

Getting Credit for What You Do: Optimizing E & M, Telemedicine, and Procedural Coding

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Disclosures

- Speaker
 - Penumbra
 - Medtronic
 - Sirtex
- Grant
 - Medtronic

Billing is Boring



Overview

- Understand
 - E&M Billing & ICD-10
 - Procedure Codes
 - Telehealth Billing
- Review
 - Key Elements in E&M and Procedures
- Discuss
 - Sample Practice and How Billing Appropriately Can Improve the Bottom Line



<https://www.aafp.org/fpm/2011/0900/p33.html>

Why is this important to know?

- Show your worth
 - Hospital
 - Radiology Partners
 - Multispecialty Practice
- Support for staff
 - APPs
 - Coordinators/Medical Assistants/Nurses
- Optimize reimbursement



Definitions

- E&M – Evaluation and Management
 - Payment for patient encounters
 - Inpatient/Outpatient Consults
 - Inpatient/Outpatient Follow-Ups
 - Admissions/Discharges
- Procedures
 - Procedure Codes
 - S&I – Supervision and Interpretation
 - Image guidance and findings

- CPT – Current Procedure Terminology
 - How we get paid

- ICD-10 Classification of Diseases, 10th Revision



CPT Codes

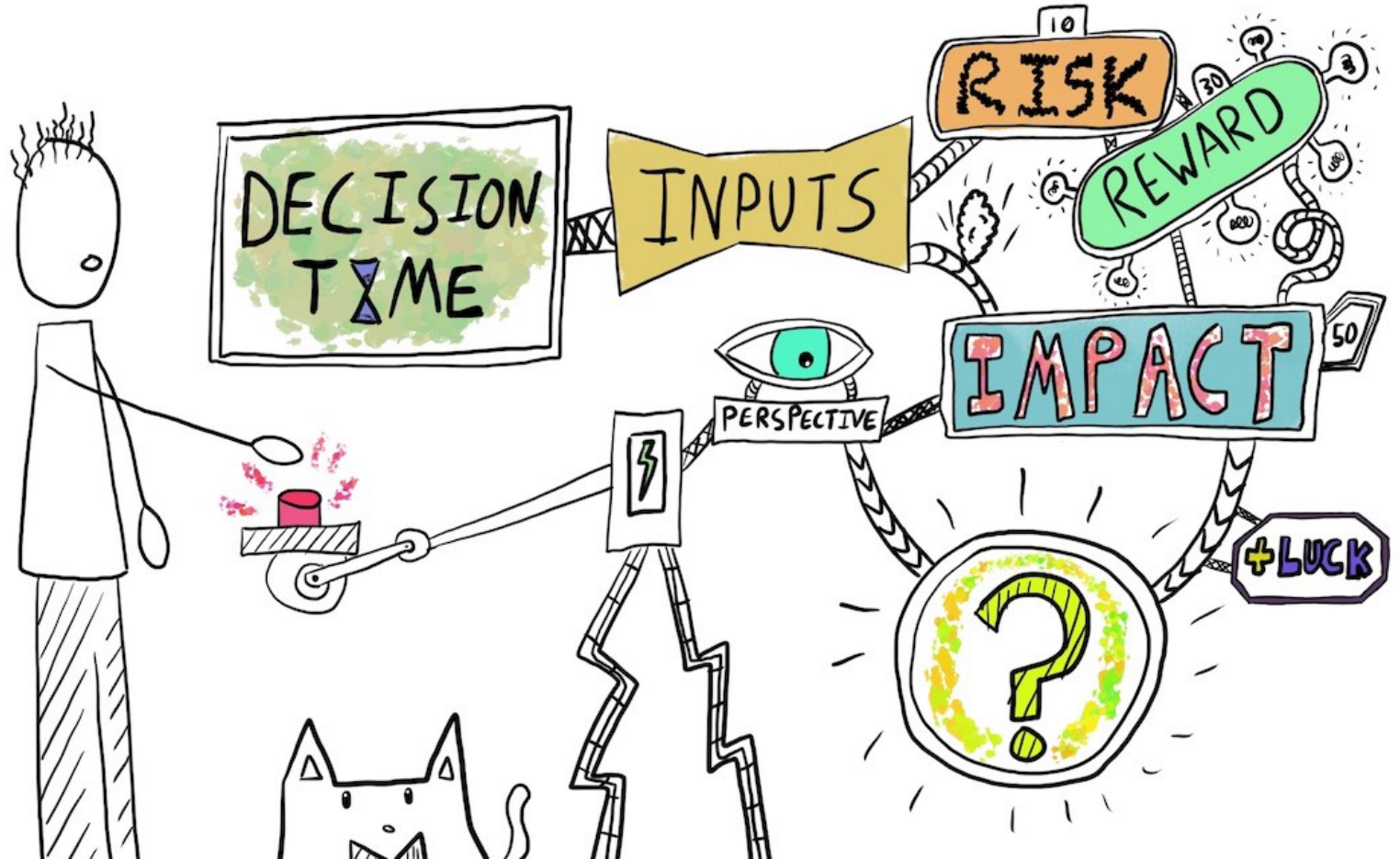
- Most E&M CPT codes are graded by level of complexity (Documentation)
- Outpatient Follow-Up
 - Level 1 → 99211
 - Level 2 → 99212
 - Level 3 → 99213
 - Level 4 → 99214
 - Level 5 → 99215
- Inpatient Consults
 - Level 1 → 99251
 - Level 2 → 99252
 - Level 3 → 99253
 - Level 4 → 99254
 - Level 5 → 99255
- Most E&M is 992xy
 - x = Category
 - y = Level



<https://www.aafp.org/fpm/2011/0900/p33.html>

Components of E&M Coding

- History
- Exam
- Medical Decision Making



New Outpatient Office Consult

- Patient has not been seen by practice in last three years
- Must Have **ALL** 3 Key elements

Code	History	Exam	MDM	Time	RVU	Average Payment
99201	Problem Focused	Problem Focused	Straightforward	10	0.48	\$43
99202	Expanded PF	Expanded PF	Straightforward	20	0.93	\$75
99203	Detailed	Detailed	Low	30	1.42	\$108
99204	Comprehensive	Comprehensive	Moderate	45	2.43	\$166
99205	Comprehensive	Comprehensive	High	60	3.17	\$206

Established Outpatient Office Follow-Ups

- Patient has been seen by practice in last three years
- Must Have Only **2 out of 3** Key elements
- CPT Code 99211 Does NOT Need a Physician

Code	History	Exam	MDM	Time	RVU	Average Payment
99211	None	None	None	5	0.18	\$20
99212	Problem Focused	Problem Focused	Straightforward	10	0.48	\$44
99213	Expanded PF	Expanded PF	Low	15	0.97	\$73
99214	Detailed	Detailed	Moderate	25	1.50	\$108
99215	Comprehensive	Comprehensive	High	40	2.11	\$144

Inpatient Consults

- Must have all 3 elements

Code	History	Exam	MDM	Time	RVU	Average Payment
99221	Detailed	Detailed	Straght/Low	30	1.92	\$102
99222	Comprehensive	Comprehensive	Moderate	50	2.61	\$138
99223	Comprehensive	Comprehensive	High	70	3.86	\$204

Subsequent Hospital Care

- Must Have Only **2 out of 3** Key elements
- FSHx not required for hospital progress notes

Code	History	Exam	MDM	Time	RVU	Average Payment
99231	Problem Focused	Problem Focused	Straightforward or Low	15	0.76	\$39
99232	Expanded PF	Expanded PF	Moderate	25	1.39	\$72
99233	Detailed	Detailed	High	35	2.00	\$104

E&M Based on Time

- Must spend the allotted time face to face with the patient
- At least half the time must be used for counseling and coordination of care
- Must document both of the above in the record
- The nature of the coordination of care and counseling needs to be documented



HPI

- Options: Brief or Extended
- Elements:
 - Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms
- Brief: List 1 to 3 Elements
 - Example - 85 year old female with severe low back pain.
- Extended: 4 or More Elements or Status of at Least 3 Chronic or Inactive Conditions
 - Example – 85 year old female with severe 8 out of 10 low back pain that began 3 days ago, worsened with activity.
 - Example – 85 year old female with colon cancer and hepatic metastases. Diabetes, HTN, and cholesterol are all controlled medically.

Review of Systems

- ROS is required for a level 3 hospital progress note or a level 4 office follow-up visit with an established patient.
- Options: Problem Pertinent, Extended, or Complete
- Recognized Systems
 - Constitutional, Eyes, ENT, CV, Respiratory, GI, MSK, GU, Integumentary, Neuro, Psych, Endocrine, Heme/Lymph, and Allergy/Immunologic
- List Positives or Pertinent Negatives
- Problem Pertinent – System Directly Related to HPI
- Extended – 2-9 systems
- Complete – 10 Point ROS
 - May Use Statement “All other systems were reviewed and were negative”
 - Example – 85 year old female with severe 8 out of 10 low back pain, began 3 days ago, worsened with activity. Denies radiculopathy. Able to ambulate with a walker. All other systems were reviewed and were negative.

Past Family and Social History

- Options: Pertinent or Complete
- Pertinent
 - Directly related to problem in HPI
 - At least **one** item from 3 areas – PMHx, Family Hx, Social Hx
- Complete
 - Established Office Patient - At least one item from 2 components
 - New Office Patients, Hospital Consults – At least one item from all 3 components

Physical Exam

- May Use Either a Multi-system Approach or a Single Organ Approach
- Options for Either Approach
 - Problem Focused
 - Expanded Problem Focused
 - Detailed
 - Comprehensive



Multi-system Exam

- Problem Focused: 1 to 5 elements in 1 or more body areas/organs
- Example:
 - Vitals: 120/80, 88, 98.6
General appearance: NAD, conversant
Lungs: CTA
CV: RRR, no MRGs
 - (1 bullet for three vital signs)
 - (1 bullet for general appearance)
 - (1 bullet for auscultation of lungs)
 - (1 bullet for auscultation of the heart)

Total bullets = four (although only one to five bullets are required)

Multi-system Exam

- Expanded PF: At least 6 elements in 1 or more body areas/organs

- Example:

- Vitals: 120/80, 88, 98.6
General appearance: NAD, conversant
Lungs: Clear to auscultation
CV: RRR, no MRGs
Abdomen: Soft, nontender
Extremities: No peripheral edema

(1 bullet for three vital signs)
(1 bullet for general appearance)
(1 bullet for auscultation of lungs)
(1 bullet for auscultation of the heart)
(1 bullet for examination of the abdomen)
(1 bullet for examination of extremities for edema)

Total bullets = six

Multi-system Exam

- Detailed: At least 6 body areas/organs with at least 2 bullets for each OR at least 12 bullets in 2 or more body areas/organs

- Example:

- Vitals: 120/80, 88, 98.6

- General appearance: NAD, conversant

- Neck: FROM, supple

- Lungs: Clear to auscultation

- CV: RRR, no MRGs; normal carotid upstroke and amplitude without bruits

- Abdomen: Soft, non-tender; no masses or HSM

- Extremities: No peripheral edema or digital cyanosis

- Skin: no rash, lesions or ulcers

- Psych: Alert and oriented to person, place and time

(1 bullet for three vital signs)

(1 bullet for general appearance)

(1 bullet for examination of neck)

(1 bullet for auscultation of lungs)

(1 bullet for auscultation of the heart)

(1 bullet for assessment of carotid arteries)

(1 bullet for examination of the abdomen)

(1 bullet for examination of liver and spleen)

(1 bullet for examination of extremities for edema)

(1 bullet for examination and/or palpation of digits and nails)

(1 bullet for inspection of skin and subcutaneous tissue)

(1 bullet for brief assessment of mental status—orientation)

Total bullets = 12

Multi-system Exam

- Comprehensive: At least 2 bullets from each of nine organ systems
- Example:
 - Vitals: 120/80, 88, 98.6
 - General appearance: NAD, conversant
 - Eyes: anicteric sclerae, moist conjunctivae; no lid-lag; PERRLA
 - HENT: Atraumatic; oropharynx clear with moist mucous membranes and no mucosal ulcerations; normal hard and soft palate
 - Neck: Trachea midline; FROM, supple, no thyromegaly or lymphadenopathy
 - Lungs: CTA, with normal respiratory effort and no intercostal retractions
 - CV: RRR, no MRGs
 - Abdomen: Soft, non-tender; no masses or HSM
 - Extremities: No peripheral edema or extremity lymphadenopathy
 - Skin: Normal temperature, turgor and texture; no rash, ulcers or subcutaneous nodules
 - Psych: Appropriate affect, alert and oriented to person, place and time
- - Total systems = 10 (although only nine are required)
 - Total bullets = 20 (although only 18 are required—two in EACH of nine systems)

Organ Specific Exam

- 10 Specialty Exams
 - Cardiovascular
 - ENT
 - Eye
 - Genitourinary
 - Hematologic/Lymphatic/Immunologic
 - MSK
 - Neurologic
 - Psychiatric
 - Respiratory
 - Skin

Organ Specific Exam

SPECIALTY EXAM: HEMATOLOGIC/LYMPHATIC/IMMUNOLOGIC EXAMINATION

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination within the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
At least one bullet in each box with an unshaded border AND every bullet in each box with a shaded border.	Comprehensive

(Circle the bullets that are documented.)

NOTE: For the descriptions of the elements of examination containing the words "and", "and/or", only one (1) of those elements must be documented.

System/Body Area	Elements of Examination
Extremities	<ul style="list-style-type: none">Inspection and palpation of digits and nails (e.g., clubbing, cyanosis, inflammation, petechiae, ischemia, infections, nodes)
Eyes	<ul style="list-style-type: none">Inspection of conjunctivae and lids
Head and Face	<ul style="list-style-type: none">Palpation and/or percussion of face with notation of presence or absence of sinus tenderness
Lymphatic	<ul style="list-style-type: none">Palpation of lymph nodes in neck, axillae, groin and/or other location
Neck	<ul style="list-style-type: none">Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus)Examination of thyroid (e.g., enlargement, tenderness, mass)
Neurological/ Psychiatric	Brief assessment of mental status including: <ul style="list-style-type: none">Orientation to time, place and personMood and affect (e.g., depression, anxiety, agitation)
Skin	<ul style="list-style-type: none">Inspection and/or palpation of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers, ecchymoses, bruises)

Medicare Beneficiary ID Number	Date of Service
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System/Body Area	Elements of Examination
Cardiovascular	<ul style="list-style-type: none">Auscultation of heart with notation of abnormal sounds and murmursExamination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)
Constitutional	<ul style="list-style-type: none">Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Ears, Nose, Mouth and Throat	<ul style="list-style-type: none">Otoscopic examination of external auditory canals and tympanic membranesInspection of nasal mucosa, septum and turbinatesInspection of teeth and gumsExamination of oropharynx (e.g., oral mucosa, hard and soft palates, tongue, tonsils, posterior pharynx)
Gastrointestinal (Abdomen)	<ul style="list-style-type: none">Examination of abdomen with notation of presence of masses or tendernessExamination of liver and spleen
Respiratory	<ul style="list-style-type: none">Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)

Note: The Chest (Breasts), Genitourinary and Musculoskeletal systems/body areas are not considered integral parts of this specialty exam.

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

EXAM	One to Five Bullets	Six to Eleven Bullets	Twelve or more Bullets	Answer the following two questions. If both answers are "yes," the appropriate level of exam is comprehensive. Was at least one bullet documented in each unshaded box? <input type="checkbox"/> Yes <input type="checkbox"/> No Was each bullet in each shaded box documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Medical Decision Making

- Need only two out of three items for each level

Type	# of Dx/Management Options	Amount and/or Complexity of Data	Risk
Straightforward	Minimal	None/Minimal	Minimal
Low	Limited	Limited	Low
Moderate	Moderate	Moderate	Moderate
High	Extensive	Extensive	High



Type	Problem Points	Data Points	Risk
Straightforward	1	1	Minimal
Low	2	2	Low
Moderate	3	3	Moderate
High	4	4	High

Medical Decision Making

Problems	Points
Self Limited (maximum of 2)	1
Established Problem, Stable	1
Established Problem, Worsening	2
New Problem, No Additional Workup (maximum of 1)	3
New Problem, Additional Workup Planned	4

Data	Points
Review/Order Labs	1
Review/Order Radiology	1
Review/Order PFTs, EKG, Echo, or Cath	1
Discuss Test with Performing Physician	1
Independent Review of Images	2
Decision to Get Old Records	1
Review Old Records	2

Medical Decision Making

Requires only **ONE** Element in **ANY** of the three categories listed

Risk Level	Presenting Problem	Diagnostic Procedures	Management Options
Minimal	One self limiting or minor problem, e.g. cold, bug bite	Labs, X-rays, EKG, UA, Ultrasound, Echo	Rest, Elastic Bandages, Superficial Dressings
Low	<ul style="list-style-type: none">Two or more self limiting problemsOne stable chronic illnessAcute simple illness/injury	<ul style="list-style-type: none">Physiologic tests not under stress, e.g. PFTsNon-CV imaging with contrastSuperficial needle biopsy	<ul style="list-style-type: none">OTC DrugsMinor surgery, no Risk Factors (RF)PT/OTIV Fluids without additives
Moderate	<ul style="list-style-type: none">Two stable chronic illnessesOne chronic illness with mild progressionUndiagnosed new problemAcute complicated injury	<ul style="list-style-type: none">Physiologic tests under stress, e.g. cardiac stressDiagnostic endoscopy<u>Deep BX</u>CV imaging with no risk factors, e.g. angiogramObtain fluid from body e.g. LP or thoracentesis	<ul style="list-style-type: none">Minor surgery with RFElective major surgeryRx drug managementTherapeutic NMIV fluids with additivesClosed treatment of Fracture
High	<ul style="list-style-type: none"><u>1 or more chronic illness with severe progression</u><u>Acute/Chronic illness which poses a threat to life or bodily function</u>Abrupt change in neuro status, e.g. seizure, TIA	<ul style="list-style-type: none">CV imaging with RFCardiac EP studiesDiagnostic endoscopy with RFDiscography	<ul style="list-style-type: none">Elective major surgery with RFEmergency major surgeryParenteral controlled substancesRX therapy with monitoringDecision to DNR

Sample Practice of 2 IVR MDs E&M

CPT Code	Count (%)	Charge	Total Charges	Total Payments	Average Payment
99201	192 (34)	83	9628	2579.73	24.70
99202	306 (53)	158	31758	7818.32	38.30
99203	70 (12)	337	18198	3094.34	62.01
99204	5 (<1)	445	1780	180.03	92.47
99211	87 (6)	29	1508	178.95	7.17
99212	676 (50)	80	34160	8765.10	22.49
99213	585 (43)	154	60368	16982.72	40.89
99214	1 (<1)	238	238		
99217 (Obs Disch)	12	221	2210	480.84	68.79
99221	39	316	7584	2174.28	86.97
99222	74	452	24860	5691.81	123.74
99231	308	106	23754	7358.69	38.77
99232	2	216	432	150	75.00
99238 (Inpt Disch)	15	221	2873	480.08	68.58
TOTALS	2372		219351	55934.89	

Sample Dictation

CPT Code: 99212

Diagnosis: Peripheral Vascular Disease

Chief
Complaint

Established Patient

Dear Dr. Smith,

I had the pleasure of seeing our patient John Doe in outpatient follow up ...The patient was accompanied by his wife on today's visit.

As you recall, the patient presents with symptoms of bilateral lower extremity claudication, right slightly worse than left. He was previously seen by Dr. Powell on July 14, 2019. At that time, the patient was noted to have severe stenosis in both common iliac arteries and stenosis in both popliteal arteries. He was subsequently referred for bilateral common femoral endarterectomies. These were performed by Dr. Smith in August. The patient states that following the procedure he unfortunately did not have a change in his symptoms of claudication. He walks routinely on a treadmill and begins having significant pain after approximately ¼ mile. He attempts to walk through the pain.

Sample Dictation Continued

Other ROS? - ? Problem Pertinent

The patient also has a history of **chronic back pain** and has undergone multiple previous spinal injections and see a chiropractor.

The patient's cardiovascular risk factors include PVD, CAD s/p CABG, carotid stenosis s/p bilateral CEA, HTN, hyperlipidemia, and tobacco abuse. **He is a current smoker. He smokes approximately ½ pack per day.** The patient's medications include metoprolol, simvastatin, Lisinopril, and ASA. He does not take Plavix daily. There is a no history of renal insufficiency. The patient is not allergic to contrast.

↓
PMHx

↓
Social History

Sample Dictation Continued

On physical exam, he is a well developed, well nourished male in NAD. Speech is normal and motor and sensory function is within normal limits.

Examination of the neck demonstrates no JVD or bruit. His CEA incisions are well healed. His lungs are clear and his heart is regular. The abdomen is soft and non-tender without palpable masses. Femoral pulses are 2+. Bilateral common femoral endarterectomy scars are well healed. The lower extremities are warm without ulceration or edema. DP pulses are 1+ on the right and 2+ on the left and PT pulses are 1+ on the right and 2+ on the left.

Sample Dictation Continued

Imaging includes NIAL on January 13, 2019 which demonstrates no evidence of significant residual arterial occlusive disease at rest though the exam is mildly compromised.

Unfortunately, John Doe did not sustain significant relief from bilateral CFA endarterectomy. This is somewhat surprising given his now normal NIAL. He is known to have bilateral popliteal stenosis from previous CTA. I would have anticipated that his symptoms of claudication would have significantly improved following endarterectomies. However, given that he remains symptomatic, at a minimum a diagnostic angiogram is warranted. If he has any treatable lesions, we can perform that at the same time...If his symptoms do not improve following intervention, his symptoms may be on the basis of neurogenic claudication, and perhaps he would benefit from a repeat ESI. It is imperative that he stop smoking, although I am not optimistic that he will quit.

2 problem points for established problem that is worse

Independent Review of Imaging – 2 data points each (4 total)

High Risk – Angiogram with Risk Factors

Sample Dictation Summary

- History: Chief Complaint, Extended HPI, ROS N/A, Complete PFSHx
- Exam: 13 Bullet Points in 7 Organ Systems
- MDM: 2 problem points, 4 data points, high risk (need 2 out of three)
- Only need 2 out of 3 for an established patient. Discard History since it is the lowest.
- Therefore, this encounter should be correctly billed as 99214 instead of the originally billed code of 99212

CPT Code	History	Exam	Medical Decision Making
99211	None	None	None
99212	Problem Focused	Problem Focused	Straightforward
99213	Expanded PF	Expanded PF	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

Impact on Sample Practice Bottom Line (2 MDs)

CPT Code	Count (%)	Charge	Total Charges	Total Payments	Average Payment
99202	306 (53)	158	31758	7818.32	38.30
99203	70 (12)	337	18198	3094.34	62.01
99204	5 (<1)	445	1780	180.03	92.47
99212	676 (50)	80	34160	8765.10	22.49
99213	585 (43)	154	60368	16982.72	40.89
99214	1 (<1)	238	238		
99221	39	316	7584	2174.28	86.97
99222	74	452	24860	5691.81	123.74
99231	308	106	23754	7358.69	38.77
99232	2	216	432	150	75.00

- By elevating all codes 1 or 2 levels, you can increase revenue
- 99202 to 99204: \$54.17 difference x 306 cases = \$16,576.02
- 99203 to 99204: \$30.46 difference x 70 cases = \$2,132.20
- 99212 to 99214: Presumed difference of \$40.00 x 676 cases = \$27,040.00

- 99213 to 99214: Presumed difference of \$20.00 x 585 cases = \$11,700.00
- 99221 to 99222: \$36.77 difference x 39 cases = \$1434.03
- 99231 to 99232: \$36.23 difference x 308 cases = \$11,158.84
- Total Revenue increase annually could equal **\$70,041.09.**

Telehealth

- Requires two-way audio AND video

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes </p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>

- If audio only:

99441	TELEPHONE E&M SERVICE BY A PHY OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED 5-10 MINS
99442	TELEPHONE E&M SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED FOR ESTAB PATIENT 11-20 MINS
99443	TELEPHONE E&M SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED FOR ESTAB PATIENT 21-30 MINS

Conclusions

- Billing is an essential part of medicine
- Knowing the appropriate elements to bill can improve reimbursement and show your worth!
- Telehealth services are likely here to stay
- Learn E&M billing and know more than most radiology billing companies
 - <https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/basics.html>
 - www.cms.gov
 - <http://emuniversity.com/index.html>