

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 physician and other qualified health professional 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			

Medical Decision Making

■ Problems / Complexity

	CPT® Definition Summary	CPT® Says	Pocketcard	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	1 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 Moderate	1 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 ▪ pneumonia ▪ 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 ▪ Treatment 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

■ Amount / Complexity of Data

	CPT® Says	Pocketcard
Category 1 ▪ Review of note(s) ▪ Review of unique test (ea) ▪ Order of unique test (ea) ▪ Assessment requiring an independent historian(s)	Straightforward	0 - 1
Category 1 ▪ Review of note(s) ▪ Review of unique test (ea) ▪ Order of unique test (ea)	Low	2
Category 1 ▪ Assessment requiring an independent historian(s)		1
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 a test performed by other qualified		1
Category 3 ▪ Discussion of management or test interpretation with other qualified		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 a test performed by other qualified		1
Category 3 ▪ Discussion of management or test interpretation with other qualified		1

■ Risk

CPT® Definition Summary	CPT® Says	Pocketcard	Examples
Minimal risk of morbidity from additional diagnostic testing or treatment	Straightforward	Minimum	▪ Rest ▪ Lab test w/ venipuncture ▪ Ultrasound
Low risk of morbidity from additional diagnostic testing or treatment	Low	Low	▪ OTC drugs ▪ Minor surgery w/o risk ▪ Superficial needle bx ▪ Lab test arterial
Moderate risk of morbidity from additional diagnostic testing or treatment	Moderate	Moderate	▪ Rx management ▪ Minor surgery w/ risk ▪ Major Surgery w/o risk ▪ Dx/Rx limited social
High risk of morbidity from additional diagnostic testing or treatment	High	High	▪ Rx therapy w/ monitoring ▪ Major surgery emergent or w/ risk ▪ Admit ▪ DNR/de-escalate

Time

includes these activities, when performed (and not reported separately)

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver

- ordering medications, tests, or procedures
- referring and communicating with other health care professionals
- documenting clinical information in the electronic or other health record

- documenting clinical information in the health record
- independently interpreting results & communicating results to the patient/family/caregiver
- care coordination

Office or Other Outpatient

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

☒ **Hx AND PE** ☐ Document as Medically Necessary

TIME

Definition of time

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MEDICAL DECISION MAKING 2 Out of 3 Elements Part 1

ELEMENT 1 - Number of Problems

Self-limited or Minor	I	2+
Stable Chronic Illness		I 2+
Acute, Uncomplicated		I+
Chronic w/ exacerbation		
Undiagnosed new		
Acute illness with systemic symptom		I+
Acute complicated injury		
Chronic w/ severe exacerbation		
Acute or chronic that poses a threat to life or bodily function		I+

Office or Other Outpatient

	Level 2	Level 3	Level 4	Level 5
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MEDICAL DECISION MAKING 2 Out of 3 Elements Part 2

ELEMENT 2 - Amount of Data

Categories To Meet

1 of 2 1 of 3 2 of 3

Category 1

Review of note(s)				
Review of unique test (ea)		2		
Order of unique test (ea)	0 - 1		3 or More	3 or More
Assess indepednt historian		I		

Category 2

Independent interprtn test		I	I
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Category 3

Discussion of mgmt or test		I	I
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ELEMENT 3 - Risk

Amount of Risk	Minimum	Low	Moderate	High
Examples of Risk				
Rest • Lab test w/ venipuncture • Ultrasound				
OTC drugs • Minor surgery w/o risk • Superficial needle bx • Lab test arterial				
Rx management • Minor surgery w/ risk • Major Surgery w/o risk • Dx/Rx limited social				
Rx therapy w/ monitoring • Major surgery emergent or w/ risk • Admit • DNR/de-escalate				

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This contains ePHI. Treat appropriately.

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.

■ Amount / Complexity of Data

		CPT® Says	Pocketcard
Category 1	<ul style="list-style-type: none"> Review of note(s) Review of unique test (ea) Order of unique test (ea) 	Straightforward	0 - 1
Category 1	<ul style="list-style-type: none"> Review of note(s) Review of unique test (ea) Order of unique test (ea) 	Low	2
	<ul style="list-style-type: none"> Assessment requiring an independent historian(s) 		1
Category 1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Independent interpretation of test performed by other professional 		1
Category 3	<ul style="list-style-type: none"> Discussion of management or test interpretation w/ qualified professional 		1
Category 1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Independent interpretation of test performed by other professional 		1
Category 3	<ul style="list-style-type: none"> Discussion of management or test interpretation w/ qualified professional 		1

Includes these

- Preparing to see the patient (eg, review of tests)

- Ordering medical

■ Risk

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High risk of morbidity from additional diagnostic testing or treatment	High	High	<ul style="list-style-type: none"> ▪ Rx therapy w/ monitoring ▪ Major surgery emergent or w/ risk ▪ Admit ▪ DNR/de-escalate

Medicare Weblinks

- [NGS Medicare](#)
- [Noridian](#)
- [Palmetto](#)
- [Medicare MLN](#)
- [Medicare Coverage Manual](#)

Private Payer Weblinks

- UHC
- Anthem CA
- Anthem OH 1
- Anthem OH 2
- BCBS TX

Q and A