
Are You Leaving Money on the Table?



Friday, May 12, 2023
Virginia Beach

Topics


- MDM/Time Analysis
- Prolonged Service
- Chronic Care Management
- Principal Care Management
- Chronic Pain Management
- Transitional Care Management
- Chemo Orientation – Incident-to

Outpatient Visits

New Patient	Return Visit
99202	99212
99203	99213
99204	99214
99205	99215

Level

Medical Decision Making 2023: Number/Complexity Problems Addressed

LEVEL 	2	3	4	5
Self-limited or Minor <i>Runs definite/prescribed course/transient/not likely to alter health status</i>	1	2+		
Stable Chronic Illness (= at treatment goal) <i>Duration ≥ 1 year/Risk of morbidity w/o treatment is significant</i> <i>Examples: well controlled diabetes, hypertension, NED*</i>		1	2+	
Acute, Uncomplicated Illness or Injury <i>Recent or new short term problem/Low risk of morbidity/Full recovery expected/Self-limited or minor problem not resolving</i> <i>Examples: cystitis, allergic rhinitis, simple sprain</i>		1+		
Chronic w/Exacerbation, progression, or side effects of treatment <i>Not controlled/Getting worse/Requires additional care or treatment</i> Does not require hospitalization <i>Examples: Not at Treatment Goal, Disease Progression</i>			1+	
Undiagnosed New Problem w/ Uncertain Prognosis <i>Condition likely to result in high risk of morbidity without treatment</i> <i>Examples: Lump in Breast</i>			1+	
Acute Illness w/ Systemic Symptoms <i>Extensive injury/treatment options are multiple and/or associated w/ risk of morbidity</i> <i>Examples: pyelonephritis, pneumonitis, or colitis</i>			1+	
Chronic w/ Severe Exacerbation, progression, or side effects of treatment <i>Example: Metastases Since Previous Visit, Severe Reaction to Chemo</i>				1+
Acute or Chronic Illness or Injury that poses a threat to life or bodily function High probability of hospitalization <i>Examples: AMI, Pulmonary Embolus</i>				1+

Medical Decision Making 2023:

Complexity: Analysis


- **NUMBER OF PROBLEMS MANAGED NO LONGER RESULTS IN HIGHEST LEVEL!!!!**
- **The most severe problem(s) now determines level in many cases**
- **Status MUST be documented**

Medical Decision Making 2023:

Complexity: Analysis

- **Incorporate status of Chronic problems into EMR:**
 - **Worsening vs. Severely Worsening**
 - **Threat to Life/Bodily Function**

Medical Decision Making 2023: Amount/Complexity of Data Reviewed & Analyzed

LEVEL 	2	3	4	5
NONE	✓			
CATEGORY 1: 2 OR ASSESSMENT REQUIRING AN INDEPENDENT HISTORIAN(S)		✓		
CATEGORY 1: 3 OR CATEGORY 2: 1 OR CATEGORY 3: 1			✓	
MUST MEET 2 OF 3 BELOW: CATEGORY 1: 3 CATEGORY 2: 1 CATEGORY 3: 1				✓

CATEGORY 1: Tests, documents, or independent historian(s)

1. • Review of prior external note(s) from each unique source*; multiples
2. • Review of the result(s) of each unique test*; not billed for. multiples
3. • Ordering of each unique test*; not billed for. multiples
4. • Assessment requiring an independent historian(s)

CATEGORY 2: Independent interpretation of tests

Independent interpretation (**DOCUMENTED!**) of a test performed by another physician/other qualified health care professional (not separately reported)

CATEGORY 3: Discussion of management or test interpretation

Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)


Medical Decision Making 2023:

Data: Analysis

- Previously reviewed tests do not count
- Ordering and then reviewing test results do not count double
- Personally viewing films do not count unless there is also an interpretation documented
- Talking with other providers and testing physicians must be documented to count for Category 3.
 - Tumor Boards DO count
 - Documenting that you will discuss for provider DOES count

Medical Decision Making 2023:

Risk

LEVEL 	2	3	4	5
MINIMAL RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: Rest, Bandages	✓			
LOW RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Over-the-counter drugs • Minor surgery with no identified risk factors • Physical Occupational therapy • IV fluids without additives (HYDRATION THERAPY) 		✓		
MODERATE RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • IV fluids with additives (Fe Infusion) • Diagnosis or treatment significantly limited by social determinants of health 			✓	
HIGH RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity (chemo/radiation/EPO/Coumadin) • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis (hospice) 				✓

Medical Decision Making 2023:

Risk: Analysis

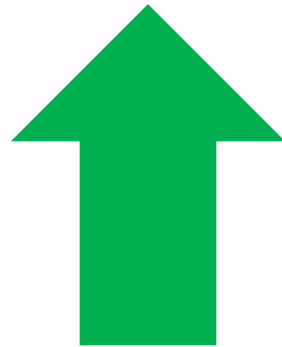
**RISK ALONE DOES NOT RESULT IN
HIGHEST LEVEL!!!!**

- Total Time Spent on Date of Service
 - Pre, Intra, and Post Service Time (does not include any procedure time)
 - Face-to-Face AND non-Face-to-Face
 - Time Ranges, **NO AVERAGES**
 - New Patient Visits
 - Level 2 (99202): 15-29 minutes (\$72.00)
 - Level 3 (99203): 30-44 minutes (\$111.31)
 - Level 4 (99204): 45-59 minutes (\$165.33)
 - Level 5 (99205): 60-74 minutes (\$218.20)
 - Established Patient Visits
 - Level 2 (99212): 10-19 minutes (\$56.26)
 - Level 3 (99213): 20-29 minutes (\$89.79)
 - Level 4 (99214): 30-39 minutes (\$127.02)
 - Level 5 (99215): 40-54 minutes (\$177.98)

Prolonged Service

- Medicare Prolonged Service Code for Office Visits
 - G2212 (\$31.86)
 - Requirements:
 - Can only be used with 99205 or 99215
 - Additional 15 minutes beyond maximum time for 99205 (74) or 99215 (54)
 - Can be billed multiple times with E/M Visit
- AMA Prolonged Service Code for Office Visits
 - 99417 (\$30.85)
 - Requirements:
 - Can only be used with 99205 or 99215
 - Additional 15 minutes beyond minimum time for 99205 (60) or 99215 (40)
 - Can be billed multiple times with E/M Visit

- Documentation:
“Total time spent before, during, and after the in-person visit on the date of the encounter was X minutes.”
- “>50% counseling/coordinates care” is no longer recognized
- Number of future visits billed based on time in oncology:



Chronic Care Management

- **CPT 99491 (\$84.16)** Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
 - Comprehensive care plan established, implemented, revised, or monitored

Chronic Care Management

- **CPT 99437 (\$59.33)** CCM services each additional 30 minutes a physician or other qualified health care professional, per calendar month
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
 - Establishment or substantial revision of a comprehensive care plan

Chronic Care Management

- **CPT 99490 (\$62.01)** Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
 - Comprehensive care plan established, implemented, revised, or monitored

Chronic Care Management

- **CPT 99439 (\$46.98)** Each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) Cannot be billed more than 2X per month

Principal Care Management

- **CPT 99424** PCM services for one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, at least 30 minutes provided by a physician/qualified health care professional, per calendar month (\$80.45)
- **CPT 99425** each additional 30 minutes (\$57.65)

Principal Care Management

- **CPT 99426** PCM services for one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, at least 30 minutes provided by clinical staff directed by physician/qualified health care professional, per calendar month (\$62.95)
- **CPT 99427** each additional 30 minutes (\$48.63)

Chronic Pain Management (CPM)

- G3002: Diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. At least 30 minutes.
 - Can be billed on same day as E&M service
 - First G3002 must be in person
 - \$80.12

Chronic Pain Management (CPM)

➤ G3003

- G3003: at least each additional 15 minutes (can be billed multiple times)
- G3003: \$29.13

Chemo Orientation

- APP vs. Nurse
 - 99212-99215 vs. 99211
 - Majority of practices in U.S. use APP's
 - Never on day of chemo
- Novitas (Medicare MAC: NJ): Can be billed Incident-to if requirements are met.

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