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? Time: Face-to-face in encounter setting / In-office or inpatient setting	☐ Yes	☐ No
Does documentation describe the content of counseling or coordinating care?	☐ Yes	☐ No
Does documentation reveal that more than half of the time was counseling or coordinating care?	☐ Yes	☐ No

If all answers are "yes", select level based on time.

Time Spent with Patient: 40 not including CGM interpretation, % Time Spent Counseling and Coordinating Care: >75%
Reviewed the following topics: Blood glucose monitoring Device/technology to help with diabetes management Hyperglycemia management Importance of wearing a medical alert ID Hypoglycemia prevention/management Management of glucose with activity Pre-meal dosing Review of blood sugars and patterns Review of labs and plan for follow up Sick day rules/ketone management Record keeping ADA recommendations for monitoring diabetes complications and co-morbidities Developmental guidelines related to diabetes tasks Injection technique/site rotation Insulin action/dose adjustments Supplies

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AND ONE MORE COMPONENT: A PROCEDURE

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BILLING FOR DIABETES EDUCATION

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WHO IS ELIGIBLE TO BILL FOR DIABETES EDUCATION?

- Physicians
- Advanced practice providers: CNS, NP, PA
- Social workers
- Psychologists
- Registered dietitian

- Clinic
- Pharmacy
- Hospital
- FQHC
- Home health agency

Any professional certified as a CDE who is employed by a DSME/T program:

- AADE – DEAP accreditation
- ADA – ERP recognition

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DIABETES EDUCATION BILLING

- Billing for Education

Allowable Number of Visits for DSMT and/or MNT

Year	DSMT		MNT
	Initial Visit	Follow-Up Visits	Visits (Group or Individual)
Year 1	One hour	Maximum nine hours	Up to 3 hours (Additional hours may apply as ordered by the physician)
Subsequent Years	N/A	Maximum two hours	2 hours (Additional hours may apply as ordered by the physician)

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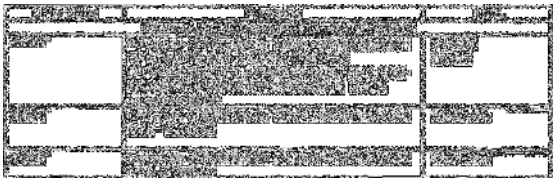
CPT CODES FOR DIABETES EDUCATION



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HCPCS CODES FOR DIABETES EDUCATION

- G0108: Diabetes outpatient self-management training services, individual, per 30 mins
- G0109: Diabetes outpatient self-management training services, group session (2 or more), per 30 mins

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DIABETES EDUCATION BILLING

- Billing for Education
- Billing for Technology
  - Pump technology
  - CGMS technology

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CPT CODES FOR MEDICAL NUTRITION THERAPY

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HCPCS CODES FOR MEDICAL NUTRITION THERAPY

- G0270: Medical nutrition therapy; reassessment and subsequent intervention for change in diagnosis, individual, per 15 mins
- G0271: Medical nutrition therapy; reassessment and subsequent intervention for change in diagnosis, group (2 or more), per 30 mins

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REFERENCES

- American Association of Diabetes Educators. (2010). *Diabetes education services, Reimbursement tips for primary care practice.*
- Department of Health and Human Services, Center for Medicare & Medicaid Services. (2017). *Evaluation and management services.*

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REFERENCES

E/M Services Resources

FOR MORE INFORMATION ABOUT…	RESOURCE
Evaluation and Management Services	Medicare Benefit Policy Manual (Publication 100-02) and the Medicare Claims Processing Manual (Publication 100-04) 1995 Documentation Guidelines for Evaluation and Management Services 1997 Documentation Guidelines for Evaluation and Management Services
HCPCS	CMS.gov/Medicare/Coding/MedHCPCSGenInfo
ICD-10-CM/PCS	CMS.gov/Medicare/Coding/ICD10
CPT® Books	American Medical Association (AMA) https://commerce.ama-assn.org/store
All Available Medicare Learning Network® (MLN) Products	MLN Catalog
Provider-Specific Medicare Information	MLN Guided Pathways: Provider Specific Medicare Resources
Medicare Information for Patients	Medicare.gov

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