Not just another E&M Session

You're an ENT executive- so it's not really your role to know the ends and outs of E&M.

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Before We Begin…

Todays Session is FOR YOU!

Most of you are NOT the provider, the coder, the auditor, or the biller….

Your daily to-do list is full of task that may include:

- ✓ HR duties
- ✓ Compliance Duties
- ✓ Instacart Duties
- ✓ Custodian Duties
- ✓ H&R Block Skills
- ✓ And much more…

Our goal of this session falls in the "much more" category as we attempt to help you- when it comes to knowing what you need to know about E&M

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Let's Consider E&M Services…

- Before we can cutdown the topic of E&M to just what applies to the role of the administrator/manager- let's abstract out complexity

✓Reimbursement

✓Complex rules
MDM or Time

✓Complex billing rules
Incident to
Split shared

✓Documentation
Fraud
Abuse

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Reimbursement:

Let's Talk Conversion Factor

- 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
  - 2022 $34.6062
  - 2023 $33.0775

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Adjusting with the Reimbursement

CPT Code	Service Description	2022 RVU	2022 $	2023 Proposed RVU	2023 Proposed $	Change in $
30140	Submucous Resection Inferior Turbinate	8.88	$307.30	9.00	$302.38	$4.92
30520	Septoplasty	20.31	$702.85	20.57	$691.12	$11.73
31231	Nasal Endoscopy	5.66	$195.87	8.29	$278.53	$82.66
31237	Sinus Debridement	7.63	$264.05	7.74	$260.05	$4.00
42821	Removal of tonsils and adenoids- over 12	8.99	$311.11	9.20	$309.10	$2.01
42826	Removal of Tonsils over 12	7.56	$261.62	7.73	$259.72	$1.91
69210	Cerumen Removal	1.4	$48.45	1.43	$48.05	$0.40
69436	Ear Tube Placement	4.72	$163.34	4.83	$162.28	$1.06
92511	Nasopharyngoscopy	3.53	$122.16	3.53	$118.60	$3.56
99203	New Patient Level 3	3.29	$113.85	3.32	$111.55	$2.30
99212	Established Patient Level 2	1.66	$57.45	1.66	$55.77	$1.68
99213	Established Patient Level 3	2.66	$92.05	2.68	$90.04	$2.01
99214	Established Patient Level 4	3.75	$129.77	3.80	$127.67	$2.10

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E&M Consideration ONLY

CPT Code	Service Description	2023 $	Decrease $	$ p/MO | p/MD
99203	New Patient Level 3	$111.55	$2.30	$27.60
99212	Established Patient Level 2	$55.77	$1.68	$40.32
99213	Established Patient Level 3	$90.04	$2.01	$201.00
99214	Established Patient Level 4	$127.67	$2.10	$25.20
AVERAGE DECREASE PER PROVIDER PER MONTH				**$294.12**

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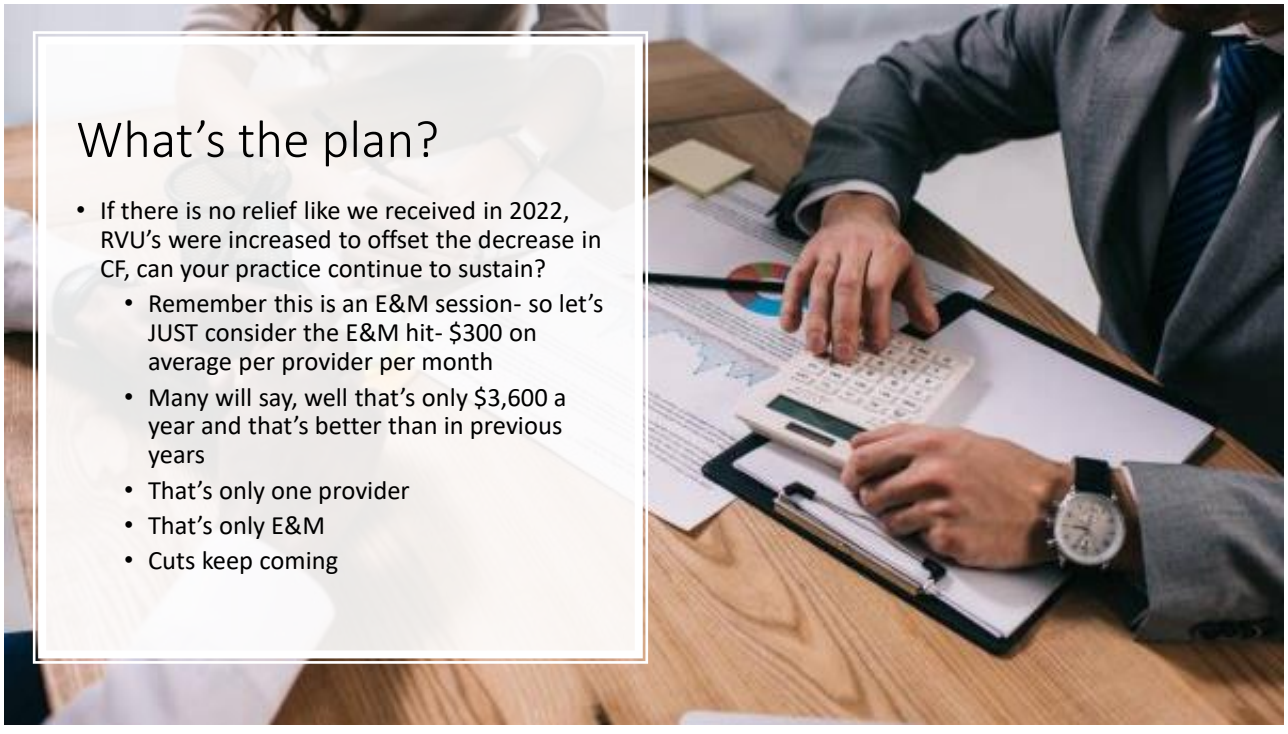

What's the plan?

- If there is no relief like we received in 2022, RVU's were increased to offset the decrease in CF, can your practice continue to sustain?
  - Remember this is an E&M session- so let's JUST consider the E&M hit- $300 on average per provider per month
  - Many will say, well that's only $3,600 a year and that's better than in previous years
  - That's only one provider
  - That's only E&M
  - Cuts keep coming

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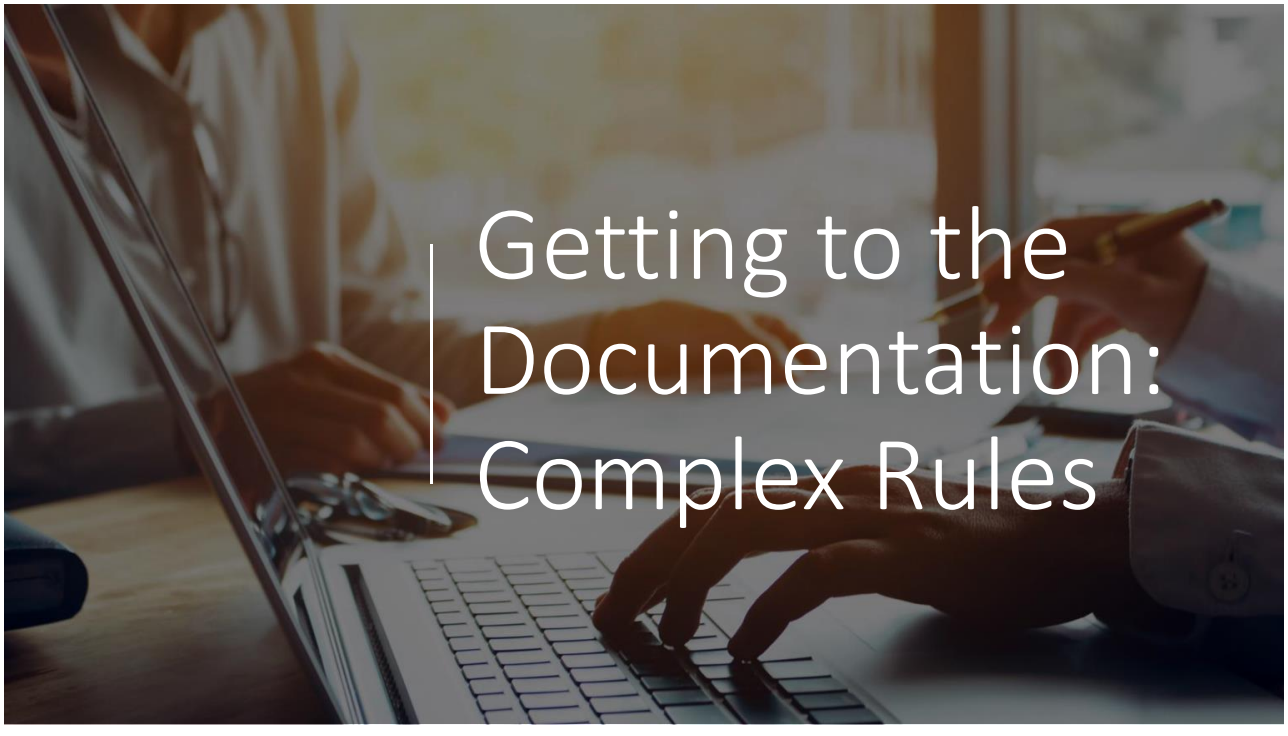

Getting to the Documentation: Complex Rules

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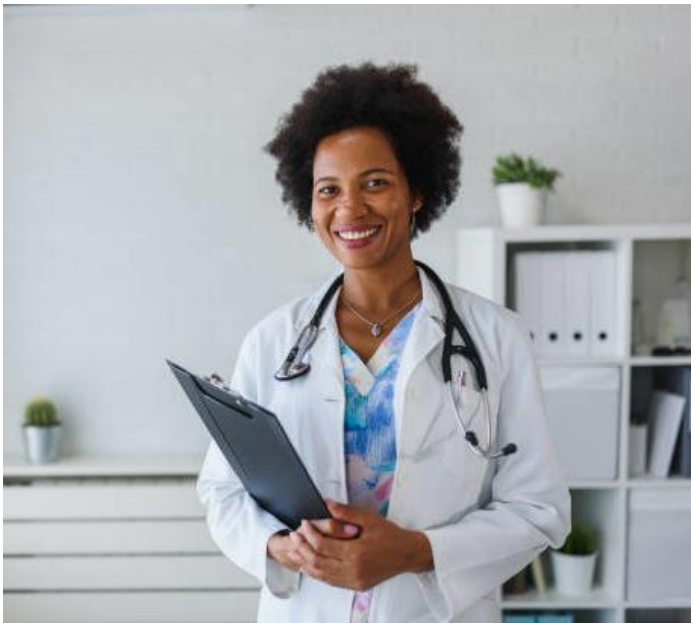
Complex Rules of Documentation

What have we learned since integrating 2021 DG

- ✓ Providers LIKE their templates because they haven't changed them
- ✓ Maybe, providers really didn't mind documenting the way they were…. It was the scoring they minded
- ✓ Maybe when we trained providers, we shouldn't have compared the changes to the current guidelines
- ✓ Nothing?



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Providers & their templates

- It's time…
- To explain why, I would like to review an example with you and while I realize this is NOT your specialty- the encounter ALIGNS with the problems we have with templates today

Notes: Same meds, and look to DC eliquis after 6 months total. He'll return to work early May in Alaska prn, though needs rtc appt 3-5 weeks before leaving since not sure he should go. And this was d/w him in detail. Also look to DC statin therapy then as well, per pt's request. A new order for Canyon Home Care was reviewed, signed and faxed for continued home care for skilled nursing and home PT today. Also needs to take his anicoag bid not qd. See ortho as sch, and needs to increase his stamina, so ncrease his time on his exercise bike.

2. Closed nondisplaced pilon fracture of right tibia with routine healing, subsequent encounter
Notes: Pt frustrated his legs not healing as well/as fast as he feels it should, though I told him I'm not surprised based on the severity of his injury/fracture, which I e/p to him. Along with fact he's not not 26 or 36, so this is pretty standard for his age and this type of injury.

Follow Up
3-5 weeks, or sooner if needed

Assessments
1. PE (pulmonary thromboembolism) - I26.99 (Primary)
2. Primary hypertension - I10
3. Closed nondisplaced pilon fracture of right tibia with routine healing, subsequent encounter - S82.874D
4. Mixed hyperlipidemia - E78.2

Treatment
1. PE (pulmonary thromboembolism)
Refill Atorvastatin Calcium Tablet, 40 MG, 1/2 - 1, po, qd, 30 days, 30, Refills 12
Refill Zestril Tablet, 20 MG, 1, po, qd for BP, 30 day(s), 30, Refills 12

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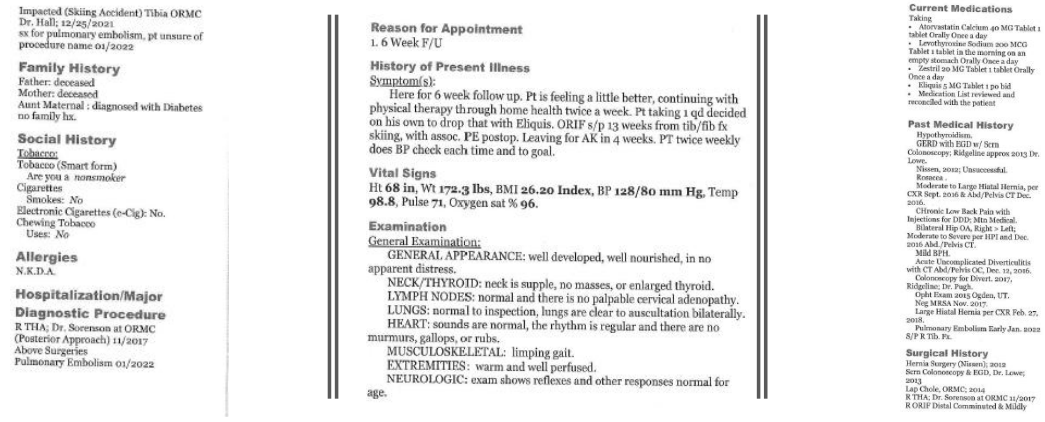

Impacted (Skiing Accident) Tibia ORMC Dr. Hall; 12/25/2021
sx for pulmonary embolism, pt unsure of procedure name 01/2022

Family History
Father: deceased
Mother: deceased
Aunt Maternal : diagnosed with Diabetes no family hx.

Social History
Tobacco:
Tobacco (Smart form)
Are you a *nonsmoker*
Cigarettes
Smokes: *No*
Electronic Cigarettes (e-Cig): No.
Chewing Tobacco
Uses: *No*

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
R THA; Dr. Sorenson at ORMC (Posterior Approach) 11/2017
Above Surgeries
Pulmonary Embolism 01/2022

Reason for Appointment
1. 6 Week F/U

History of Present Illness
Symptom(s):
Here for 6 week follow up. Pt is feeling a little better, continuing with physical therapy through home health twice a week. Pt taking 1 qd decided on his own to drop that with Eliquis. ORIF s/p 13 weeks from tib/fib fx skiing, with assoc. PE postop. Leaving for AK in 4 weeks. PT twice weekly does BP check each time and to goal.

Vital Signs
Ht **68 in**, Wt **172.3 lbs**, BMI **26.20 Index**, BP **128/80 mm Hg**, Temp **98.8**, Pulse **71**, Oxygen sat % **96**.

Examination
General Examination:
GENERAL APPEARANCE: well developed, well nourished, in no apparent distress.
NECK/THYROID: neck is supple, no masses, or enlarged thyroid.
LYMPH NODES: normal and there is no palpable cervical adenopathy.
LUNGS: normal to inspection, lungs are clear to auscultation bilaterally.
HEART: sounds are normal, the rhythm is regular and there are no murmurs, gallops, or rubs.
MUSCULOSKELETAL: limping gait.
EXTREMITIES: warm and well perfused.
NEUROLOGIC: exam shows reflexes and other responses normal for age.

Current Medications
Taking
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Levothyroxine Sodium 200 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
- Zestril 20 MG Tablet 1 tablet Orally Once a day
- Eliquis 5 MG Tablet 1 po bid
- Medication List reviewed and reconciled with the patient

Past Medical History
Hypothyroidism.
GERD with BID w/ Scrn
Colonoscopy; Ridgeline approx 2013 Dr. Lowe.
Nissen, 2012; Unsuccessful.
Rosacea .
Moderate to Large Hiatal Hernia, per CXR Sept. 2016 & Abd/Pelvis CT Dec. 2016.
Chronic Low Back Pain with Injections for DDD; Mtn Medical.
Bilateral Hip OA, Right > Left; Moderate to Severe per HPI and Dec. 2016 Abd./Pelvis CT.
Mild BPH.
Acute Uncomplicated Diverticulitis with CT Abd/Pelvis OC, Dec. 23, 2016.
Colonoscopy for Divert. 2017, Ridgeline; Dr. Pugh.
Opht Exam 2015 Ogden, UT.
Neg MRSA Nov. 2017.
Large Hiatal Hernia per CXR Feb. 27, 2018.
Pulmonary Embolism Early Jan. 2022 S/P R Tib. Fx.

Surgical History
Hernia Surgery (Nissen); 2012
Scrn Colonoscopy & EGD, Dr. Lowe; 2013
Lap Chole, ORMC; 2014
R THA; Dr. Sorenson at ORMC 11/2017
R ORIF Distal Comminuted & Mildly

Providers & their templates

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Providers really didn't mind documenting the way they were…. It was the scoring they minded

- This remains a problem for the administrator/manager for 2 reasons:
  - The average ENT practice is seeing lower levels of service scored through the new MDM scoring process
  - This is causing the administrator/manager to get involved as a sounding board, investigator, coder, auditor, and all-around coding guru to validate accuracy or myth

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Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:
Note: this content will not be included in the CPT 2020 code set release

AMA AMERICAN MEDICAL ASSOCIATION

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward 99202: 15 - 29 | 99212: 10 - 19	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low OR Time: 99203: 30 - 44 99213: 20 - 29	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited *(Must meet the requirements of at least 1 of the 2 categories)* Category 1: Tests and documents • Any combination of 2 from the following: ▪ Review of prior external note(s) from each unique source*; ▪ review of the result(s) of each unique test*; ▪ ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate OR Time: 99204: 45 - 59 99214: 30 - 39	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate *(Must meet the requirements of at least 1 out of 3 categories)* Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or 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)	Moderate risk of morbidity from additional diagnostic testing or treatment *Examples only:* • 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 • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High OR Time: 99205: 60 - 74 99215: 40 - 54	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive *(Must meet the requirements of at least 2 out of 3 categories)* Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) or	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • 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

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Maybe when we trained providers, we shouldn't have compared the changes to the current guidelines

- Practices continue to lose the efficiencies that come with using the improvements that come with 2021 Documentation Guidelines
- What was the goal of 2021 Documentation Guidelines?
  - Patients of paperwork
  - Less stringent requirements
  - Elimination of a checklist performance
  - Ability to free style and still meet levels of service
- Potentially what efficiencies could be made in your practice?
  - Revamp new patient paperwork- to make rooming patients more efficient
  - Streamline nursing paperwork for patient prep efficiency
  - Create proper templates for 2021 to increase patient turn around time

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Addressing "Smart Documentation"

It DOES have a place- It DOES have relevance, and it CAN be compliant

- ✓Copy & Paste
- ✓Templates
- ✓Macros

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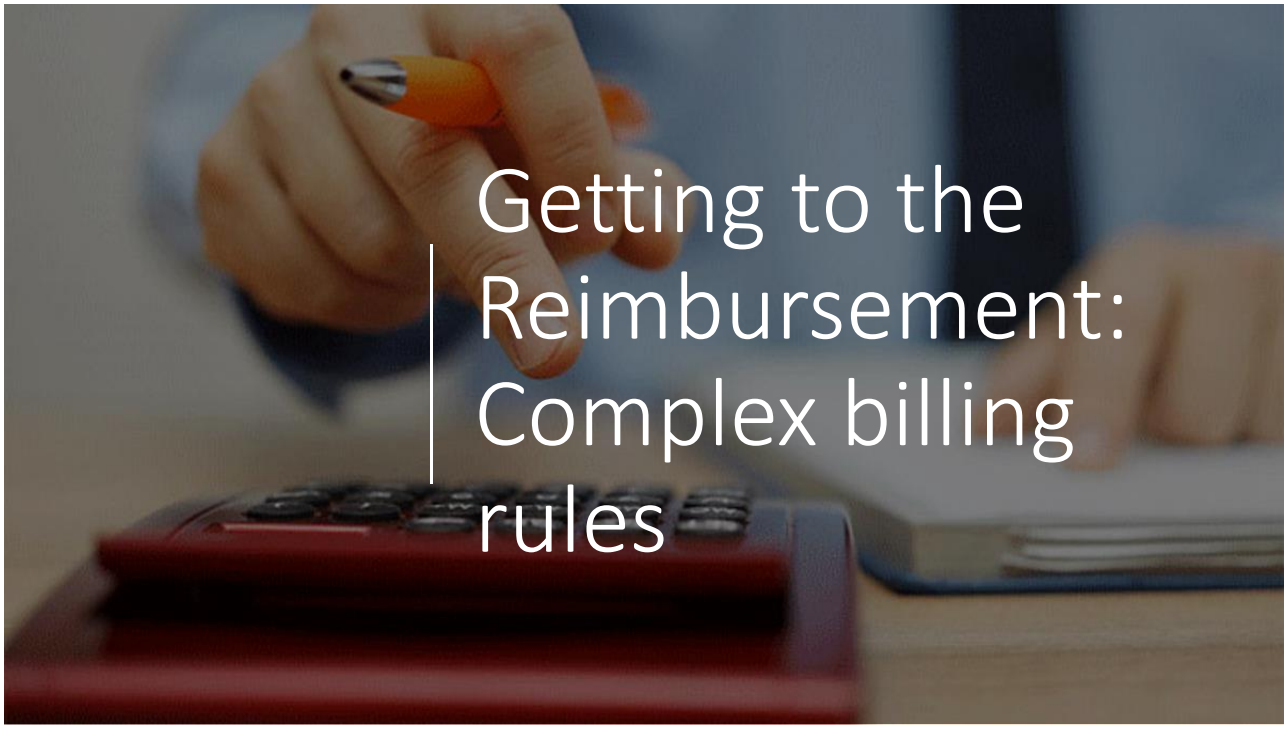

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Billing an Encounter

- Have you ever thought of process of completing a 1500 claim form?
- Well, you aren't completing it (odds are)
- You did NOT perform the work it is billing (odds are)
- You did NOT assign the codes or verify the work was performed through audit (odds are)
- The risk YOU THE MANAGER assume with EVERY claim form that leaves the office is triple the claim amount, average $10,000 per claim and could be about 5 years or so in jail
- But often, there is are no routine audits in place, no compliance plan, no validation
- Yet, the bank only charges $35 for NSF- and we all sure know what's up with the bank account!!! There's no triple the check amount, $10,000 per check, and **typically** not a threat of jail (unless ya know….)

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Billing an Encounter

- Furthermore, risk filled areas continue to be billed
- Incident-to
- Oh, wait… maybe it's Split-Shared
- Or, maybe it's Incident-to… your billing team isn't quite sure because they don't know the guidelines too well, but it's ok… they "THINK" they are doing it right.

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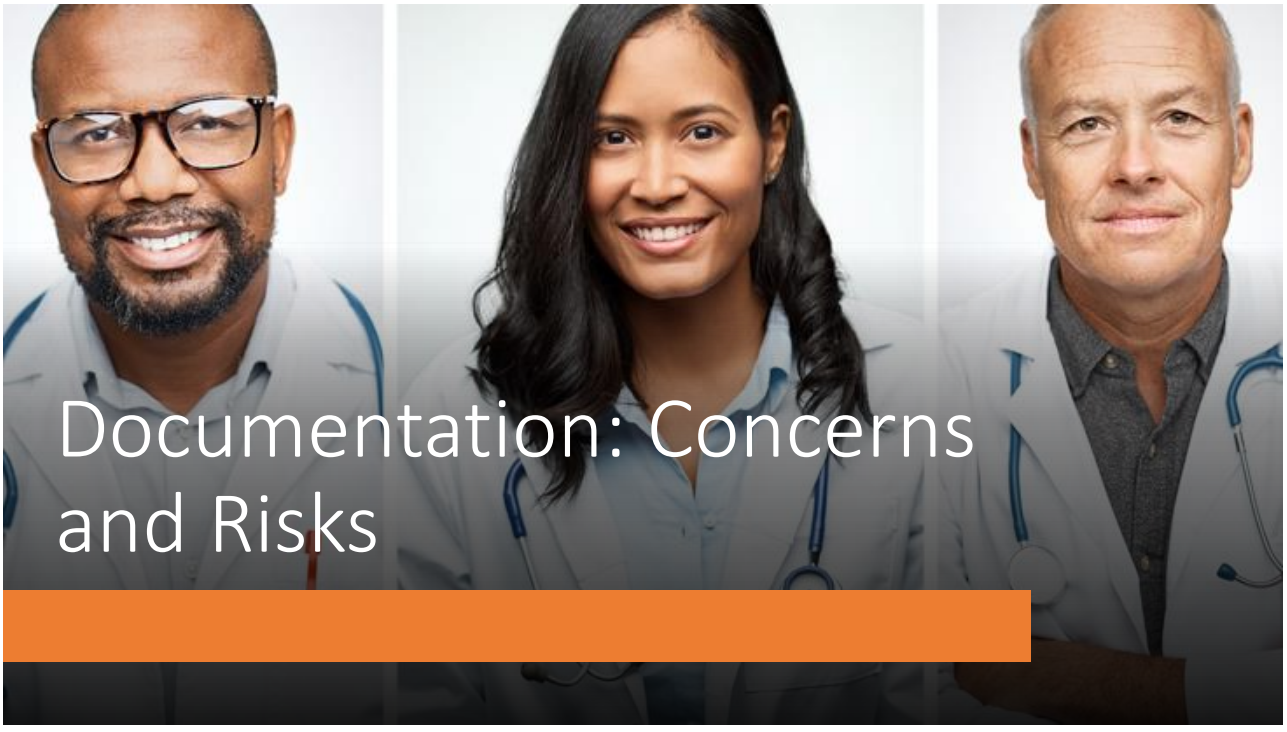

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Documentation: Concerns & Risks

- Unfortunately, the documentation created by our providers can leave our practices vulnerable
  - Legal related concerns
  - Fraud
  - Abuse
- Documentation is the homework of the provider's career
- Helping providers embrace and adapt the impact of their documentation will have a positive impact

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Other Documentation Thoughts

Documentation is oftentimes the only representation of the provider's "work" that MANY have:

Consulting providers
Insurance carriers
Patient reading the note themselves

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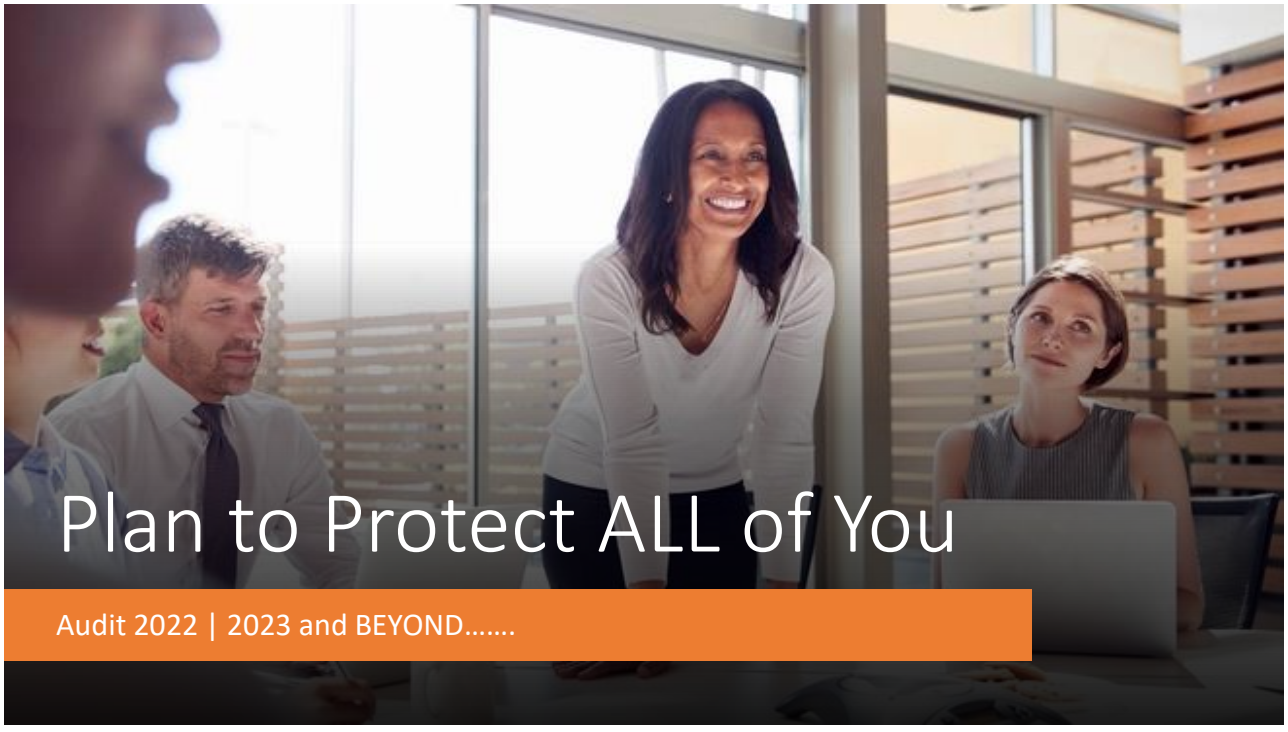

Plan to Protect ALL of You

Audit 2022 | 2023 and BEYOND…….

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Audit Plans

- Audit considerations:
  - Sample size adjustments?
  - Modify Precision Rating requirements?
  - Audit frequency?
  - Elimination of E&M services from audit samples?

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Does our audit plan have to change year over year?

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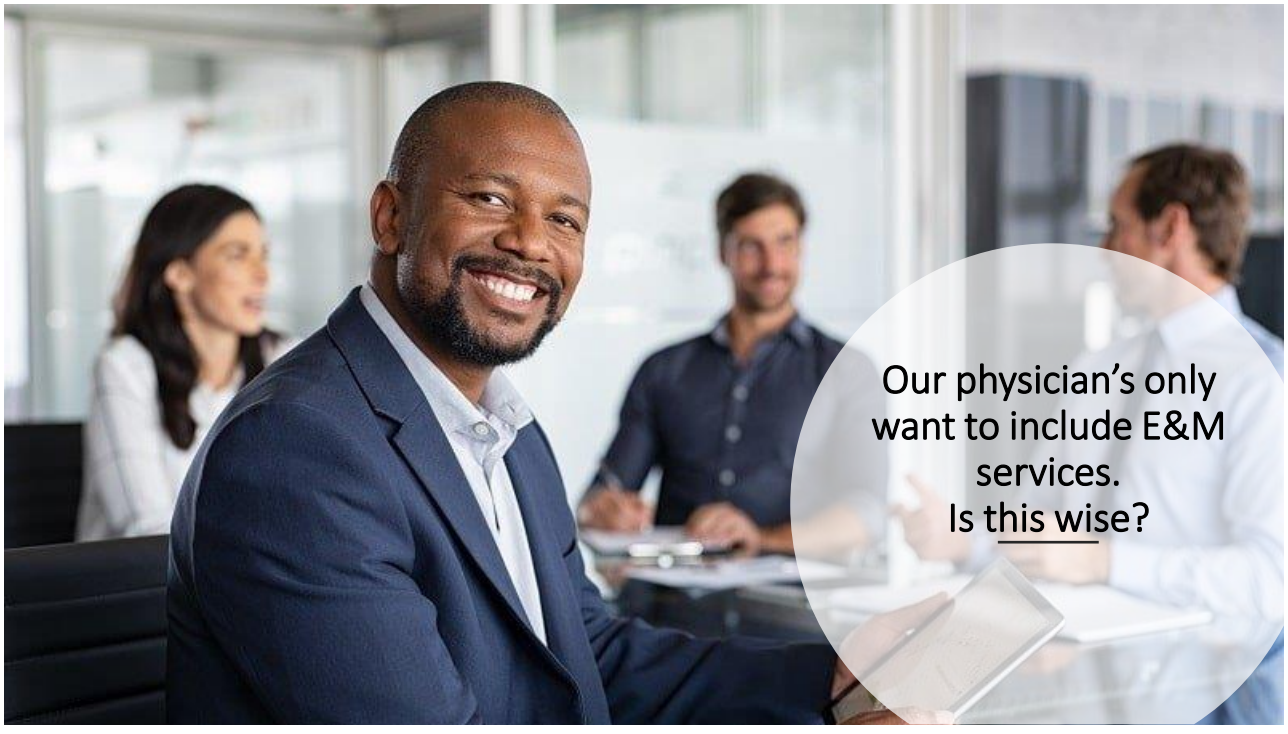
Our physician's only want to include E&M services.
Is this wise?

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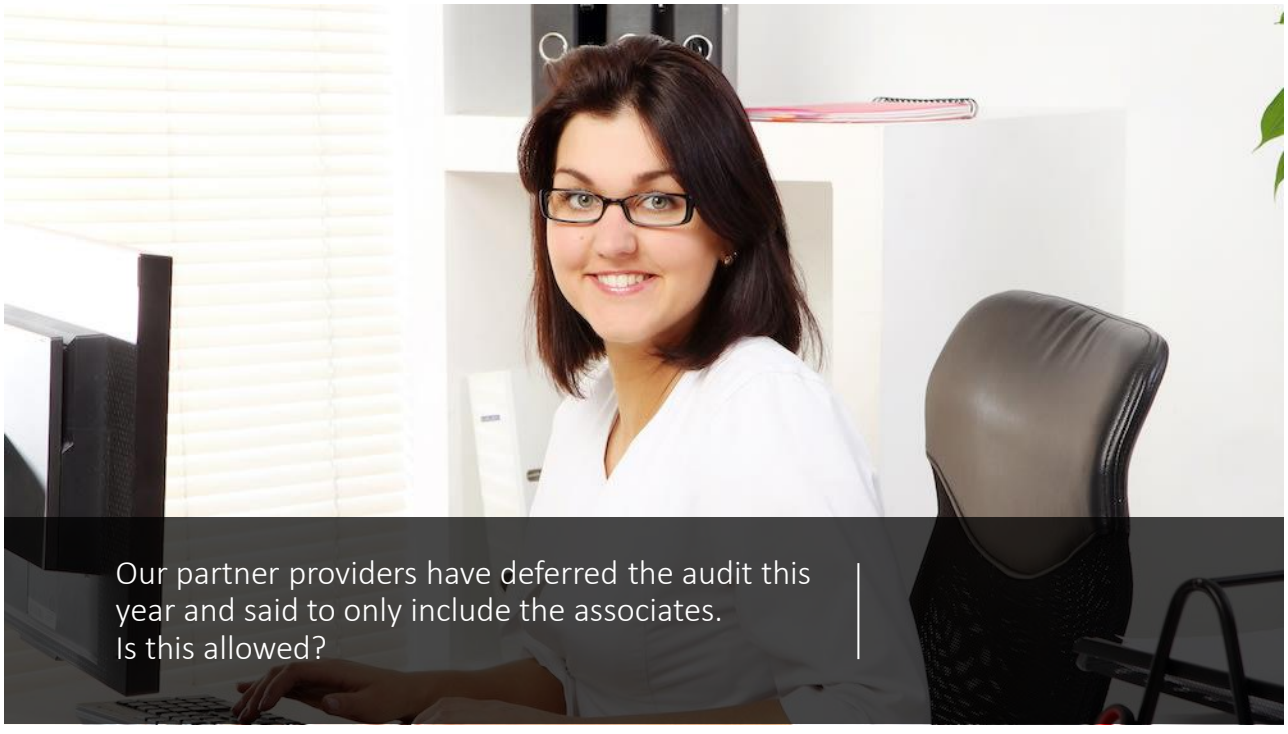
Our partner providers have deferred the audit this year and said to only include the associates.
Is this allowed?

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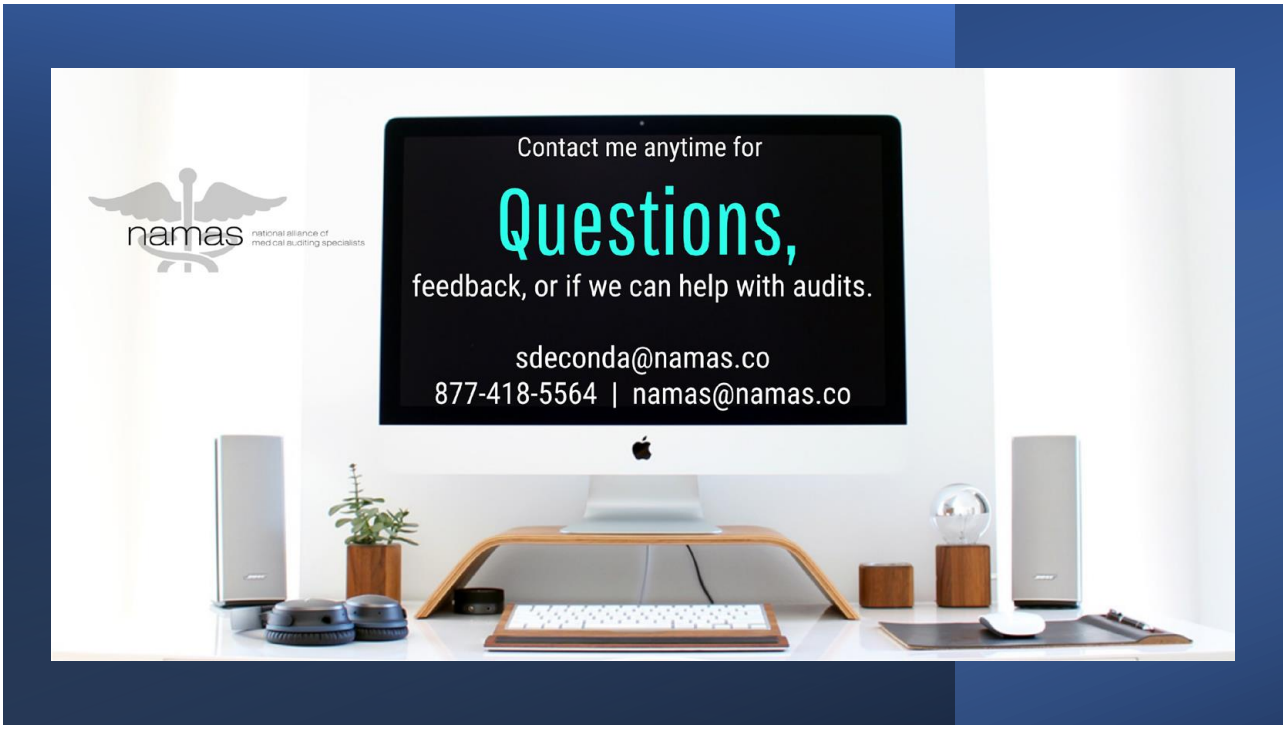
namas
national alliance of medical auditing specialists
Contact me anytime for
Questions,
feedback, or if we can help with audits.
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