

Leveraging 2021 Guidelines for Billing & Coding

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Objectives

- Billing eligible providers who currently bill payers: Optimize
- Billing eligible providers who currently do NOT bill payers: Assist you in revisiting your model in light of new changes
- Allied practitioners: Equip you with the knowledge to monetize your work inside payer participating practices
- Billing providers considering a future in root-cause medicine: Demonstrate a compliant and feasible monetization plan for root-cause medicine in your practice

Why do root cause physicians struggle to work within the insurance model?

- Administrative/ documentation burden and hassle
- FM requires too many non-covered services
 - More time with patients
 - More time preparing for patient visits
 - More time analyzing data
 - More time organizing history and the patient's story
 - More time educating the patient (and family members)
 - More time supporting behavior change

FxMED PRACTITIONER MATRIX: POST-COVID

Retelling the Practitioner's Story

Antecedents

- *Ill-defined/communicated care plans*
- *Visit-based operating model*

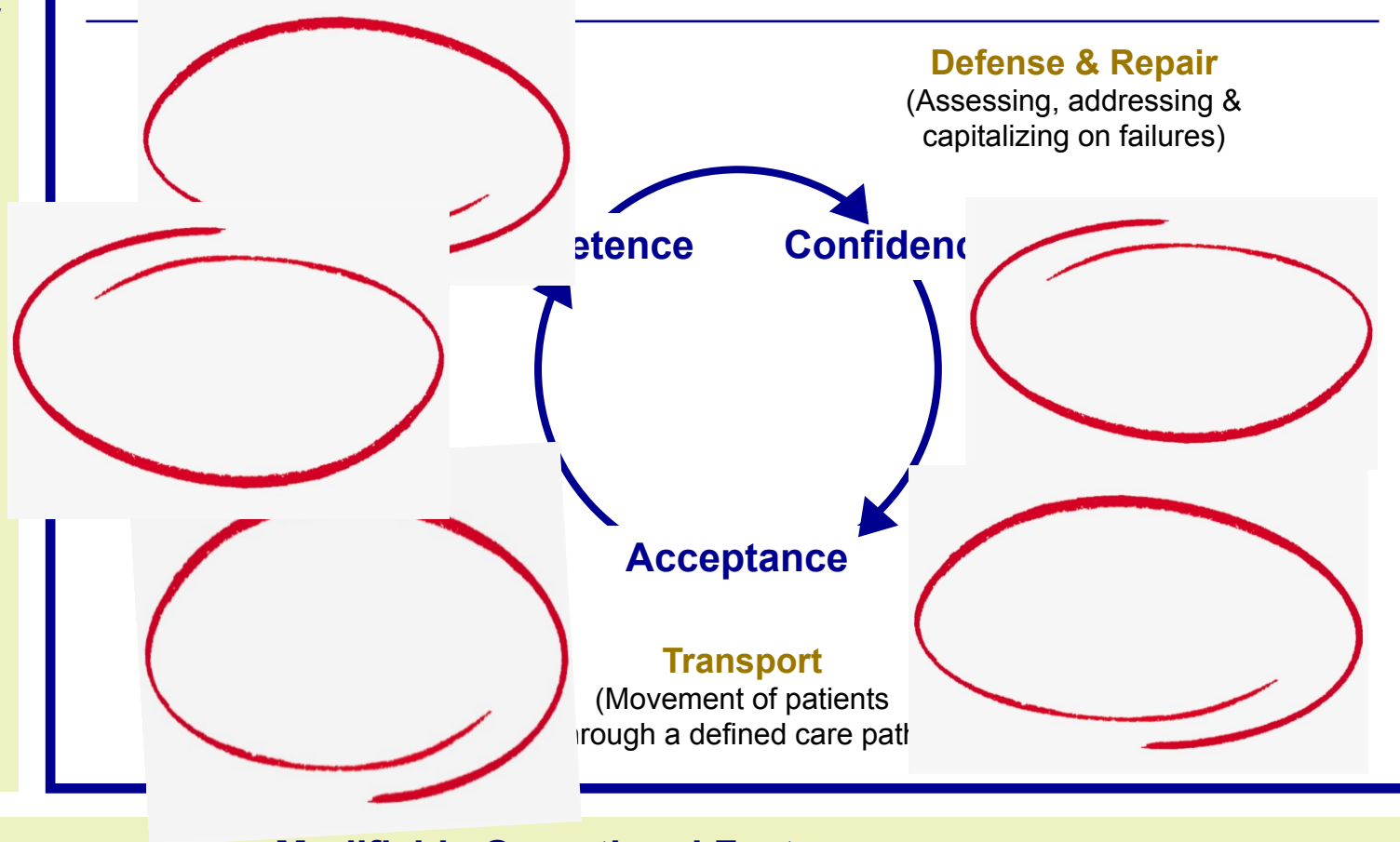
Triggers

- *New contagious virus (pandemic)*
- *Obstructed (physical) access to practice*

Mediators

- *Revenue & engagement model misalignment*
- *Stalled adaptation*

Economics and Function: Organizing the Practice Imbalances



Modifiable Operational Factors

Team & Incentives

- *Care team members integrated with bundled programs*

Training & Workflow

- *Retraining of staff AND patients in new delivery tools & approach*

Technology

- *Telehealth*
- *Home testing*
- *Remote monitoring*

Promotion

- *Maintain and enrich contact list*
- *Address COVID*

Revenue Model

- *Programs + subscription*
- *Care plans*
- *Payers in 2021?*

Agenda

- Is telehealth here to stay?
- Reduction in documentation burden
- Valuing time
 - Billing by time OR MDM
 - Additional units of time codes over 99215 (provided the work is done in the same day) for key activities
- Valuing the complexity of social determinants
- RPM: What is the potential? (Medicare & Commercial Payers)
- Implications to practice implementation
- Next Steps

E&M Coding Time Requirements

Office/Outpatient E&M Code New Patients	Current Assoc. Time	Total Times in 2021	Current RVU	2021 RVU Value	% Increase
99201	10 minutes	CODE DELETED	0.48	Deleted	
99202	20 minutes	15-29 minutes	0.93	0.93	0%
99203	30 minutes	30-44 minutes	1.42	1.6	13%
99204	45 minutes	45-59 minutes	2.43	2.6	7%
99205	60 minutes	60-74 minutes	3.17	3.5	10%

Office/Outpatient E&M Code Established Patients	Current Assoc. Time	Total Times in 2021	Current RVU	2021 RVU Value	% increase
99211	5 minutes	TIME REMOVED	0.18	0.18	0%
99212	10 minutes	10-19 minutes	0.48	0.7	46%
99213	15 minutes	20-29 minutes	0.97	1.3	34%
99214	25 minutes	30-39 minutes	1.5	1.92	28%
99215	40 minutes	40-54 minutes	2.11	2.8	33%

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	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	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 <i>Examples only:</i> • 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	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 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)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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

Key Activities for Billing Additional Time Increments

- **Preparing to see the patient (e.g., review of tests)**
- **Obtaining and/or reviewing separately obtained history**
- Performing a medically appropriate examination and/or evaluation
- Counseling and **educating the patient/family/caregiver**
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- **Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver**
- Care coordination (not separately reported)
- **Documenting clinical information in the electronic or other health record**

Social Determinants

- **Z55 – Problems related to education and literacy:** Illiteracy/low-level, schooling availability, failing school, underachievement, discord with teachers
- **Z56 – Problems related to employment and unemployment:** Changing of job, losing job, no job, stressful work schedule, discord w boss/co-workers, bad working conditions
- **Z57 – Occupational exposure to risk factors:** Noise, radiation, dust, other air contaminants, tobacco, toxic agents in farming, extreme temperatures, vibration, others
- **Z59 – Problems related to housing and economic circumstances:** Homeless, inadequate housing, discord with neighbors/landlord, problems w residential living, lack of adequate food/safe drinking water, poverty, low income, insufficient social insurance/welfare support
- **Z60 – Problems related to social environment:** Adjustment to life-cycle transitions, living alone, cultural differences, social exclusion and rejection, discrimination/persecution
- **Z62 – Problems related to upbringing:** Inadequate parental supervision/control, parental overprotection, upbringing away from parents, child in custody, institutional upbringing (orphan or group home), hostility towards child, inappropriate/excessive parental pressure, child abuse including history of (physical and/or sexual), neglect, forced labor, child-parent conflict
- **Z63 – Other problems related to primary support group, include family circumstances:** Spousal conflict, in-law conflict, absence of family member (death, divorce, deployment), dependent relative needing care, family alcoholism/drug addiction, isolated family
- **Z64 – Problems related to certain psychosocial circumstances:** Unwanted pregnancy, multiparity, discord with counselors
- **Z65 – Problems related to other psychosocial circumstances:** Civil/criminal convictions, incarceration, problems after release from prison, victim of crime, exposure to disaster/war, religious persecution

RPM Guidelines

- They still need to be ordered by a physician or non-physician practitioner who are eligible to bill for EM services.
- The RPM device must meet the FDA's definition of a medical device.
- The RPM device must digitally upload patient physiologic data.
- A patient's physiologic data capture and interpretation must meet medical necessity by it being *reasonable and necessary* for the diagnosis or treatment of the patient's illness or injury .
- Typically monitoring must occur for at least 16 days of a 30-day period (99453 and 99454). Codes may specify something else more specific like the BP code 99474.