

# Evaluation and Management Coding

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APMA Coding Committee

APMA MACRA Task Force

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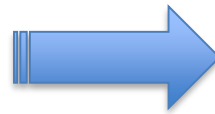
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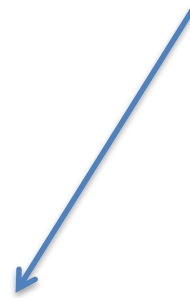
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# Types of visits

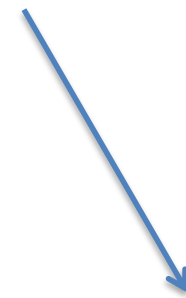
Diagnosis code



Treatment Code



E + M



Procedure

# E & M



# Procedure



# Where am I?

- Office
  - Includes hospital outpatient
- Hospital
- Nursing Home

# New/Initial versus Established

- **Office:** New patient is one 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.
- **Hospital / NH:** Initial encounter is first time you see patient during THAT admission regardless of if/when you have seen them previously

# Examples

- Saw patient three times for plantar fasciitis. They return 2 years later with new complaint of a wart. New or established?
- See patient in your office and you code E+M visit. One week later you admit them to the hospital on your service. Initial or established?

# Examples

- Follow a patient in the hospital that you had never seen before. The week after discharge they follow up with their first visit ever to your office.

New or established?

- Patient you were following discharged from hospital and you re-admit 2 days later.

Initial or established?



# Consultation Codes

Never use for Medicare!

# Consultation codes

- Consultation is when another physician requests your opinion / advice
- Consultant offers opinion/advice and sends patient BACK
- Consultant may initiate diagnostic and/or therapeutic services
  - Current Procedural Terminology 2013, AMA
- NOT when you take over complete care of the patient for that problem
- Must determine consult vs. transfer of care

# Examples

- PCP sends you patient with heel pain. You do x-ray, injection, and f/u 2 weeks.
  - 9924X or 9920X?
- Another surgeon is planning subtalar arthroeresis. Family comes to you on recommendation from a friend for second opinion. You agree and they plan to go back to their surgeon for procedure
  - 9924X or 9920X?

NOT MEDICARE

# How NOT to determine the appropriate level

- “That felt like a 99203”
- “That person asked a lot of questions. I’m using 99204 on that one!”
- “Felt like I was in there forever. I’m using 99214”
- “I haven’t billed a 99213 all day. Better do it now”
- “That patient was a real pain. I’m billing a higher level”
- “This carrier pays well. I’m using 99205”

# Three Key Components

- History
  - History of Present Illness
  - Past Medical History, Social History, Family History
  - Review of Systems
- Exam
- Decision Making

When using these three key components to determine code level,  
time is NOT a factor

# History

- **History of Present Illness:**
  - **Nature, Location, Duration, Onset, Character, Alleviate/Aggravate, Treatment attempted**

# History

- **PMH, SH, FH**
  - **PMH includes illnesses and operations**
  - **Social history is current and past**
  - **Family History**

# History

- **Review of Systems**
  - A subjective questioning
  - “Have you recently experienced \_\_\_\_\_”
  - NOT a repeat of the HPI
  - NOT “See HPI”
  - If review 1-9 systems need to document all positives and pertinent negative
  - If review 10 systems must individually document systems with positives and pertinent negatives and can document all others “negative”.



# History..must have all 3

- History of Present Illness:
  - Nature, Location, Duration, Onset, Character, Alleviate/Aggravate, Treatment attempted
- PMH, SH, FH
  - PMH includes illnesses and operations
  - Social history is current and past
  - Family History
- Review of Systems
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# Levels of exam

- 1 Bullet
- 6 Bullets
- 12 Bullets
- One entire Organ System

# Exam

## Single Organ Systems

- Cardiovascular
- Ears, Nose, Mouth, and Throat
- Eyes
- Genitourinary (Female)
- Genitourinary (Male)
- **MUSCULOSKELETAL**
- Neurological
- Psychiatric
- Respiratory
- Skin
- Hematologic/Lymphatic/Immunologic

# Decision Making...need 2/3

- # Possible Diagnoses/Treatment Options
- Amount and/or Complexity of Data Reviewed
- Risk of Complications, Morbidity, Mortality

# Decision Making...need 2/3

- **# Possible Diagnoses/Treatment Options**
  - **Number of each that are considered**
- Amount and/or Complexity of Data Reviewed
- Risk of Complications, Morbidity, Mortality

# #Possible Diagnoses/Treatment Options

**Minimal – 1**

**Limited – 2**

**Multiple – 3**

**Extensive – 4**

## #Possible Diagnoses/Treatment Options

**1 – Minor, stable, or improving problem**

**2 – Established problem which is worsening**

**3 – New problem with no additional work up planned**

**4 – New problem with additional work up planned**

# Decision Making...need 2/3

- # Possible Diagnoses/Treatment Options
- **Amount and/or Complexity of Data Reviewed**
  - **Diagnostic tests ordered or reviewed**
  - **Old medical records**
  - **Obtain history from sources other than the patient**
- Risk of Complications, Morbidity, Mortality



# Amount and/or Complexity of Data Reviewed

**Minimal / None – 1**

**Limited – 2**

**Moderate – 3**

**Extensive – 4**

# Amount and/or Complexity of Data Reviewed

**1 – Review / Order lab tests, radiology test, medicine test (EKG), obtain old records, or discuss with performing physician**

**2 – Your own review of imaging, review / summation of old records**

# Decision Making...need 2/3

- # Possible Diagnoses/Treatment Options
  - Number of each that are considered mount andor Complexity of Data Reviewed
- Risk of Complications, Morbidity, Mortality
  - **Based on presenting problem and management options**
  - **Document comorbidities that complicate things**
  - **See Table of Risk**

**RISK**

# MINIMAL RISK

This level of risk requires **ONE** element in **ANY** of the following three categories:

## **Presenting Problem(s)**

- **One self-limited or minor problem (e.g., insect bite, cold)**

## **Diagnostic Procedure(s)**

- Lab tests
- Chest X-ray
- EKG/EEG
- Urinalysis
- Ultrasound/Echocardiography
- KOH prep

## **Management Options Selected**

- Rest
- Gargles
- Elastic bandages
- Superficial dressing

# LOW RISK

This level of risk requires **ONE** element in **ANY** of the following three categories:

## **Presenting Problem(s)**

- Two or more self-limited or minor problems
- One stable chronic illness
- Acute uncomplicated illness or injury (allergic rhinitis, ankle sprain, cystitis)

## **Diagnostic Procedure(s)**

- Physiologic tests not under stress (e.g., PFTs)
- Non-cardiovascular imaging studies with contrast (e.g., barium enema)
- Superficial needle biopsies
- ABGs
- Skin biopsies

## **Management Options Selected**

- Over-the-counter drugs      Minor surgery with no identified risk factors
- Occupational therapy      Physical therapy
- IV fluids without additives

# MODERATE RISK

## **Presenting Problem(s)**

- One or more chronic illness with mild exacerbation or progression
- 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)

## **Diagnostic Procedure(s)**

- Physiologic tests under stress (e.g., cardiac stress test)
- Diagnostic endoscopies with no identified risk factors
- Deep needle or incisional biopsies
- Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization)
- Obtain fluid from body cavity (e.g., LP, thoracentesis, culdocentesis)

## **Management Options Selected**

- Minor surgery with identified risk factors
- Elective major surgery with no risk factors
- Prescriptions drug management
- Therapeutic nuclear medicine
- IV fluids with additives
- Closed treatment of fracture or dislocations without manipulation

# HIGH RISK

- This level of risk requires **ONE** element in **ANY** of the following three categories:

## **Presenting Problem(s)**

- One or more chronic illness with severe exacerbation or progression
- Acute or chronic illness or injuries which pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure)

## **Diagnostic Procedure(s)**

- Cardiovascular imaging studies with contrast with identified risk factors
- Cardiac EP testing
- Diagnostic endoscopies with identified risk factors
- Discography

## **Management Options Selected**

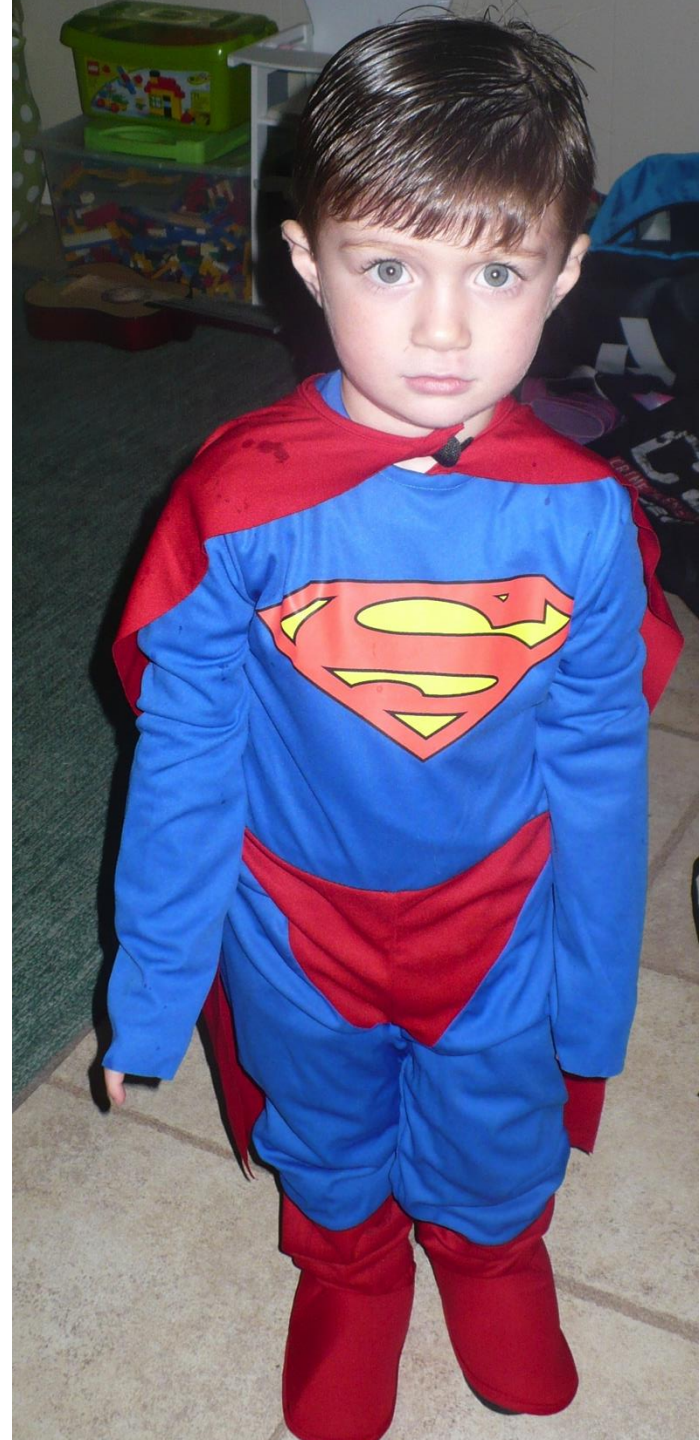
- Elective major surgery with identified risk factors
- Emergency major surgery
- Parenteral controlled substances
- Drug therapy requiring intensive monitoring for toxicity
- Decision not to resuscitate or to de-escalate care because of poor prognosis



# Greater than 50% rule

- If you spend \_\_\_\_\_ minutes with the patient and greater than 50% of that time was spent in counseling and/or coordination of care
- Office: face to face time with patient / family
- Inpatient / nursing home: face to face time plus floor/unit time

Thank You!!



# Correct Coding for E&M Services

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