Welcome to the Monthly Webinar Series

Maximizing Income and Efficiencies for Urology Practices

Free to all PRS Network Customers

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Introductions

Moderator:

Scott Painter

Presenters:

Mark Painter, CPMA, MBSU

Format

Webinar Presentation
Please Submit Question Via Chat
Webinar is Being Recorded

Today's Webinar

E/M Early Payer Interpretations and Documentation Hints

Open Q and A

E&M - Time

- Distinct time spent by <u>physician and other qualified health professional</u> for the visit on the E/M encounter on the date of service
- Rule update rule and proposed rule address Shared/Split visit technicalities
- No requirement for 50% to be spent in counseling and/or coordination of care
- Document time spent as total and include any relevant clinical information.

Shared/Split Visits Medicare 2021

• https://www.cms.gov/files/document/enf-instruction-split-shared-critical-care-052521-final.pdf

	Level 2	Level 3	Level 4	Level 5		
New Patient	99202	99203	99204	99205		
Established Patient	99212	99213	99214	99215		
■ TIME						
Definition of time						
New Patient	15 - 29	30 - 44	45 - 59	60 - 74		
Established Patient	10 - 19	20 - 29	30 - 39	40 - 54		
99417 - Prolonged Service	15 Minutes					

	CPT® Definition Summary			CPT® Says	Pocketcard		Examples
Self-limited or Minor	A problem that runs a definite and prescribed course, is tra alter health status.	ansient in nature, and is not lif	kely to permanently	Straightforward		expected to resolve w/o intervention	
Stable Chronic Illness	Problem with an expected duration of at least a year or un regardless of stage or severity changes • 'Stable' is the s treatment goals with no short -term threat to life or functi is significant	specific treatment goals for pat	tient • Unmet, unchanged	Low	1 Stable	BPH • Control lled cataract	led diabetes • Hypertension • \
Acute, Uncomplicated	Recent/new short-term problem with low risk of morbidity risk of mortality • Expect full recovery without functions self-limited/minor, not resolving, requiring treatment			Low	1+ Cystit	s • Allergic rhi	nitis • Simple sprain.
Chronic w/ exacerbation	Acutely worsening, poorly controlled / progressing chronic additional supportive care, attention to side effects • Cons			Moderate		trolled diabetes ension	BPH not stable Poorly con
Undiagnosed new	A problem in the differential diagnosis that represents a co- without treatment	ndition likely to result in a high	h risk of morbidity	Moderate		in prostate • L nodule • Hema	ump in breast • Mass in Kidney turia
Acute illness with systemic symptom	Minor Illness causing systemic symptoms with high risk of single system symptoms treated to alleviate symptoms, sho			Moderate			monitis • colitis • illness with : h as fever, body aches or fatigue
Acute complicated injury	Extensive injury requiring treatment and evaluation of body Ttreatment options are multiple and/or associated with risk		the injured organ •	Moderate	1+ Head	njury with brief	loss of consciousness. • Renal tr
Chronic w/ severe exacerbation	The Chronic illness with severe exacerbation, progression of morbidity • May require hospital level of care.	or side effects of treatment with	h significant risk of	High	1+Recur	ent pyelonephrit	is with exacerbation • Chemoth
Acute or chronic that poses a threat to life or bodily function	Acute illness with systemic symptoms, acute complicated in progression or side effects of treatment posing near-term to		without treatment.	High	1+ respir	atory distress • atric illness with nitis • Acute re	ction • Pulmonary embolus • s Progressive severe rheumatoid a potential threat to self or others nal failure • abrupt change in ne
Amount / C	omplexity of Data	CPT® Says Pocketcard	Risk	•			
Category 1 Review Order Assess	r of note(s) of unique test (ea) of unique test (ea) of unique test (ea) ment requiring an independent historian(s) of note(s)	Straightforward 0 - 1	CPT® Definition Minimal risk of morb additional diagnostic treatment	idity from	CPT® Says	Pocketcard Minimum	Rest Lab test w/ venipuncture Ultrasound
Category 1 Review	of unique test (ea) of unique test (ea)	Low 2	Low risk of morbidity	from			
Category 1 • Review	ment requiring an independent historian(s) of note(s) of unique test (ea) of unique test (ea)	Moderate 3 or More	additional diagnostic or treatment		Low	Low	 OTC drugs Minor surgery w/o risk Superficial needle bx Lab test arterial
 Assess 	ment requiring an independent historian(s)		Moderate risk of mor				Rx management
	ndent interpretation of a test performed by other qualified sion of management or test interpretation with other qualified	d I	additional diagnostic treatment	testing or	Moderate	Moderate	Minor surgery w/ risk Major Surgery w/o risk
290., 0	r of note(s) r of unique test (ea) of unique test (ea)	High 3 or More	High risk of morbidit		High	High	 Dx/Rx limited social Rx therapy w/ monitoring Major surgery emergent or w
Category 1 Review	ment requiring an independent historian(s)			testing of			
Category 1 Review Order Assess	ment requiring an independent historian(s) Indent interpretation of a test performed by other qualified	1	treatment	testing of			 Admit DNR/de-escalate

Office or Other Outpatient

99211 - Nursing Visit Only					
Established Patient		99212	99213	99214	99215
New Patient		99202	99203	99204	99205
		Level 2	Level 3	Level 4	Level 5

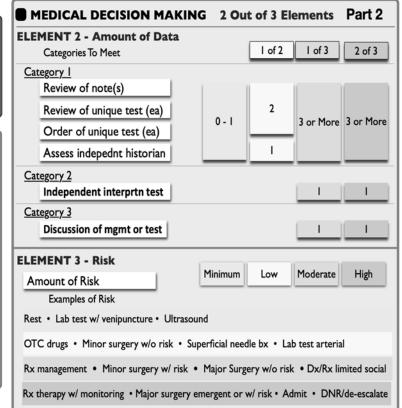
Hx AND PE Document as Medically Necessary

TIME Definition of time New Patient 15 - 29 30 - 44 45 - 59 60 - 74 Established Patient 10 - 19 20 - 29 30 - 39 40 - 54 99417 - Prolonged Service 15 Minutes

MEDICAL DECISION MAKING	2 Out of 3 Elements	Part 1
ELEMENT I - Number of Problems Self-limited or Minor	I 2+	
Stable Chronic Illness	I 2+	
Acute, Uncomplicated	1+	
Chronic w/ exacerbation Undiagnosed new Acute illness with systemic symptom Acute complicated injury	1+	
Chronic w/ severe exacerbation		
Acute or chronic that poses a threat to life or bodily function		+

Office or Other Outpatient

	Level 2	Level 3	Level 4	Level 5
New Patient	99202	99203	99204	99205
Established Patient	99212	99213	99214	99215



	CPT® Definition Summary	CPT® Says	Pocketcar	d Examples
Self-limited or Minor	A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.	Straightforward Low	2+	Cold • Insect bite • Minor testicle trauma • Minor injury expected to resolve w/o intervention
Stable Chronic Illness	Problem with an expected duration of at least a year or until the death of the patient • Chronic conditions treated regardless of stage or severity changes • 'Stable' is the specific treatment goals for patient • Unmet, unchanged treatment goals with no short -term threat to life or function are not stable • Risk of morbidity without treatment is significant	Low	2+	Stable BPH • Controlled diabetes • Hypertension • Well controlled cataract
Acute, Uncomplicated	Recent/new short-term problem with low risk of morbidity of treatment considered • Treatment with little to no risk of mortality • Expect full recovery without functional impairment • Acute uncomplicated illness, normally self-limited/minor, not resolving, requiring treatment	Low	1+	Cystitis • Allergic rhinitis • Simple sprain.
Chronic w/ exacerbation	Acutely worsening, poorly controlled / progressing chronic illness. Intent to control progression requiring additional supportive care, attention to side effects • Consideration of hospitalization not required.	Moderate	1+	Uncontrolled diabetes • BPH not stable • Poorly controlled hypertension
Undiagnosed new	A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment	Moderate	1+	Lump in prostate • Lump in breast • Mass in Kidney • Lung nodule • Hematuria
Acute illness with systemic symptom	Minor Illness causing systemic symptoms with high risk of morbidity without treatment • General systemic or single system symptoms treated to alleviate symptoms, shorten illness, prevent complications	Moderate	1+	Pyelonephritis • pneumonitis • colitis • illness with systemic general symptoms such as fever, body aches or fatigue
Acute complicated injury	Extensive injury requiring treatment and evaluation of body systems not directly part of the injured organ • Ttreatment options are multiple and/or associated with risk of morbidity	Moderate	1+	Head injury with brief loss of consciousness. • Renal trauma
Chronic w/ severe exacerbation	The Chronic illness with severe exacerbation, progression or side effects of treatment with significant risk of morbidity • May require hospital level of care.	High	1+	Recurrent pyelonephritis with exacerbation • Chemotherapy •
Acute or chronic that poses a threat to life or bodily function	Acute illness with systemic symptoms, acute complicated injury, or chronic illness / injury with exacerbation, progression or side effects of treatment posing near-term threat to life or bodily function without treatment.	High	1+	Acute myocardial infarction • Pulmonary embolus • severe respiratory distress • Progressive severe rheumatoid arthritis • Psychiatric illness with potential threat to self or others • Peritonitis • Acute renal failure • abrupt change in neurologic status

Data Types

RED:

- Any test, diagnostic procedure or image for which the interpretation is reported separately by the group.
- Tests that were ordered at a previous visit (not part of a standing order).
- Tests that are included in a medical record reviewed cannot be counted separately but instead included as a part of the single Data point for record review.

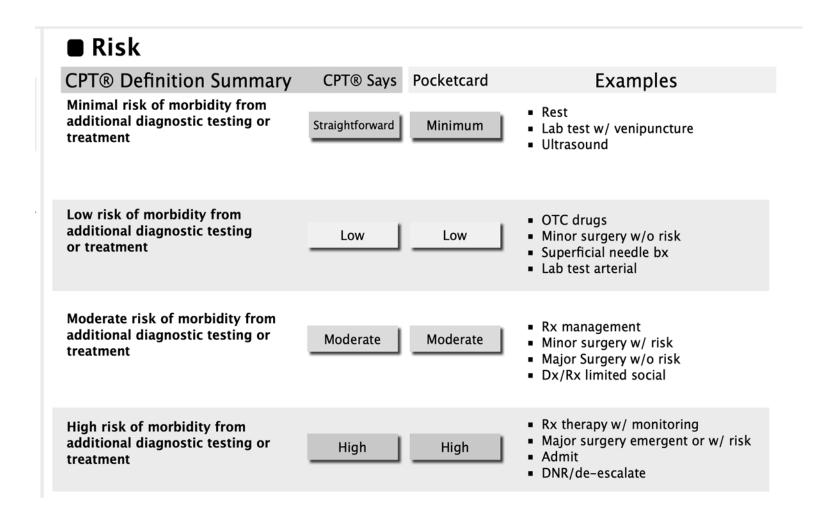
Data Types

Green:

- Any data that was obtained, interpreted and billed by another source outside of your organization regardless of the date reported.
- Tests ordered that will be provided and billed by another health care provider.
- Tests used in MDM that were not interpreted by the QHP and separately reported
- Tests used in MDM that do not have an Interpretation Component (ie. UA, PVR, PSA)
- Tests results used for MDM that were ordered outside of an E/M visit or were the result of a standing order.
- Tests Ordered at a previous visit provided by a different Health Care provider, which are separately interpreted.

This contains ePHI. Treat appropriately.

■ Amou	nt / Complexity of Data	CPT® Says P	ocketcard
Category 1	 Review of note(s) Review of unique test (ea) Order of unique test (ea) 	Straightforward	0 - 1
Category 1	 Review of note(s) Review of unique test (ea) Order of unique test (ea) 	Low	2
	 Assessment requiring an independent historian(s) 		I
Category 1	 Review of note(s) Review of unique test (ea) Order of unique test (ea) Assessment requiring an independent historian(s) 	Moderate	3 or More
Category 2	 Independent interpretation of test performed by other professional 		1
Category 3	Discussion of management or test interpretation w/ qualified professional		1
Category 1	 Review of note(s) Review of unique test (ea) Order of unique test (ea) Assessment requiring an independent historian(s) 	High	3 or More
Category 2	 Independent interpretation of test performed by other professional 		1
Category 3	Discussion of management or test interpretation w/ qualified professional		I



Medicare Weblinks

- NGS Medicare
- Noridian
- Palmetto
- Medicare MLN
- Medicare Coverage Manual

Private Payer Weblinks

- <u>UHC</u>
- Anthem CA
- Anthem OH 1
- Anthem OH 2
- BCBS TX

Q and A

This contains ePHI. Treat appropriately.