
Maximizing Reimbursement in the Face of Payer Reductions Through Complete Documentation & Coding for Specialists



Wednesday, November 16, 2022



Topics

- What's Coming
- Office Visits
 - History & Physical Documentation
 - Medical Decision Making Documentation
 - Time
 - Incident to
- Inpatient Visits
 - History & Physical Documentation
 - Medical Decision Making Documentation
 - Time
 - Split-Shared Visits
- Advanced Care Planning
- Transitional Care Management



2023 Reimbursement Changes

Conversion Factor: \$33.08 ↓ (-4.5%)

RVU: Initial Inpatient Visits (99221-99223) ↓

Subsequent Care Visits (99231-99233) ↑

Discharge (99238-99239) ↑

Admit Discharge Same Day (99234-99236) ↓

Consults (99241-99245 & 99251-99255) ↓



2023 Coding Changes

99241 & 99251 Eliminated

Observation Codes (99218-99220 & 99224-99226) Eliminated
(Use 99221-99223 & 99231-99233)



Office Visits



Medical Decision Making 2022

- Number & **Complexity** of Problems Addressed
- Amount/Complexity of **Data** to be Reviewed **AND** Analyzed
- **Risk** of Significant Complications, Morbidity, and/or Mortality

**Drop
Lowest &
Highest**

Remaining Element = Level



Medical Decision Making 2022: Number/Complexity Problems Addressed

- Four types of problems (managed by you):
 - Self-limiting/minor
 - Chronic
 - Acute
 - Undiagnosed New Problem w/ Uncertain Prognosis



Medical Decision Making 2022: Number/Complexity Problems Addressed

LEVEL	2	3	4	5
Self-limited or Minor <i>Runs definite/prescribed course/transient/not likely to alter health status</i>	1	2+		
Stable Chronic Illness (= at treatment goal) <i>Duration ≥ 1 year/Risk of morbidity w/o treatment is significant</i> <i>Examples: well controlled diabetes, hypertension, NED *</i>		1	2+	
Acute, Uncomplicated Illness or Injury <i>Recent or new short term problem/Low risk of morbidity/Full recovery expected/Self-limited or minor problem not resolving</i> <i>Examples: cystitis, allergic rhinitis, simple sprain</i>		1+		
Chronic w/Exacerbation, progression, or side effects of treatment <i>Not controlled/Getting worse/Requires additional care or treatment</i> Does not require hospitalization <i>Examples: Not at Treatment Goal, Disease Progression</i>			1+	
Undiagnosed New Problem w/ Uncertain Prognosis <i>Condition likely to result in high risk of morbidity without treatment</i> <i>Examples: Lump in Breast</i>			1+	
Acute Illness w/ Systemic Symptoms <i>Extensive injury/treatment options are multiple and/or associated w/ risk of morbidity</i> <i>Examples: pyelonephritis, pneumonitis, or colitis</i>			1+	
Chronic w/ Severe Exacerbation, progression, or side effects of treatment <i>Example: Metastases Since Previous Visit, Severe Reaction to Chemo</i>				1+
Acute or Chronic Illness or Injury that poses a threat to life or bodily function <i>High probability of hospitalization</i> <i>Examples: AMI, Pulmonary Embolus</i>				1+



Medical Decision Making 2022:
Number/Complexity Problems Addressed

**NUMBER OF PROBLEMS MANAGED
WILL NO LONGER RESULT IN
HIGHEST LEVEL!!!!**



Medical Decision Making 2022:
Amount/Complexity of Data Reviewed & Analyzed

LEVEL	2	3	4	5
NONE	✓			
CATEGORY 1: 2 OR ASSESSMENT REQUIRING AN INDEPENDENT HISTORIAN(S)		✓		
CATEGORY 1: 3 OR CATEGORY 2: 1 OR CATEGORY 3: 1			✓	
MUST MEET 2 OF 3 BELOW: CATEGORY 1: 3 CATEGORY 2: 1 CATEGORY 3: 1				✓

CATEGORY 1: Tests, documents, or independent historian(s)

1. • Review of prior external note(s) from each unique source*; multiples
2. • Review of the result(s) of each unique test*; not billed for. multiples
3. • Ordering of each unique test*; not billed for. multiples
4. • Assessment requiring an independent historian(s)

CATEGORY 2: Independent interpretation of tests

Independent interpretation (**DOCUMENTED!**) of a test performed by another physician/other qualified health care professional (not separately reported)

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)



Medical Decision Making 2022: Risk

LEVEL	2	3	4	5
MINIMAL RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: Rest, Bandages	✓			
LOW RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Over-the-counter drugs • Minor surgery with no identified risk factors • Physical/Occupational therapy • IV fluids without additives 		✓		
MODERATE RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • 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 • IV fluids with additives (Fe Infusion) • Diagnosis or treatment significantly limited by social determinants of health 			✓	
HIGH RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity (chemo/radiation/EPO/Coumadin) • 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 (hospice) 				✓



Medical Decision Making 2022: Risk

**RISK ALONE DOES NOT RESULT IN
HIGHEST LEVEL!!!!**



Time: 2022

- Total Time Spent on Date of Service
 - Pre, Intra, and Post Service Time (does not include any procedure time)
 - Face-to-Face AND non-Face-to-Face
 - Time Ranges, not averages
 - New Patient Visits
 - Level 2 (99202): 15-29 minutes
 - Level 3 (99203): 30-44 minutes
 - Level 4 (99204): 45-59 minutes
 - Level 5 (99205): 60-74 minutes
 - Established Patient Visits
 - Level 2 (99212): 10-19 minutes
 - Level 3 (99213): 20-29 minutes
 - Level 4 (99214): 30-39 minutes
 - Level 5 (99215): 40-54 minutes

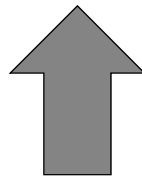


Time: 2022

- Documentation:

“Total time spent on this patient today was X minutes.”

- Number of future visits billed based on time in some specialty practices:



Time: 2022

- Medicare New Prolonged Service Code for Office Visits
 - G2212
 - Reimbursement: \$32.26
 - Requirements:
 - Can only be used with 99205 or 99215
 - Additional 15 minutes beyond maximum time for 99205 (74) or 99215 (54)
 - Can be billed multiple times with E/M Visit



“Incident to”

- Bill under physician who is present in the office suite (*direct supervision*).
- Cannot bill visit under physician if problem is new (*physician has not established plan of care*)
- Cannot bill visit under physician if plan for established problem is changed...even if physician is brought into exam room!



“Incident to”

Billing Under Supervising Physician’s NPI (100%):

- No Change
- Continuation of Plan Previously Documented by Physician



Not “Incident to”

Billing Under APP NPI (85%):

- New Problem
- Change in Plan for Established Problem
- Time based visits



Inpatient Visits



2023 Changes to Inpatient E&M Services

- Will mimic office visits
 - Medically Appropriate History/Physical Exam
 - Based on MDM or Time



2023 Changes to Inpatient E&M Services

- Office Visit/Inpatient Same Day
 - Office Visit -25 + Subsequent Care Visit (99231-99233)
- Office Visit/Same Admit-Discharge
 - Office Visit -25 + Same Day Admit Discharge (99234-99236)
- Inpatient Consult Performed In Anticipation of Admit By Another Physician
 - Subsequent Care Visit (99231-99233)



Inpatient Medical Decision Making 2023: Complexity Problems Addressed

LEVEL	1	2	3
Stable Chronic Illness (= at treatment goal) Duration ≥ 1 year/Risk of morbidity w/o treatment is significant Examples: well controlled diabetes, hypertension	1	2+	
Acute, Uncomplicated Illness or Injury Recent or new short term problem/Low risk of morbidity/Full recovery expected/Self-limited or minor problem not resolving Examples: cystitis, UTI, URI, allergic rhinitis, simple sprain	1+		
Chronic w/Exacerbation, progression, or side effects of treatment Not controlled/Getting worse/Requires additional care or treatment Does not require hospitalization Examples: Not at Treatment Goal, Disease Progression		1+	
Undiagnosed New Problem w/ Uncertain Prognosis Condition likely to result in high risk of morbidity without treatment Examples: Lump in Breast		1+	
Acute Illness w/ Systemic Symptoms Extensive injury/treatment options are multiple and/or associated w/ risk of morbidity Examples: pyelonephritis, pneumonitis, or colitis		1+	
Chronic w/ Severe Exacerbation, progression, or side effects of treatment Example: Metastases Since Previous Visit, Severe Reaction to Chemo			1+
Acute or Chronic Illness or Injury that poses an IMMEDIATE threat to life or bodily function High probability of hospitalization Examples: AMI, Pulmonary Embolus			1+



Medical Decision Making 2022: Complexity Problems Addressed

**NUMBER OF PROBLEMS MANAGED
WILL NO LONGER RESULT IN
HIGHEST LEVEL!!!!**



Inpatient Medical Decision Making 2023: Amount/Complexity of Data Reviewed & Analyzed

LEVEL			1	2	3
CATEGORY 1: 0-2 OR ASSESSMENT REQUIRING AN INDEPENDENT HISTORIAN(S)			✓		
CATEGORY 1: 3	OR	CATEGORY 2: 1 OR CATEGORY 3: 1		✓	
MUST MEET 2 OF 3 BELOW:					✓
CATEGORY 1: 3		CATEGORY 2: 1			CATEGORY 3: 1

CATEGORY 1: Tests, documents, or independent historian(s)

1. • Review of prior external note(s) from each unique source*; multiples
2. • Review of the result(s) of each unique test*; not billed for. multiples
3. • Ordering of each unique test*; not billed for. multiples
4. • Assessment requiring an independent historian(s)

CATEGORY 2: Independent interpretation of tests

Independent interpretation (**DOCUMENTED!**) of a test performed by another physician/other qualified health care professional (not separately reported)

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)



Inpatient Medical Decision Making 2023: Risk

LEVEL ➔	1	2	3
MINIMAL/LOW RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Low risk of disease worsening/recurrence • Self Limiting/Minor • Over-the-counter drugs • Minor surgery with no identified risk factors • Physical Occupational therapy • IV fluids without additives (HYDRATION THERAPY) 	✓		
MODERATE RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • Moderate risk of disease worsening/recurrence • 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 • IV fluids with additives (Fe Infusion) • Diagnosis or treatment significantly limited by social determinants of health 		✓	
HIGH RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <ul style="list-style-type: none"> • High risk of disease worsening/recurrence • Drug therapy requiring intensive monitoring for toxicity (chemo/radiation/EPO/Coumadin) • 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 (hospice) 			✓



Medical Decision Making 2022: Risk

**RISK ALONE DOES NOT RESULT IN
HIGHEST LEVEL!!!!**



Time: Inpatient 2023

- Total Time Spent on Date of Service
 - Pre, Intra, and Post Service Time (does not include any procedure time) anywhere in the hospital
 - Face-to-Face AND non-Face-to-Face
 - Time Ranges, not averages
 - Initial Inpatient Visits
 - Level 1 (99221): 40-54 minutes
 - Level 2 (99222): 55-74 minutes
 - Level 3 (99223): 75-89 minutes
 - Subsequent Care Visits
 - Level 1 (99231): 25-34 minutes
 - Level 2 (99232): 35-49 minutes
 - Level 3 (99233): 50-44 minutes



Time: 2022

- Medicare New Prolonged Service Code for Inpatient Visits
 - G0316
 - Requirements:
 - Can only be used with 99223 or 99233
 - Additional 15 minutes beyond maximum time for 99223 (89) or 99233 (44)
 - Can be billed multiple times with E/M Visit



Split/Shared Visits: 2022 & 2023

- Split/shared visit allowed in Facility setting only
- "Incident to" rules apply in the office setting only
- Split/shared visit for Time based billing – Billing provider most time spent
- Split/shared Visit based MDM – Patient seen by APP. If physician documents MDM, bill under physician (100% Fee Schedule)
- **PHYSICIAN DOES NOT NEED TO SEE PATIENT!!!!**
- Applies to every facility setting
- New Modifier for Split visits: **FS**



Split/Shared Visits: 2024

- Split/shared visit: time based billing – Billing provider w/ most time spent (including floor time)



Advanced Care Planning

- 99497/99498
- Time Based Code
 - Minimum 16 minutes (99497)
 - Minimum 46 minutes (99497 + 99498)
- Can be billed w/ AWV (-33 added to ACP)
- 20% Co-pay Required (unless w/ AWV)
- Can be billed multiple times
 - *Careful! Medicare is watching!*
- 99497: \$82.73
- 99498: \$71.99



Transitional Care Management (TCM)

- 99495/99496
 - Patient must be discharged from inpatient setting
 - Documentation of communication with patient and/or caregiver with 2 business days of discharge.
 - Documentation of a face-to-face visit with patient within 7 days (99496) or 14 days (99495).
 - Documentation of Medical Decision Making equivalent to a level 5 visit (99496) or a level 4 visit (99495)
- 99495: \$199.43
- 99496: \$268.86



James H. Leach, MBS, CPMA®

E&M Consulting, Inc.

810-560-2512

jhleach@eandmconsulting.com

www.eandmconsulting.com

