AEO Convocation 2013

Presents

E&M and OMT: The Same Old Battle
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This seminar provides guidelines, recommendations and interpretations that are to be used as a guide for implementation in your practice(s). The actual implementation and interpretation of these guidelines/recommendations and/or coding/documentation performed is done at the sole discretion of the provider(s) and his/her staff. As such, the provider(s) and his/her staff accept sole responsibility for these decisions and the potential repercussions. AAO, Jorgensen Consulting, LLC, Patient360, its parent companies and/or Optimizing Outcomes, LLC accept no liability in this regard.
Agenda

- Current Practice Environment
- On the Horizon
- E&M and CPT Update 2012
False Claims Act

• Civil War Legislation
• Amended 1943, 1986, 1994, 2009
• Designed to protect; now prosecutes
  – ‘reckless disregard’
  – Qui Tam: 40% 1986-2009 Healthcare related
  – Penalties up to $11K/incident plus payback
  – As of 2009 false statement must be ‘material to’ a false claim:

NO ‘DIRECT LINK’ REQUIRED
The Facts

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
<th>Cost Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>Reduction Primary Care</td>
<td></td>
</tr>
<tr>
<td>34%</td>
<td>Practices Losing Money (20+/day and 76% full)</td>
<td></td>
</tr>
<tr>
<td>$700 Billion</td>
<td>“Waste” In US Healthcare System</td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>Unnecessary Care: $250 Million to-$325 Million/annum</td>
<td></td>
</tr>
<tr>
<td>19%</td>
<td>Fraud: $125 Billion to $175 Billion/annum</td>
<td></td>
</tr>
</tbody>
</table>

50% Say the ‘won’t change’ despite these facts!

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2. Waste in the U.S. Healthcare System Pegged at $700 Billion Thomson Reuters 10/26/09

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Priority Management Group, Inc.
"It is not the strongest of the species that survives, nor the most intelligent, but the ones most responsive to change."

*Charles Darwin*

*(1809-1892)*
Medical Record Audit Data
Anywhere in the Flippin’ Country

- 99212
- 99213
- 99214
- 99215
The Cost of ‘Compliance’

$20 extra for 99214 @ a 35% increase

$700/wk x 46 wks = $32,200

$128,800/annum
Primary Care Shortage
21,000 in 2015
45,000 by 2020

AMA; http://www.healthreform.gov/newsroom/primarycareworkforce.html
On Change…

All is in flux…

the only constant is change.

Heraclitus
Greek Philosopher
500 B.C.
RAC data means $$$ for you NOT just $$$ for them!
Don’t get caught…
Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS)
Health Care Financing Administration (HCFA)
Common Procedural Coding System (HCPCS)

Diagnosis Codes → ICD-9
(Creates Medical Necessity)
International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM)

Index to Diseases: Volume 2
- 5 Digit Codes
- Hypertension 401.9 vs. 405.11 (HTN due to Renal Artery Disease)
- The ‘Why’ you do what you code in CPT
International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM)

Tabular Listing: Volume 1

V Codes: Supplemental Classification of Factors Influencing Health Status and Contact with Health Services

E Codes: Supplementary Classification of External Causes of Injury and Poisoning

Appendices
ICD-9 Practically Speaking

Final Diagnosis

Event/Exposure
i.e. Asbestos exposure

R/O Pulmonary Mass
unacceptable

Symptoms
i.e. Hemoptysis

Past Med. Hx.
i.e. Squamous Cell Ca.

All Related Problems
(germane issues)

Family Med. History
i.e. Cystic Fibrosis
Health Care Financing Association (HCFA) Common Procedural Coding System (HCPCS)

Level I
Updated annually

→ CPT
Current Procedural Terminology

Chapter 1:
- Evaluation and Management Codes (99201-99499)

Chapter 2:
- Anesthesia codes (00100-01999)
Chapter 3:
- Surgery Codes (10040-69990)
Chapter 4:
- Radiology Codes (70010-79999)
Current Procedural Terminology

Chapter 5:
- Pathology/Laboratory Codes (80049-89399)

Chapter 6:
- Medicine Codes (90281-99199)

Appendices:
- Modifiers, Deleted Codes, MCM (edited)
Health Care Financing Administration (HCFA*)
Common Procedural Coding System

- **Level II (National) Alphanumeric System**
  - HCPCS A-V
- **Level III (State) Alphanumeric System**
  - Local Codes W-Z
ICD-9 Usage

ICD Codes In Order of Provider’s Perceived Acuity:
1. Abscess: 682.3
2. Acne: 706.1
3. Warts: 078.10
4. Psoriasis: 696.1

Rendered Services:  “Linked” ICD to CPT
A. 99213-25 (Level 3, established patient)   1, 2, 3, & 4
B. 17110 (Any benign lesion destruction)    3
C. 10060-59 (I&D, Simple)                   1
# ICD-9 versus ICD-10... Textbook

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Totals:</strong> 14,315</td>
<td><strong>Code Totals:</strong> 69,101</td>
</tr>
<tr>
<td><strong>Chapters:</strong> 17</td>
<td><strong>Chapters:</strong> 21</td>
</tr>
<tr>
<td>Primarily Numeric</td>
<td>All Alpha-Numeric</td>
</tr>
<tr>
<td><strong>Similarities:</strong></td>
<td><strong>Similarities:</strong></td>
</tr>
<tr>
<td>- Alphabetical Index &amp; Tabular List</td>
<td>- Alphabetical Index &amp; Tabular List</td>
</tr>
<tr>
<td>- PCS &amp; CM</td>
<td>- PCS &amp; CM</td>
</tr>
<tr>
<td>- Similar Nomenclature</td>
<td>- Similar Nomenclature</td>
</tr>
</tbody>
</table>
Be Specific!
ICD-9 vs ICD-10

<table>
<thead>
<tr>
<th>ICD-9-CM Source</th>
<th>≈</th>
<th>ICD-10-CM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>599.7 Hematuria</td>
<td>≈</td>
<td>R31.0 Gross hematuria</td>
</tr>
<tr>
<td>599.7 Hematuria</td>
<td>≈</td>
<td>R31.1 Benign essential microscopic hematuria</td>
</tr>
<tr>
<td>599.7 Hematuria</td>
<td>≈</td>
<td>R31.2 Other microscopic hematuria</td>
</tr>
<tr>
<td>599.7 Hematuria</td>
<td>≈</td>
<td>R31.9 Hematuria, unspecified</td>
</tr>
</tbody>
</table>
Scoring E&M Services

– Time: Counseling & Coordination of Care
– Nature of Presenting Problem
# HPI Elements

<table>
<thead>
<tr>
<th>The Elements (Table 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
</tr>
<tr>
<td>Quality</td>
</tr>
</tbody>
</table>

*patient360®*
A History Example

36 yo BF c/o LBP. Right side x 24 hours. APAP/ice helped. Worse today. Denies W/A, NSD, BBI
A History Example

6 yo BF c/o otalgia. AD x 24 hours. Tylenol helped. Worse today. No F/C, N/V/D, Exanthem.
Scoring PFSH

1 for Pertinent
2 Established, 3 if New for Complete
No ROS

equals
## Table 3 using 3 of 3 Rule

<table>
<thead>
<tr>
<th>History Type</th>
<th>HPI</th>
<th>ROS</th>
<th>PFSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused (1)</td>
<td>Brief</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Expanded Problem Focused (2)</td>
<td>Brief</td>
<td>Problem Pertinent</td>
<td>None</td>
</tr>
<tr>
<td>Detailed (3)</td>
<td>Extended</td>
<td>Extended</td>
<td>Pertinent</td>
</tr>
<tr>
<td>Comprehensive (4)</td>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>
A Detailed History

36 yo BF c/o LBP. Right paralumbar x 24 hours. Tylenol and ice helped. Worse today.

ROS: Denies W/A, NSD, BBI.

PMH/FMH: NC

Soc: Builds rock walls for stress relief
A History Example

6 yo BF c/o otalgia. AD x 24 hours. Tylenol helped. Worse today.

ROS: No F/C, N/V/D, Exanthem.

PMH/FMH: NC

Soc: Nonsmoking household
1995 vs. 1997
1995 Exam

<1  PF
2–4  EPF
5–7  Det
8 or more  Comp
OMT Progress Note
A Detailed Exam

PE: WDBF in NAD 122/76. Walks on heels/toes
Chest: Ribs 5-10 held in inhalation on the right.
Skin: W/out ecchymoses
Neuro: DTR +2/4B/L, symm.; CN II-XII grossly intact, w/out gross vestibular/cerebellar dysfxn
Ext: Equal Strength, tone; FHL symm. Ext Rot RLE due to Rt. Piriformis spasm
MS: Ant Rotated, outflared Rt Ilium w/ pubic asym. and lower leg length discrepancies. L on L Torsion w/ L5-S1 compensatory changes. T5-10 RRSBL C1 RRSBL.
Comprehensive Examination

- WDBF in obvious discomfort
- Eyes: PERRLA/EOMI
- Neck: No goiter/rigidity
- Lymph: No SC, IC, axillary nodes
- Skin: No periorbital, malar or palmar lesions/exanthems
- Neuro: CN II-XII grossly intact; DTR +2/4 UE/LE
- Ext: Equal Strength & tone
- MS: Gait stiff and antalgic.
- PLUS OSTEOPATHIC FINDINGS
Comprehensive Exam Example

Const: WDBF in NAD, nontoxic

Neuro: A&O x 3

Lymph: Right anterior cervical adenopathy

Eyes: PERRLA w/ EOMI

ENT: AD TM bulging, erythematous, AU EAC and AS TM normal

CV: Regular w/o murmur

Lungs: Clear

Skin: No exanthem
Medical Decision Making: Final Medical Decision Making

Table 7 (2 of 3 Rule)

<table>
<thead>
<tr>
<th>Decision Making</th>
<th>Straight Forward</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis &amp;/or Management Options</td>
<td>Minimal (1)</td>
<td>Limited (2)</td>
<td>Multiple (3)</td>
<td>Extensive (≥4)</td>
</tr>
<tr>
<td>Amount of Data Reviewed</td>
<td>Minimal/None (1)</td>
<td>Limited (2)</td>
<td>Multiple (3)</td>
<td>Extensive (≥4)</td>
</tr>
<tr>
<td>Table of Risk</td>
<td>Minimal (1)</td>
<td>Low (2)</td>
<td>Moderate (3)</td>
<td>High (4)</td>
</tr>
</tbody>
</table>
You must get involved to have an impact. No one is impressed with the won/loss record of the referee.
### Established Patient CPT E&M Guidelines

#### (2 of 3 Rule)

**Table 9**

<table>
<thead>
<tr>
<th>Code</th>
<th>History</th>
<th>Physical Exam</th>
<th>Medical Decision Making</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td>99212</td>
<td>Problem Focused (1)</td>
<td>Problem Focused (1)</td>
<td>Straight Forward (1)</td>
<td>10</td>
</tr>
<tr>
<td>99213</td>
<td>Expanded Problem Focused (2)</td>
<td>Expanded Problem Focused (2)</td>
<td>Low complexity (2)</td>
<td>15</td>
</tr>
<tr>
<td>99214</td>
<td>Detailed (3)</td>
<td>Detailed (3)</td>
<td>Moderate complexity (3)</td>
<td>25</td>
</tr>
<tr>
<td>99215</td>
<td>Comprehensive (4)</td>
<td>Comprehensive (4)</td>
<td>High Complexity (4)</td>
<td>40</td>
</tr>
</tbody>
</table>
Rules for Consultation
99241-99255

1. Opinion or advice regarding E&M of a specific problem is requested.
2. Documented request from appropriate source is required
3. Written report sent to referring provider (a letter for an outpatient). Standardize.
4. Initiation of care at time of consult is acceptable.
5. As of 2010 No Consults Medicare/Tricare
OMT Progress Note

A Detailed History

- 36 yo BF c/o LBP. Advil helps. Worse at night. Hurt it 2 weeks ago lifting cement blocks at work. Worse in left SI and Lumbar areas.
- ROS: Denies W/A, NSD, BBI
- Soc: Unable to work or snow mobile
- PMH/FMH: NC
A/P 1. **Somatic Dysfunctions** 98928 (1) (739.1-739.6, 739.8)
as noted above. HVLA, MET, myofascial release w/ good mobilization, increased ROM.

2. **Lumbar Strain.** Ativan 0.5 mg 1 hour before bed prn. Ice/NSAID x 48 hours; heat/ice after 48 hours. F/u 2-3 weeks for reevaluation.; sooner prn.

3. **LBP.** Secondary to #2 and tight hamstrings. Stretching exercises reviewed. 99203-25 (2 & 3)

ROS: Denies NSD, W/A. For balance of HPI/PFSH see note 10/9/12

PE: See OMT Templated Form

A/P 1. SD as noted above. HVLA, MET, Cranial osteopathy. Good mobilization except C1, but increased ROM. (98928)

2. CRPS RUE. Consider Actiq for BTP and continue exercises. Markedly improved. If no better in 2 weeks, reeval for OMT. ?Zanaflex. (99213-25)
Preventive Exams (kids too) 10 ROS and multisystem exam PLUS E&M (-25 modifier) prn

Be as specific as possible in choosing ICD codes (5 digits)

Document what you do and get paid for it!!
Summary

- ICD to Support CPT
- Proper Documentation
- Team Approach
- Compliance
- Recommendations
- Critically Review and Update E&M Implementation Policies
- Stay Current: Education, Education, Education!
Thank you!

People refuse to take chances in business, because they fear the criticism which may follow if they fail.

Napoleon Hill

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