

Coding & Billing for Dollars

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Petoskey, Michigan**

Getting Paid

**First, document your work,
then get a code!**

- **Physician perspective**
- **Coding professional perspective**



2004 Improper Medicare Fee-for-Service Payment Report*

- Overall, 10% of total Medicare payments were improper
 - Failed to backup claims with sufficient documentation **43.7%**
 - Did not respond for error rate reviews **29.7%**
 - Prescribed medically unnecessary services **17.2%**
 - Submitted incorrect codes **7.7%**
 - Other **1.6%**

Specialty Errors

Infectious Diseases	23.7%
Nephrology	23.2%
Cardiac surgery	22.3%
Pulmonary disease	20.2%
Radiation oncology	18.2%
Endocrinology	17.8%
Pediatrics	17.7%
Interventional radiology	17.3%
Plastic/reconst. surgery	16.8%
Internal medicine	16.2%



Infectious Diseases Errors 2004

- Majority of errors were inpatients
- Leading problem- insufficient documentation
- Incorrect coding errors- usually 1 level upcodes
 - Subsequent hospit. care (99231-99233)
 - Inpt. consults (99251-99255)
- Failure to respond to CMS f/u requests for documentation



Basic Math of Getting Paid

Service or procedure code
(CPT- Current Procedural Terminology)

+

Modifier (if applicable)

=

Relative Value Unit

x

Conversion Factor

=

Price (dollars)

+

Diagnosis Code(s)

(ICD-9-CM International Classification of Diseases 9th Rev. Clinical Modification)

=

Payment (maybe)



How to Determine 2006 Medicare Payment per Code

- www.cms.hhs.gov
- Browse by audience → provider center
- Important links → provider/supplier resources
- Physician fee schedule look-up



2006 CPT Code Changes- Pertinent to ID

Deleted Codes

Codes	Descriptions	Now reported by:
99261-99263	f/u inpt. consults	Subsequent hosp. visit codes
99271-99272	Confirmatory consults	Use visit codes appropriate for setting/type of service



2006 CPT Code Changes- Pertinent to ID

- Infusion & injection codes changed from old CPT code, 2005 G codes to new codes in 2006
- www.idsociety.org has nice “crosswalk” table



2006 CPT Code Changes- Pertinent to ID

- Added codes- Vaccines

90649 Human papilloma vaccine

90714 Td, preservative free

90736 Zoster vaccine

- New/Revised Text- Vaccines

90680 Rotavirus vaccine

90713 IPV, subcut. And IM

90715 Tdap



2006 CPT Code Changes- Other

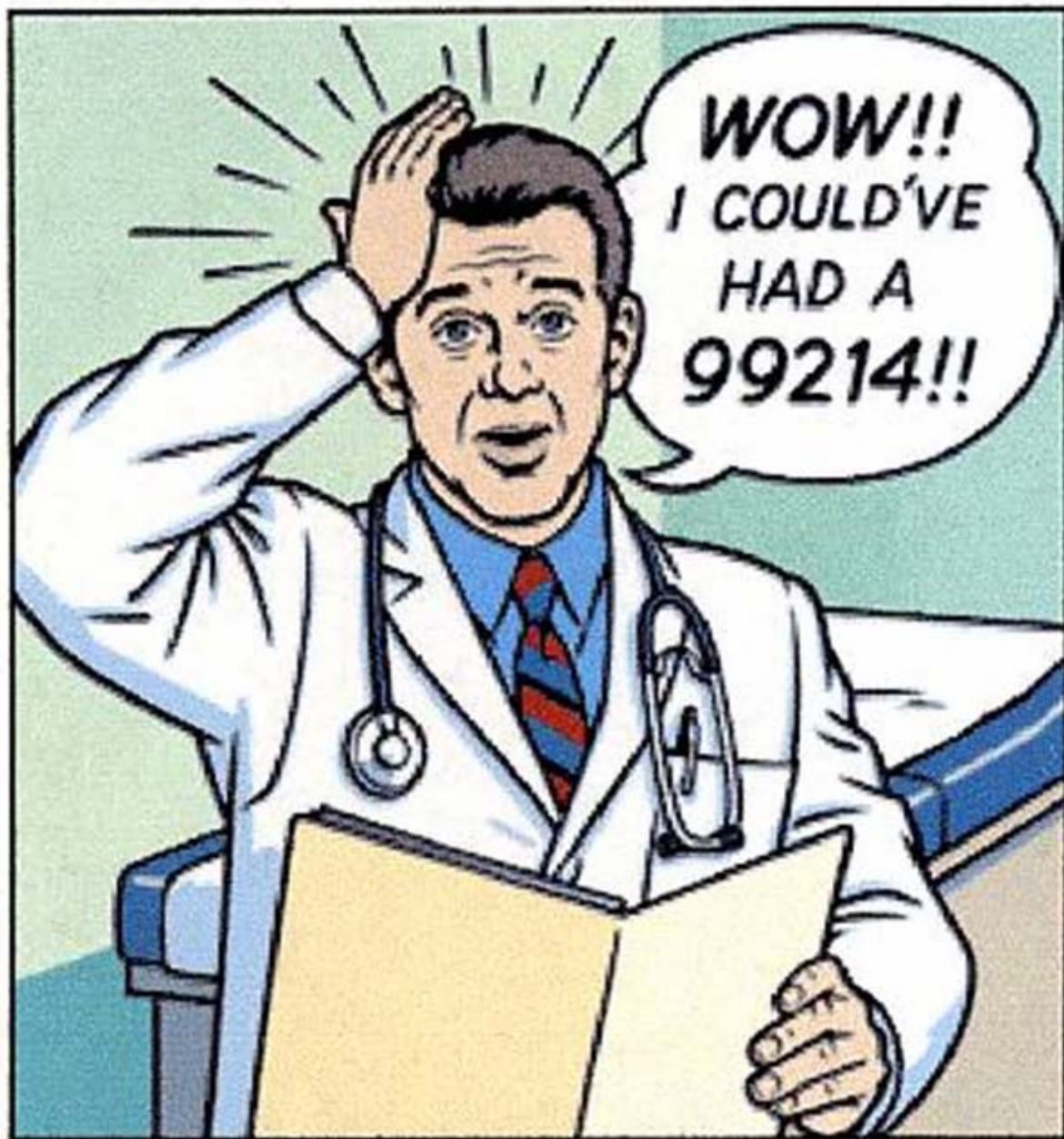
- Nice review www.aafp.org



Coding Opportunities/Problems

Where do we begin?





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Consults- Office 3/3

	Hx	PE	MDM	Time	2006(\$)	2004 ID Freq (%)
99241	PF	1	SF	15	50.40	1.07
99242	EPF	2-4	SF	30	92.09	6.12
99243	D	5-7	LC	40	122.79	25.41
99244	C	8+	MC	60	172.81	41.93
99245	C	8+	HC	80	223.60	25.47



Consults- Inpatients 3/3

	Hx	PE	MDM	Time	2006(\$)	2004 ID Freq (%)
99251	PF	1	SF	20	36.00	0.04
99252	EPF	2-4	SF	40	72.38	2.28
99253	D	5-7	LC	55	98.91	15.58
99254	C	8+	MC	80	142.12	50.91
99255	C	8+	HC	110	195.93	30.84



E & M Consultation Codes

- Request from another provider for opinion and/or advice must be documented in the requesting provider's orders
- Written report back to the requesting provider
- No written request required
- Proven by documentation in the record



E & M Consultation Codes

- Diagnostic and/or therapeutic services may be initiated during course of consult
- Do **not** use when there is transfer of responsibility of care- this is a referral
- Do not use “Thanks for referring”
- Tip- **3 Rs**
 - Request
 - Render
 - Response





Coding on the Basis of Time

Guidelines

- Use time when counseling/coordination of care dominates visit (total time must be documented)
- Office (face to face)
- Inpatient (floor time)
- Counseling does not include risk/anticipatory counseling assoc. with preventive care (no disease or symptoms)



Coding on the Basis of Time

Face to face

- CPT defines with the patient and/or family
- Medicare requires presence of patient
 - Exception
 - Observing interaction between family members
 - Assessing capability of family members to aid in the management of the patient



Coding on the Basis of Time

- **Document: total encounter time, time spent counseling, content of counseling or care coordination**
- **Content**
 - **Prognosis**
 - **Diff Dx**
 - **Risk & benefits Rx**
 - **Compliance**
 - **Risk reduction**
 - **Consulting other providers**



Prolonged Service Codes

- **99354-55 Office; 99356-57 Inpatient**
- Additional care provided after an E/M has been performed
 - Face to face beyond regular service
 - Does not have to be continuous
 - Bill in addition to E/M code
- Time- Must be at least 30 Min in addition to the typical time for that level of E/M
- The service is unusual (99354 = 1/1000 visits, 99355 = 1/100,000 visits)
- Ask carrier-Medicare may not pay



Prolonged Service Codes- Office

99354 \$98.56 **99355** \$97.28 (2006 Petoskey, MI)

Minutes of Prolonged Service (Face to Face)

	Code
<30	not reported separately
30-74	99354 x 1
75-104	99354 + 99355
105-134	99354 + 99355 x 2
135-164	99354 + 99355 x 3
165-194	99354 + 99355 x 4



Prolonged Service Codes- Inpatient

99356-57

- Similar to office code times
- **99356** \$90.47
- **99357** \$91.47

(2006 Petoskey, MI)



Prolonged Service Codes- Example

- If an encounter meets the definition of visit code 99215- the usual time is 40 mins.
- What if the visit lasts 90 min.? How do you get paid for the additional 50 mins. spent with the patient face to face?



Prolonged Service Codes- Example con't.

Total face to face time	=90 min.
99215	<u>=40 min.</u>
Difference	50 min.

- Go to prolonged service codes

30-74 min. = **99354**

∴ code = **99215** + **99354** x 1



Critical Care Codes

- Care of unstable critically ill or injured patient
- Time must be documented start to finish (face to face & floor/unit)
- Can be added together throughout the day
- ICD-9 code must prove medical necessity
- Some separate services can be billed
 - **Know** what is bundled
- Other E/M can be billed same day



Critical Care Codes

- Bundling different per carrier
- Not included
 - CPR, Swan Ganz, chest tube
 - Cannot count time spent providing separate covered procedures in total CC time
- Not site specific



Critical Care Codes- 99291 and 99292

Total Time

Code

<30 min

appropriate E/M code

30-74

99291 x 1

75-104

99291 x 1 + 99292 x 1

105-134

99291 x 1 + 99292 x 2

135-164

99291 x 1 + 99292 x 3

165-194

99291 x 1 + 99292 x 4

194+

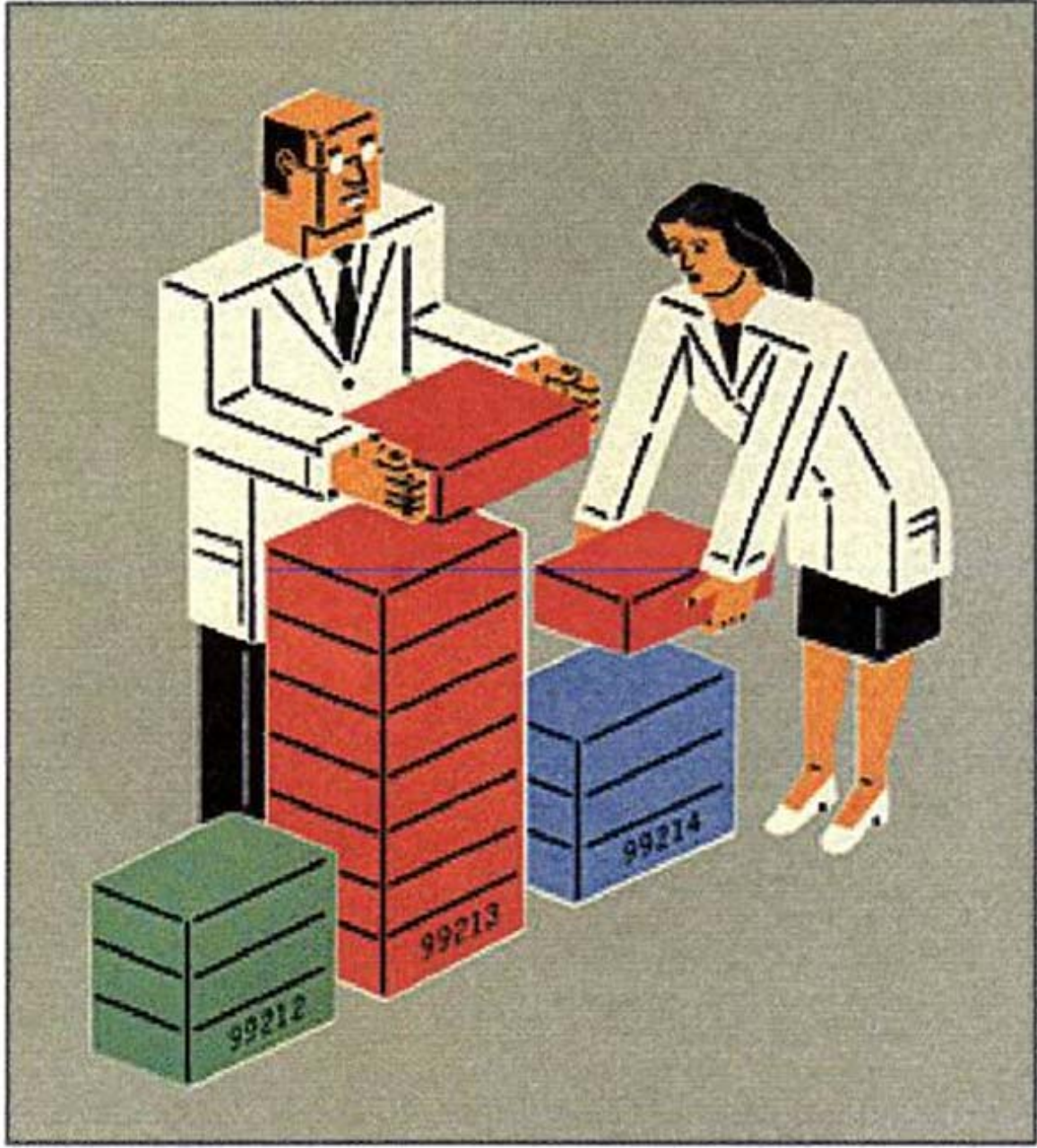
99291 x 1 + 99292 x etc.



Critical Care Codes

	2006 (\$)	2004 ID Freq	2004 ID % Total Medicare Claims
99291	\$207.68	96%	1.28%
99292	\$103.84	4%	0.46%





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Concurrent Care

- Multiple providers providing E/M services to the same patient on the same day
 - Involves use of subsequent hosp. care codes (**99231-99233**)
 - Patient's condition must warrant services of more than 1 physician on an attending (rather than consultative) basis
 - Individual services provided by each physician must be “reasonable and necessary”



Concurrent Care

- Use diagnosis code specific to care provided
- Provider specialty helps- ID has advantage
- Distinct specialties and distinct diagnosis help establish medical necessity
- Ultimately the best way to ensure your claim for concurrent care gets paid is to file it first- but not politically correct !



Home Care Certification/Recertification

2006 avg. allowable
(Petoskey, MI)

Certification	G0180	\$71.10
Recertification	G0179	\$54.16

- Certify/recertify (after 60 days) plan of care for Medicare-covered home health services
- www.idsociety.org -see Billing & Coding



Care Plan Oversight

- Physician supervision of patient receiving Medicare-covered services from home health agency
- **G0181** (replaces **99375**)
2006 (Petoskey, MI) \$121.25



Care Plan Oversight

Billable Services

- Physician coordination services
- Documenting services provided
- Medical-decision making
- Review charts, tests, reports
- Phone calls to health professionals
- Team conferences



Care Plan Oversight

Non-Billable Services

- Informal consultations
- Tests ordered or reviewed during face to face encounters
- Claims processing
- Staff time
- Telephone calls: pt./family
- Travel time



Care Plan Oversight

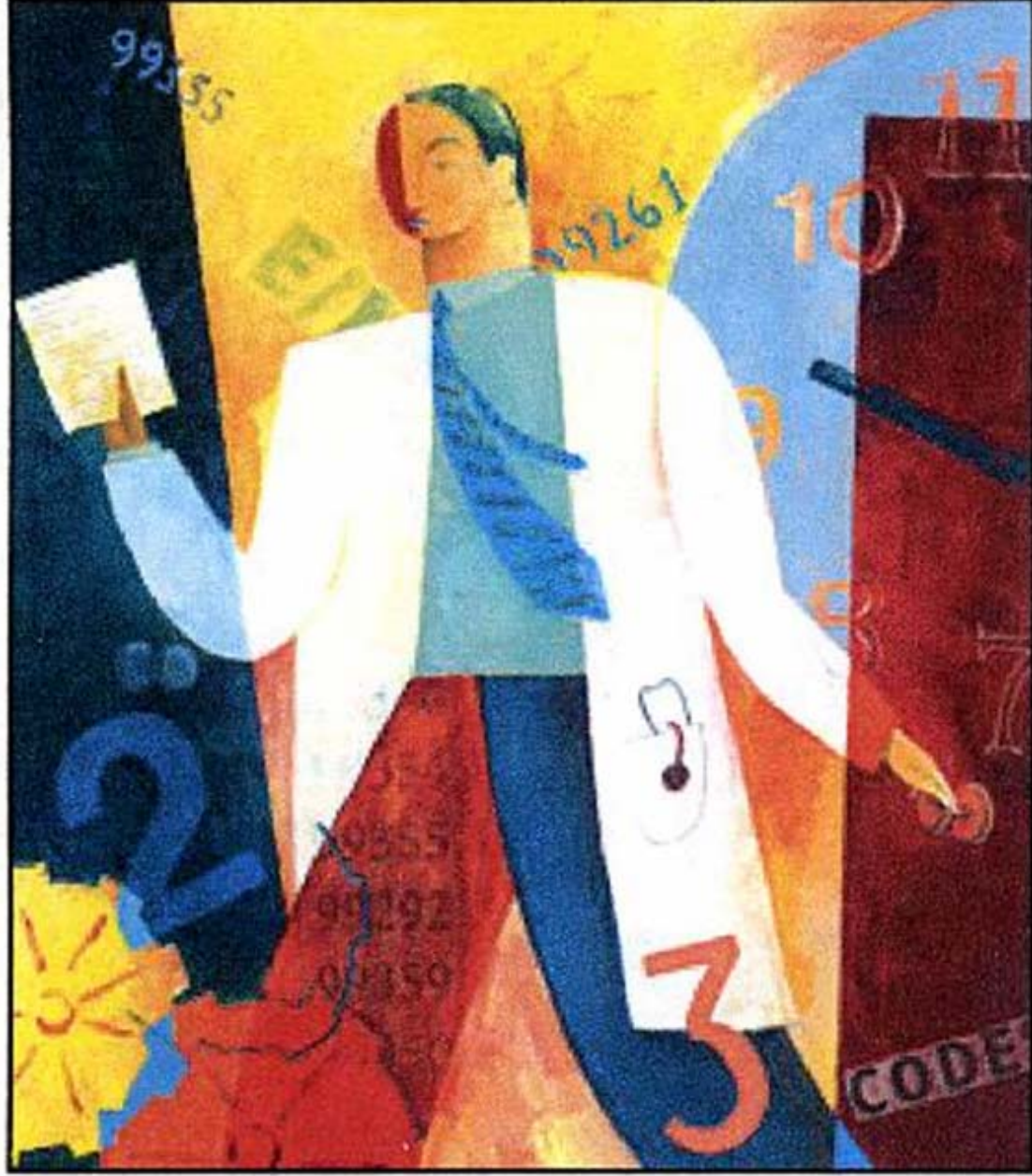
- Accumulated time (30 \geq) in any one calendar month
- Billed once/month
- You are the physician with predominant supervisory role
- Document time in pt. chart
- P.A., CNS, NP can bill if you are supervising physician
- www.idsociety.org (Billing & Coding)
- www.aafp.org/fpm/20050500/23/howt.html

Care Plan Oversight- **Commercial Carriers**

99374 15 to 29 mins. documented

99375 30 Min. or more





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Hospital Discharge Services

99238	up to 30 min	\$70.25*
99239	>30 min	\$95.83*

- Time must be documented

*2006 Petoskey, MI





"We've got to start somewhere, Mrs. Smith...
Which one of these is your favorite symptom?"

ICD-9-CM Coding

- **International Classification of Diseases, 9th Revision, Clinical Modification**
- **Developed initially to provide an international language for the classification of morbidity & mortality**
- **Medicare Catastrophic Coverage Act of 1988 required physicians to include ICD-9-CM diagnosis codes for each procedure, service or supply billed to Medicare**
- **ICD-10-CM “coming”**



Appropriate ICD-9-CM Code

Ask yourself **3** questions

- 1.** What problem brought the patient to me for the visit?
- 2.** What problem made my services medically necessary?
- 3.** Am I personally treating the condition?



ICD-9-CM Basic Steps

1. Describe pt's diagnosis, symptom, complaint, condition, or problem
2. Use code chiefly responsible for service provided
3. Assign codes to highest level of specificity
4. Do not code suspected diagnosis
5. Code a chronic condition as often as applicable to pt's treatment
6. Code all documented conditions which coexist at time of visit that require or affect pt care or treatment



ICD-9-CM Additional Tips

1. For causes of infections, code them as secondary
2. Distinguish between acute/chronic when able
3. Coding convention requires underlying condition (e.g. diabetes) sequenced first, followed by manifestation (e.g. neuropathy)
4. Revise billing charge tickets/forms periodically to include up-to-date ICM-9-CM codes



Example

30 y/o Type I DM pt has a foot ulcer due to diabetic neuropathy

- **250.61** Diab. with neurologic manifestations, Type I not stated as uncontrolled
- **357.2** Polyneuropathy in diabetes
- **707.14** Ulcer of the heel and mid- foot



V Codes

- Classification of factors influencing health status and contact with health services
- **V01.0 - V85.4**
- Health services for reasons other than disease or illness
- Four primary circumstances



Primary Circumstances

- Pt not currently sick, encounters the health service for some specific reason (e.g. prophylactic vaccination)
- Pt with known disease/injury, whether current/resolving, encounters health care system for a specific treatment of that disease/injury (e.g. chemotherapy)
- Circumstance or problem influences pt's health status (e.g. MRSA= **V09.0**)
- Status of newborns



Categories of V Codes

- Contact/exposure
(e.g. meningococcus **V01.84**)
- Prophylactic vaccination
(e.g. yellow fever **V04.4**)
- Status (e.g. asymptomatic HIV **V08**)
- History of (e.g. TB **V12.01**)
- Etc., etc.



E Codes

- Supplementary classification of external causes of injury/poisoning **E800 – E999**
- Never a primary code
- Provide data on injuries; place of occurrence
- Not required for reporting to CMS
- E.g. Pcn allergy **E930.0**





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Make What You Earn

1. Know the rules-use templates or EMR
2. Understand modifiers
3. Use “time” when appropriate
4. Consult v.s. referral “Dear Dr X Thanks for the **consult...**”
5. Update your encounter form (“superbill”)-check every code, every year at the minimum
6. ICD-9-CM codes must accurately reflect the appropriate CPT codes and the clinical note –i.e. medical necessity
7. Don’t use the word “physical” when scheduling visits (unless it is a preventive medicine or “Welcome to Medicare” visit)
8. Know your payers-check their website
9. Understand that just because there is a code it doesn’t mean you will get paid
10. Document, document, document, document –did I mention document!



Resources

- www.idsociety.org -practice management resources
- www.acponline.org -practice management center, H&P forms, templates, audit worksheets, dictation prompts, etc
- www.ama-assn.org -overview-how codes established
- www.aafp.org -lots of articles, templates, worksheets
- www.cms.hhs.gov -changes to manuals, MedLearn (e.g. free CD-ROM “Resident & New Physician Guide”), etc



Resources

- www.physicianpractice.com -articles on billing/coding, etc
- www.icd9coding.com -free search for ICD-9-CM codes
- www.cdc.gov/nchs -ICD-9-CM coding info
- www.wpsic.com/medicare -provider/policies/educational tools,articles etc
- www.aap.org -Medicare Part B carrier for Michigan, Wisconsin, Illinois, Minnesota
- www.aap.org -check your carrier's website!
- www.aap.org -excellent articles



**THANK YOU FOR YOUR
ATTENTION !!**

**REMEMBER:
IT'S PUS OR US !**