CPT 99213

The Key to E/M Documentation…
(and Reimbursement)?

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www.codingline.com/silver.htm

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COGNITIVE VS. PROCEDURAL SERVICES

- Cognitive Services
  - Performed with your mind, your mouth, and a pen
  - Evaluation and Management (“E/M”) Services

- Procedural Services
  - Debridement, “surgery”, injections, x-rays, casts
  - “hands on”

- Some visits entail *only* procedural services
- Some visits entail *only* cognitive services
- Many visits entail *both*

- “There is a certain (minimal?) component of E/M in any procedural service”
- It has been argued that “there is a certain procedural component in any E/M service”
  - (I’m not so sure…)

E/M MODIFIER "-25"

- Significant, separately identifiable Evaluation and Management Service performed on the same date as a (billable) procedural service
- Separates the billable procedural services from the billable E/M services, when *both* are payable
- To be appended to E/M code, *not* procedural code
- Do *not* use if no procedural service performed and billed

OIG: OFFICE OF THE INSPECTOR GENERAL

- MAJOR items of investigation and audit:
  - E/M services with procedures (Modifier 25)
  - Multiple procedures (Modifier 59)

- Standards of medical documentation for E/M services are confusing (for Providers and Reviewers)
- But if you focus on the single most common code, and understand IT well, it all becomes far more understandable
- Enhances quality of documentation, and supports appropriate reimbursement

THERE IS A FUNDAMENTAL DIFFERENCE BETWEEN "MEDICALLY NECESSARY" AND "COVERED BENEFIT"

- Services can be Medically Necessary, but not Covered
- Services can be Covered, but not Medically Necessary

- Payers will not reimburse services which are not:
  - “Medically Necessary”
  - Documented
  - And they have the legal / contractural right to ask for money back

- “The…key components (history, examination, and medical decision-making) must be met and documented in the medical record to report a particular level of service”
  - (American Medical Association, Introduction to Appendix C: Clinical Examples, CPT 2014)

E/M SERVICES

- A target for audit?
- Certainly considered a source of potential abuse
- Newer “easier-to-use” guidelines a line item in proposed federal budget
- E/M documentation “a key finding in CMS’s CFO audit error rate”
- Newly-proposed Internet-based guidelines

SITUATIONS THAT CLEARLY SUPPORT USE OF E/M SERVICES
(assuming adequate documentation)

- New Problem
- *Relevant* interval change in medical history
- Situation not responding (unchanged)
  - Situation getting worse
  - Need for new plan of care
  - Need to (re)evaluate and manage new or changed circumstances

“CLINICALLY RELEVANT”

- Adj. *Closely connected or appropriate to the matter at hand*
- ORIGIN early 16th cent. (a Scottish legal term meaning “legally pertinent”)

3 KEY COMPONENTS

History
Examination
Medical Decision-making

- For a NEW patient, all three components must be met
- For an ESTABLISHED patient, (any) two of the three components must be met

NEW VS ESTABLISHED PATIENT

- “New PATIENT”
  - Not seen by the provider, or any same-specialty provider in the same group, within the past three years

BMAD DATA

- Medicare Part B utilization data
- Permits comparison of use of all CPT codes (E/M and procedural services) across states and professions

CRITERIA FOR CPT 99213 (or any established patient visit)

- History and Examination, with NO Decision making
- History and Decision making, with NO Examination
- Examination and Decision making, with NO History

PUBLISHED GUIDELINES (1995, 1997 and subsequent/various versions)

- "Bullets"
- Still being revised and contested
- Future Internet-published guidelines

- 1997 version may be the easiest for provider to defend in case of audit

HISTORY- Components

- Chief Complaint, or Reason for the Encounter
- History of the Present Illness (HPI)
- Review of Systems (ROS)
- Past, family, and/or social history (PFSH)

THE CHIEF COMPLAINT (OR REASON FOR THE ENCOUNTER) IS REQUIRED ON ALL VISITS

- It must be stated, or “easily inferred”
- “Physician-directed return” is a valid reason

VALID REASONS TO NOT OBTAIN A HISTORY (but they must be documented)

- Urgent/emergent condition
- Patient at very high risk; immediate action necessary
- Patient unable to communicate
- Lack of interpreter
- No medical record available
- No family/significant other or legal guardian available in person or via telephone

In the event of documentation of a valid reason to not obtain a History, the provider is given credit for having obtained a "Comprehensive" History

HISTORY OF PRESENT ILLNESS

Components

- Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms, and related functional status
- Include positive, and clinically-pertinent negative statements

HOW BULLETS ADD UP IN HPI

- Pain in the heel (1)
- Pain in the left heel (2)
- Pain in the left heel of 3 weeks duration (3)
- …constant, but variable in intensity (4)
- …worse with first weightbearing (5)
- …no numbness (6)
- …limping, can’t exercise (7)
- …but you don’t need more than 4 at any level!

REVIEW OF SYSTEMS
Components

- (Abbreviated) Systems : Constitutional (fever, weight loss), Allergic, Endocrine, Gastrointestinal, Integumentary, Musculoskeletal, Neurological
- Any new information should be documented, or the lack of change (“no change”) from a documented prior date of review (“no change from visit of April 3, 2014”)

PAST MEDICAL, FAMILY, AND/OR SOCIAL HISTORY

Components

- Past History:
  - Medications, Allergies, Operations, Injuries/Trauma, Past Illnesses, Functional Status, Treatment/medication compliance
- Family History:
  - Relevant (Diabetes, Cancer, Vascular disease)
- Social History:
  - Smoking, Alcohol or drug use, Occupation, Diet, Exercise patterns

Use of Checklist, Template, or Preprinted Forms

- Acceptable, with qualifications
- Elements not actually performed should be crossed out (or otherwise indicated)
- Statement of “negative” or “normal” is sufficient
- Statement of “abnormal” is NOT sufficient
- Statement of “unchanged” is sufficient (with applicable prior date of reference)

“MUSCULOSKELETAL EXAMINATION”

- See handouts

MEDICAL DECISION MAKING
Components

- Scope of the presenting problem(s), number of diagnoses considered, and/or risk of complications, morbidity or mortality
- Diagnostic procedures/tests ordered and/or amount of data to be obtained or reviewed
- Management options considered
- The highest level of any *one* of these will determine the overall level
- Any Rx

COUNSELING / COORDINATION OF CARE

- When more than half of the face-to-face time is spent with the patient in discussion …
- CPT 99213…”typically 15 minutes”
- Relevant history, exam, and medical decision making, if performed, should *also* be documented

ANTICIPATED TIME INTERVALS FOR VARIOUS E/M

- NEW
- 99201 – 10 minutes
- 99202 – 20 minutes
- 99203 – 30 minutes
- 99204 – 45 minutes
- 99205 – 60 minutes (cannot really achieve)

- ESTABLISHED
- 99211 – 5 minutes
  - (does not require presence of physician)
- 99212 – 10 minutes
- 99213 – 15 minutes
- 99214 – 25 minutes
- 99215 – 40 minutes

VIGNETTES 99213

- 80 y/o female to evaluate medical management of arthritis
- 9 y/o with dyshidrosis
- Symptomatic pigmented nodule on dorsal foot
- 58 y/o female w/ painful unilateral bunion
- 45 y/o female with osteoarthritis and painful swollen joint
- Psoriasis, with involvement of elbows, scalp, and nails

IF YOU PROVIDE (*OR* DOCUMENT) *LESS* THAN A CPT 99213…

- No E/M available/billable
- CPT 99211
  - Does not require presence of physician
- CPT 99212

IF YOU PROVIDE (*AND* DOCUMENT) *MORE* THAN A CPT 99213…

- CPT 99214
- CPT 99215
  - Unlikely, but possible

NURSING FACILITY E/M

- CPT 99304-99306 (formerly 99301-99301)
  - Reflect initial comprehensive assessment by physician with *primary admission* responsibility
  - Virtually *no* specialists should use this code
    - (But approx 30% are billed as such…)
- CPT 99307-10 (formerly 99311-99313)
  - New or Established Nursing Facility Assessment
  - *THIS* is the correct code for specialists

IN CONCLUSION…

- Understanding the component services and documentation associated with CPT 99213 may be the simplest and most effective way to better understand all levels of E/M coding and documentation