

# Helping your Clients Mitigate the Risk Through Audits, Policy, & Knowledge

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What we must  
cover in this  
session:

- Financial Impact of 2021
- Standards of documentation change
- The hum you're hearing about incident-to and split shared and what we DON'T know
- New vs. Established Patients in 2021
- Time & MDM

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## Why has 2021 created Risk?

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### Financial Impact of 2021 Itself is a Driving Compliance Concern

- The Conversion Factor (CF) is a dollar amount that is multiplied by the RVU to convert the RVU value into a fee.
  - 2016 \$ 35.8043
  - 2017 \$ 35.8887
  - 2018 \$ 35.9996
  - 2019 \$ 36.0391
  - 2020 \$ 36.0896
  - 2021 \$ 34.8931 -3.3% CUT
- But RVUs were increased
  - Surgical 4.9%
  - E&M 12.1%
- Slide information courtesy of Frank Cohen

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CPT Code	Description	2020 RVU	2020 \$\$	2021 RVU	2021 \$\$	Net Change
99201	Deleted for 2021	1.29	\$46.56	N/A	N/A	N/A
99202	Office o/p new sf 15-29 min	2.14	\$77.23	2.12	\$73.97	-\$3.26
99203	Office o/p new low 30-44 min	3.03	\$109.35	3.26	\$113.75	\$4.40
99204	Office o/p new mod 45-59 min	4.63	\$167.09	4.87	\$169.93	\$2.84
99205	Office o/p new hi 60-74 min	5.85	\$211.12	6.43	\$224.36	\$13.24
99211	Office o/p est minimal prob	0.65	\$23.46	0.66	\$23.03	-\$0.43
99212	Office o/p est sf 10-19 min	1.28	\$46.19	1.63	\$56.88	\$10.69
99213	Office o/p est low 20-29 min	2.11	\$76.15	2.65	\$92.47	\$16.32
99214	Office o/p est mod 30-39 min	3.06	\$110.43	3.76	\$131.20	\$20.77
99215	Office o/p est hi 40-54 min	4.11	\$148.33	5.25	\$183.19	\$34.86

Net Impact for 2021!

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## Re-birth of the SOAP Note?

- 2021 may bring the SOAP Note concept back to the primary documentation guide for providers
- Documentation that focuses on the patient interaction
- OR
- Did teaching our providers how to take the OLD components and blend with them into the NEW guidelines backfire?

### SOAP Note Examples



#### SUBJECTIVE

*Statement about relevant patient behavior or status*

**Example:** Patient's mother stated, "Her teacher said I can understand her more."



#### OBJECTIVE

*Measurable, quantifiable, and observable data*

**Example:** The patient produced /l/ in the initial position of words with 70% accuracy given visual cues for tongue placement.



#### ASSESSMENT

*Interpret the meaning of "S" and "O"*

**Example:** Production of /l/ increased from 60% accuracy during the last session to 70% accuracy during today's session given visual cues for tongue placement.



#### PLAN

*Anticipated frequency and duration, course of treatment for next session, recommendations, and any change*

**Example:** Patient is approaching goal status for /l/ in initial position of words and continues to demonstrate progress with /l/ in the final position of words. Next w /l/ in the medial position of words will be introduced.

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# New Concept for 2021



D DESCRIPTION



O OBJECTIVE



G GAME PLAN

Offense- Testing & Review, etc...  
Defense- RX, Surgery, Hospital, etc...

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## 2021 Audit Plan Changes

- Budget changes- YES, but do not eliminate your audit!
- Audit considerations for 2021:
  - Sample size adjustments?
  - Modify Precision Rating requirements?
  - Audit frequency?
  - Elimination of E&M services from audit samples?



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## Why, What, When, & Who?

- Why: Compliance, Revenue, OIG says so!
- What: 5-10-20 Encounters (industry expectation) although Federal Register says as few as 5
- When: Annually
- Who: All providers

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## Type of Audit

- Retrospective & Prospective
- Third party & Internal
- Evaluation and Management & Procedural
- Compliance & Revenue



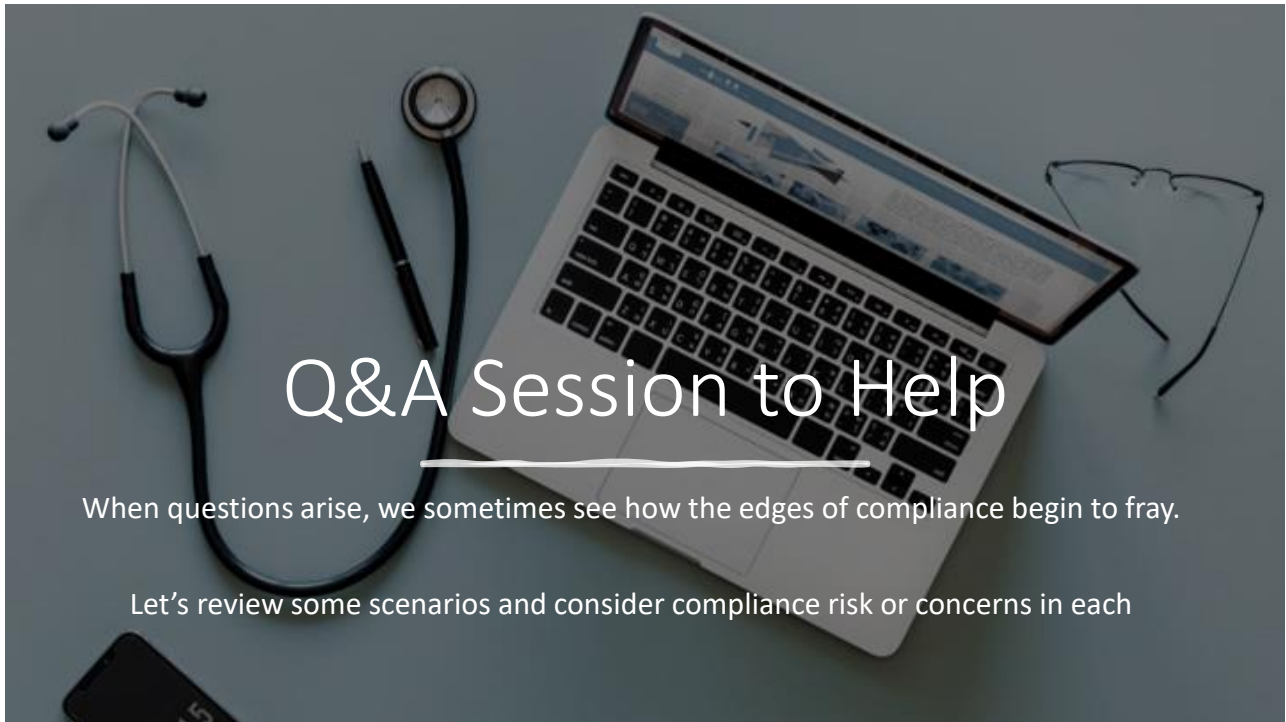
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## Audit Outcomes

- Feedback and education are a must
- Precision Ratings
- Proficiency
- Audit Escalation
- Re-Audit
- Re-Educate
- The cycle continues



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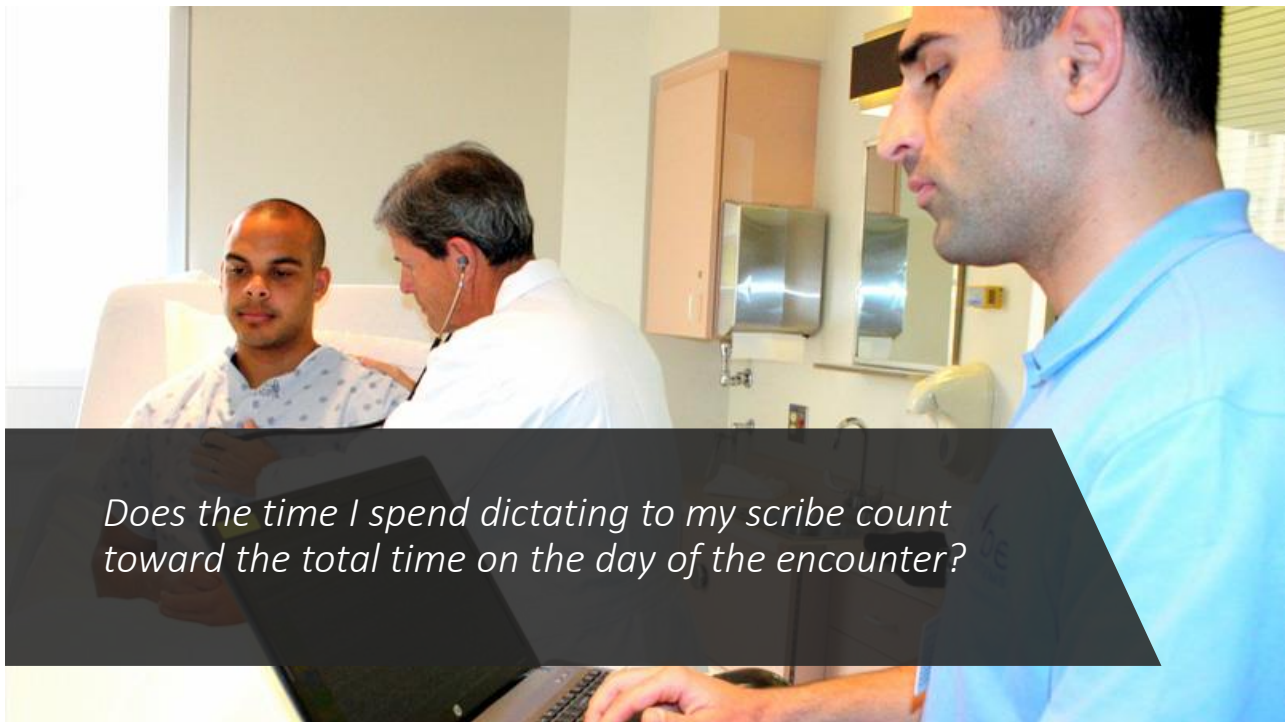


## Q&A Session to Help

When questions arise, we sometimes see how the edges of compliance begin to fray.

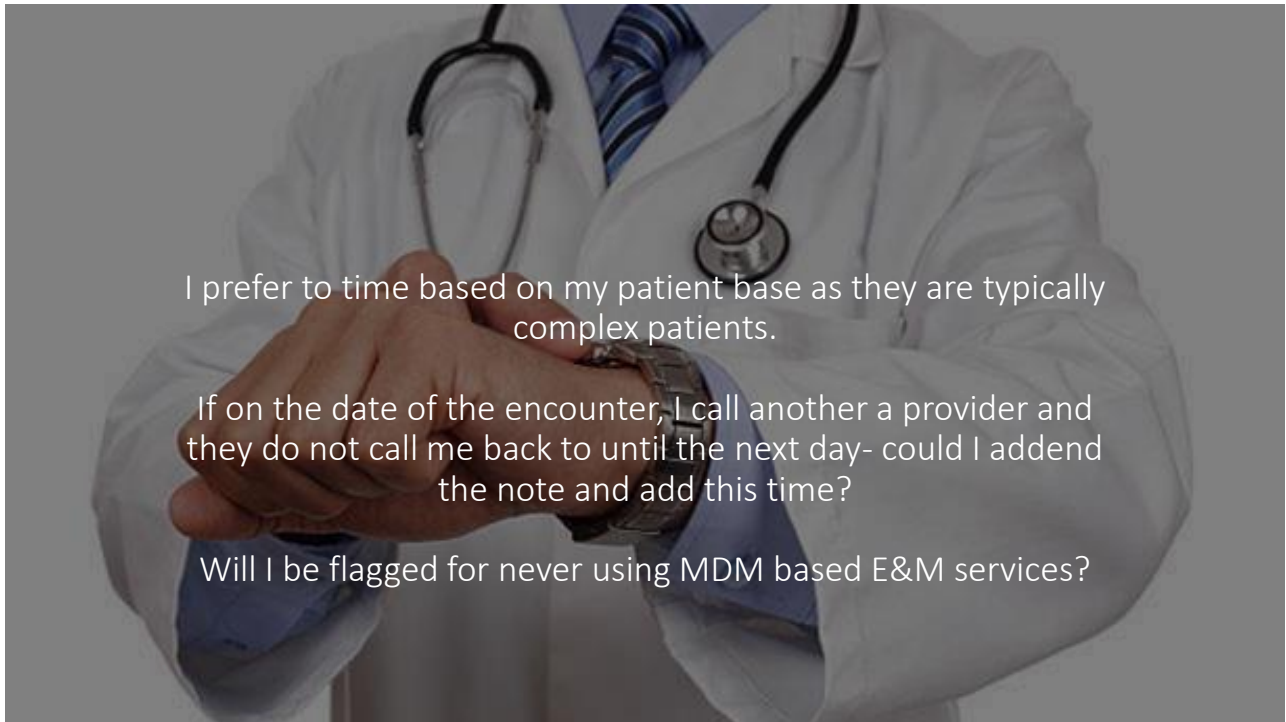
Let's review some scenarios and consider compliance risk or concerns in each

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*Does the time I spend dictating to my scribe count toward the total time on the day of the encounter?*

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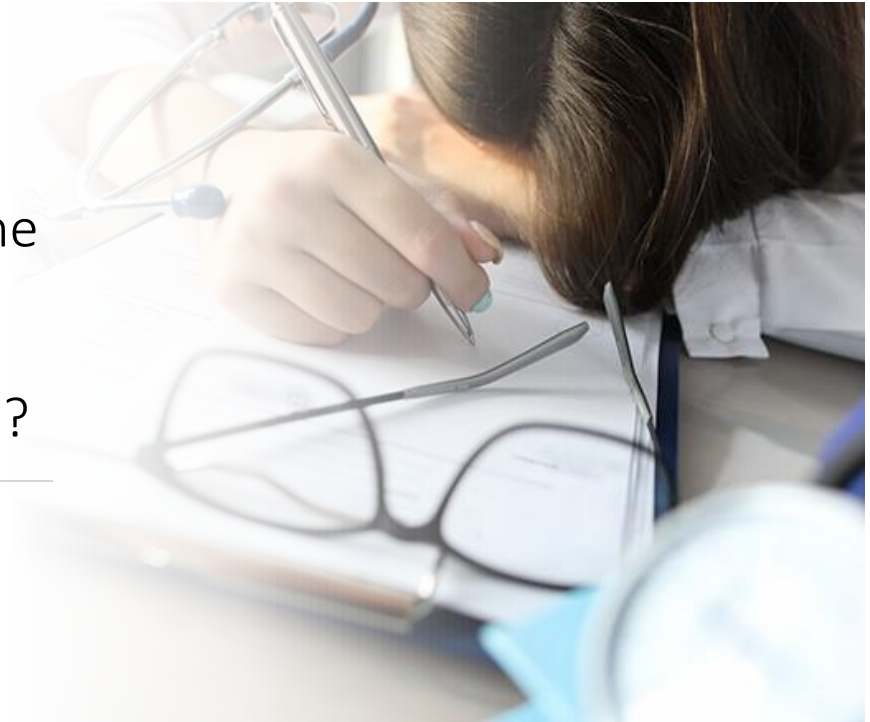
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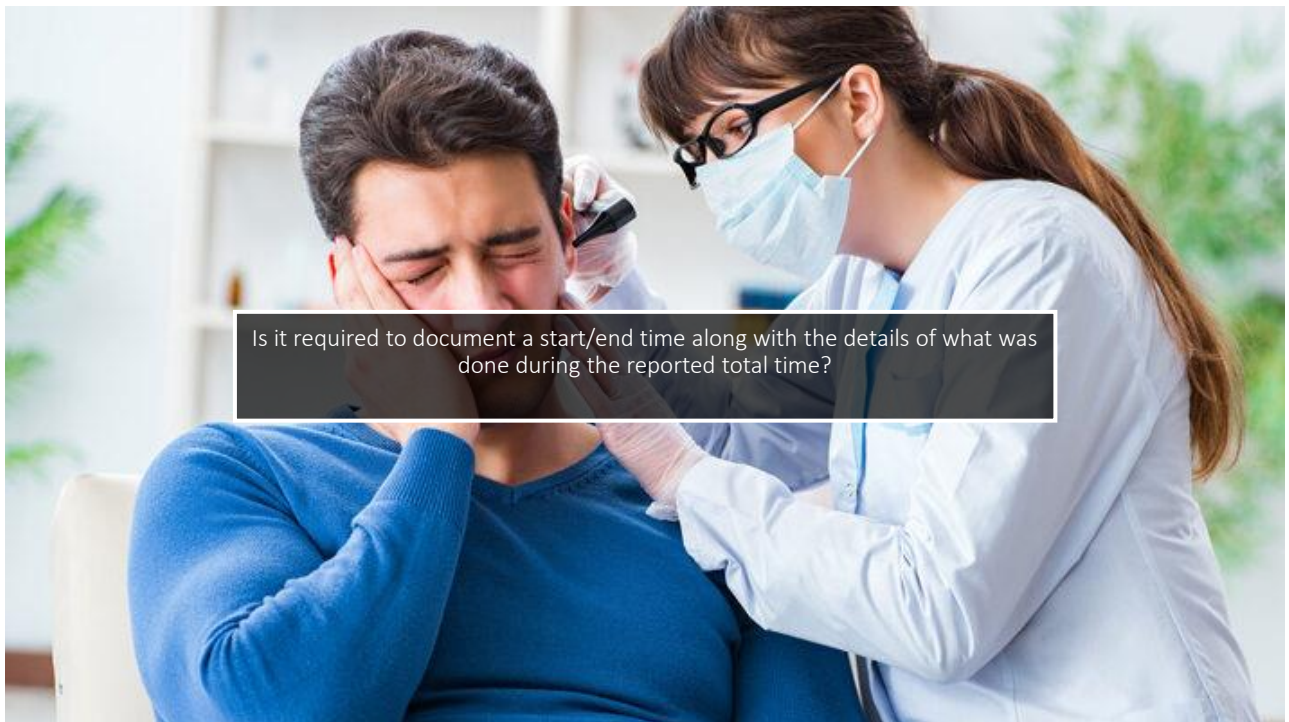
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Can I include the time of completing disability forms?



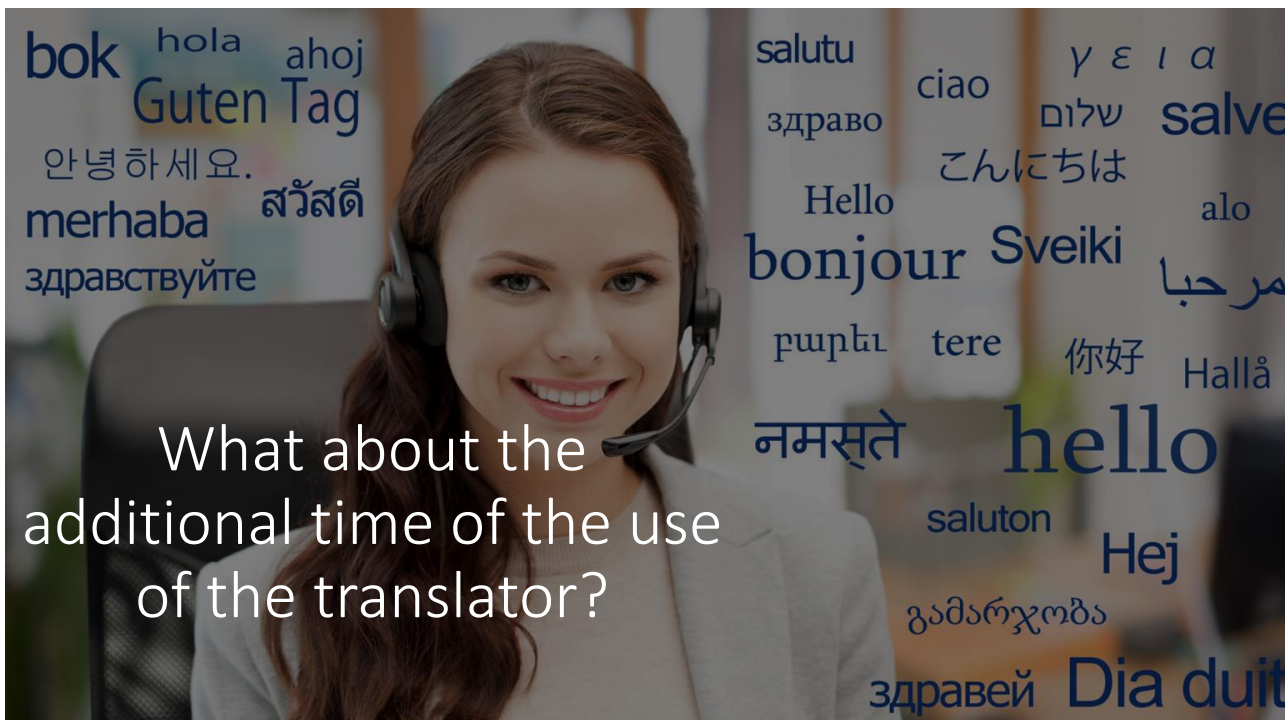
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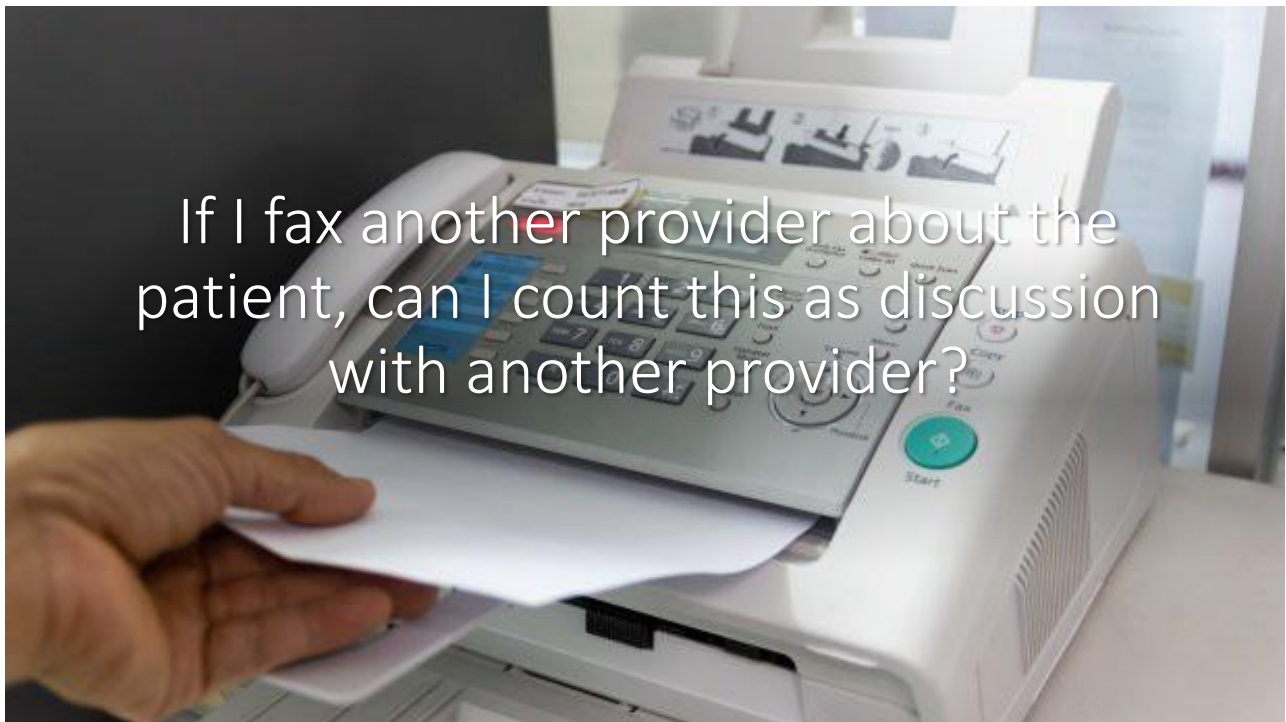
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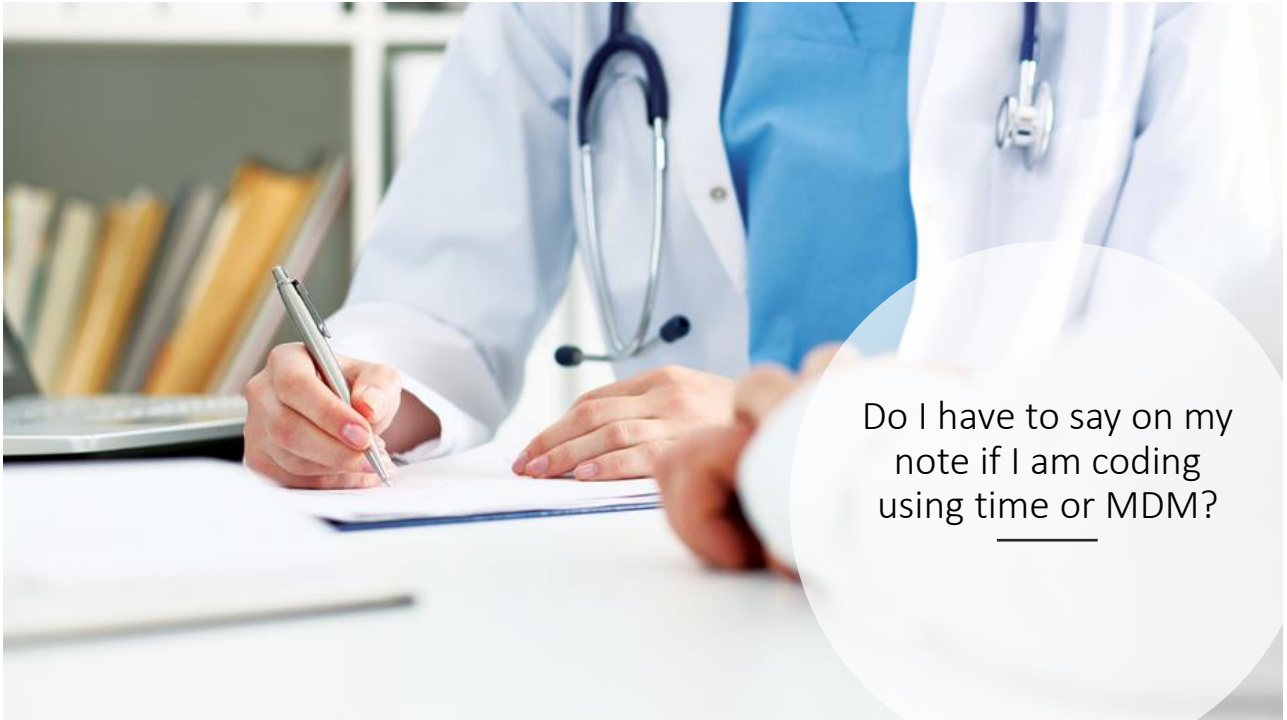
## Questions to Consider

In the criteria for the data element, is the independent historian requirement met for use of a translator?

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Do I have to say on my note if I am coding using time or MDM?

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**Based** on what I have heard about the changes, it sounds like I am under-coding because I do almost all level 3 new patients...

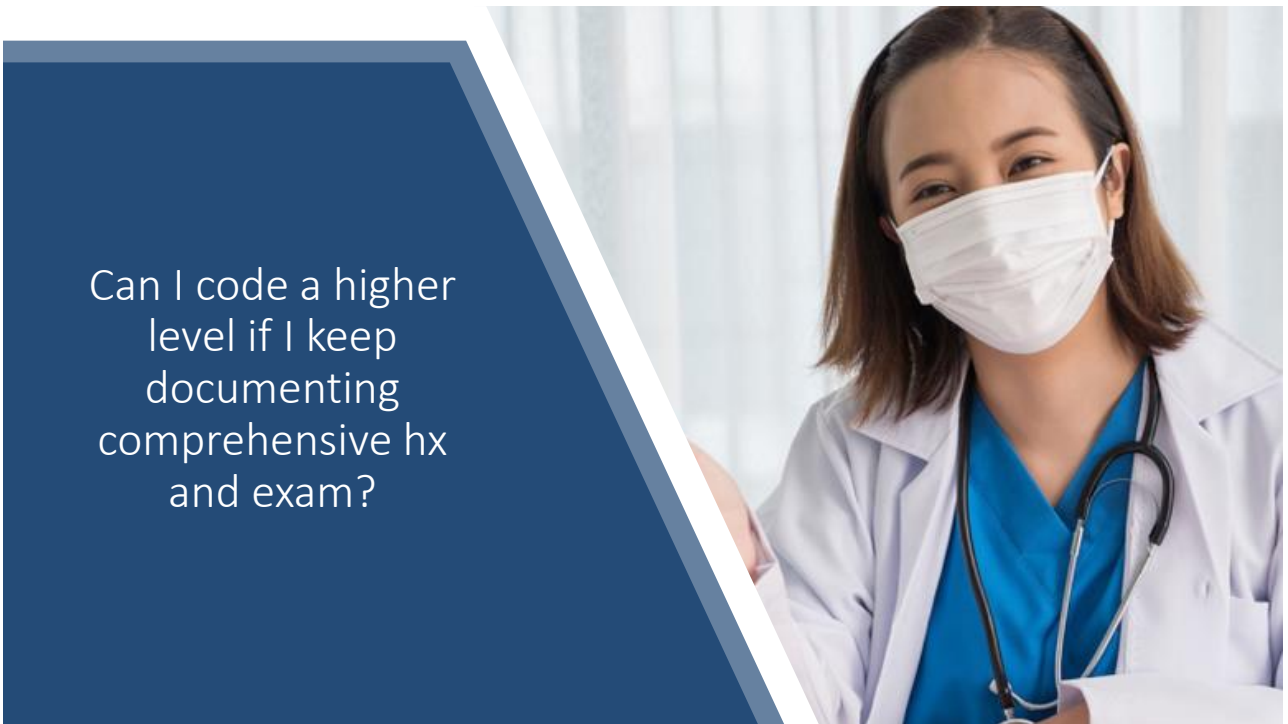
So, **Should** I be worried if I start coding many of them as level 4s because of payers analyzing my utilization?

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Do I really have to change anything I am doing?

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Can I code a higher level if I keep documenting comprehensive hx and exam?

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Is there a definition of prescription drug management?

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Can you give me a chart to simplify code selection during my busy clinic?



CPT Code	Presenting Problem	Patient Management
<b>Level 3</b> <b>99203</b> or <b>99213</b>	Acute Uncomplicated Chronic Stable	OTC Med RX Medication Physical Maneuver Office Based Procedure Decision for Surgery with or without risks SDOH impacting Diagnosis/Treatment Emergency Surgery Decision regarding hospitalization
<b>Level 4</b> <b>99204</b> or <b>99214</b>	Acute Complicated Chronic Exacerbated 2+ Chronic Stable Undiagnosed New Problem	Office Based Procedure with risk Decision for Surgery with or without risks SDOH impacting Diagnosis/Treatment Emergency Surgery Decision regarding hospitalization
<b>Level 5</b> <b>99205</b> or <b>99215</b>	Chronic Severe Exacerbation Acute or Chronic Problem Posting Threat to Life or Bodily Function	Emergency Surgery Decision regarding hospitalization

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# How do I know when to count ordering or reviewing a test?

## Order & Review: Consider the Impact

There really seems to be three different options in this area now:

- In house testing NOT requiring professional interpretation:
  - Example: strep test or urinalysis
  - E&M scoring: You MAY count Order OR Review, but NOT both
- In house testing REQUIRING professional interpretation:
  - Example: x-ray
  - E&M scoring: You may NOT count Order OR review
- Ordering testing by outside service
  - Example: outside labs, x-ray, or advanced imaging
  - E&M scoring: If the provider is NOT purchasing the service to bill, then they could COUNT the order

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Recently, I saw a patient as second opinion. The chart included notes and testing, so do I get to count both when scoring this review?

Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed
<i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
N/A
<b>Minimal or none</b>
<b>Limited</b> <i>(Must meet the requirements of at least 1 of the 2 categories)</i>
<b>Category 1: Tests and documents</b>
• Any combination of 2 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• review of the result(s) of each unique test*;</li> <li>• ordering of each unique test*</li> </ul>
or
<b>Category 2: Assessment requiring an independent historian(s)</b> <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>
<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i>
<b>Category 1: Tests, documents, or independent historian(s)</b>
• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul>
or
<b>Category 2: Independent interpretation of tests</b>
• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
or
<b>Category 3: Discussion of management or test interpretation</b>
• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i>
<b>Category 1: Tests, documents, or independent historian(s)</b>
• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul>
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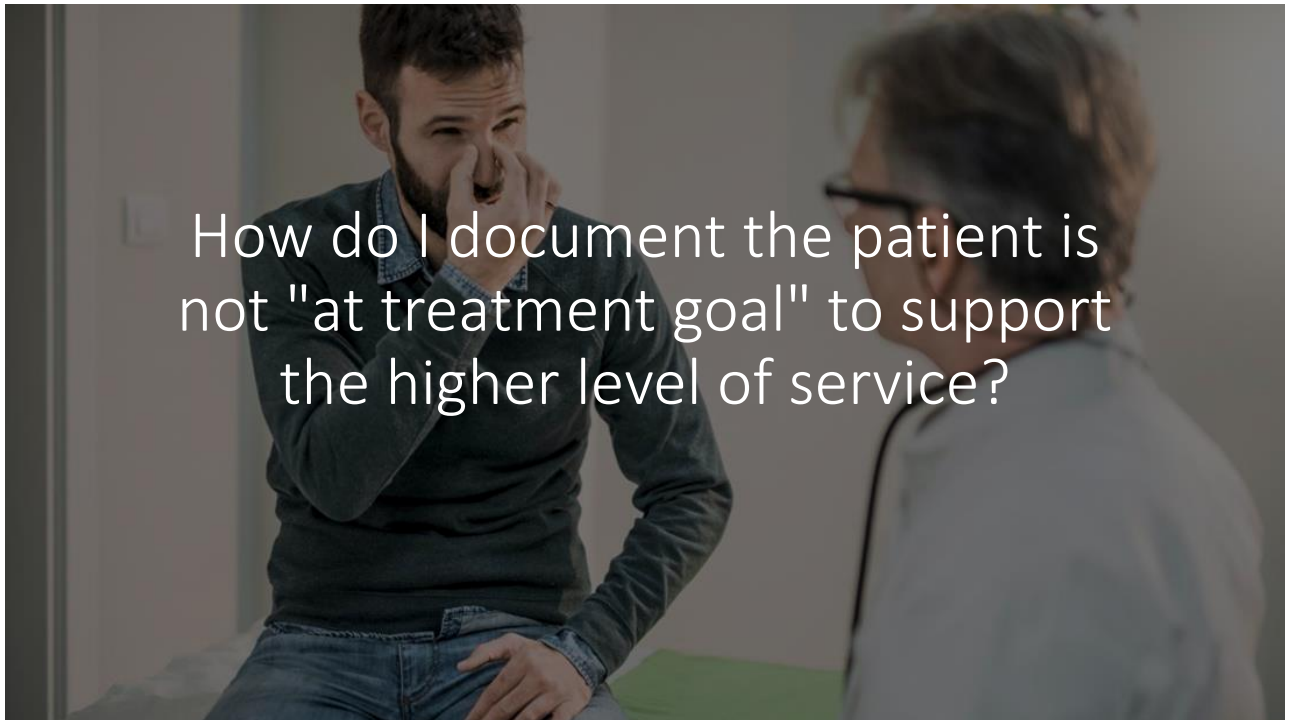
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How severe does the undiagnosed new problem with uncertain prognosis need to be?



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How do I document the patient is not "at treatment goal" to support the higher level of service?



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# Questions?

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