

# Evaluation and Management 2022

## Tips for Surviving AND Thriving in your Practice

American Society of Interventional Pain Physicians  
24th Annual Meeting  
May 5-7, 2022  
Las Vegas, Nevada

# Disclaimer

- Medical Compliance Auditor: Auditing for Compliance and Education, Inc.
- Member: AAPC
- No outside funding, grants or industrial support for this presentation

A person is standing on the peak of a mountain, looking out over a vast, hazy landscape. The person is wearing a dark jacket and a hat. The background shows rolling hills and a clear sky. The quote is overlaid on the image in a white, sans-serif font. The quote is: "IT IS NOT THE STRONGEST SPECIES THAT SURVIVE, NOR THE MOST INTELLIGENT, BUT THE ONE MOST RESPONSIVE TO CHANGE". There are decorative wavy lines under the words "NOR THE MOST INTELLIGENT,". The quote is enclosed in large white quotation marks.

“ IT IS NOT THE  
STRONGEST SPECIES  
THAT SURVIVE,  
NOR THE MOST INTELLIGENT,  
BUT THE ONE MOST RESPONSIVE  
TO CHANGE ”

# E&M Services in 2022 CPT and CMS Guidelines



- The changes relate **only** to new and established office and outpatient visit codes **99202—99215** and apply only to **POS 11, 19, and 22**
- Clinicians may use either **time** or **medical decision making** to select a code.
- There will be no required level of history or exam for visits **99202—99215**.
- From the AMA website for 2022:

*“Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination is **determined by the treating physician or other qualified health care professional** reporting the service. The care team may collect information and the patient or caregiver may supply information directly (e.g., by portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional. **The extent of history and physical examination is not an element in selection of office or other outpatient services.**”*



## 99202-99215 – Billing by Time

- **99201:** Deleted
  - **99202:** 15-29 minutes
  - **99203:** 30-44 minutes
  - **99204:** 45-59 minutes
  - **99205:** 60-74 minutes
  - **99211:** no minutes listed
  - **99212:** 10-19 minutes
  - **99213:** 20-29 minutes
  - **99214:** 30-39 minutes
  - **99215:** 40-54 minutes
- Includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter
  - Includes time in activities that require the physician or other qualified health care professional
  - Does not include time in activities normally performed by clinical staff

# Evaluation and Management Service – Billing by Time

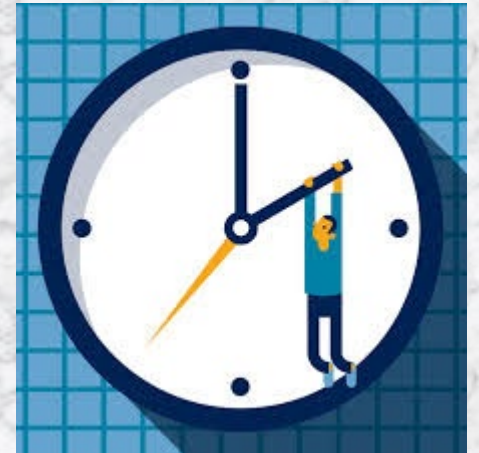
Physician/other qualified health care professional time includes the following activities, when performed on same day as encounter:

- preparing to see the patient (e.g., review of tests) (**Non-F-to-F**)
- 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 (**Non-F-to-F**)
- Referring/communicating with other health care professionals (when not separately reported) (**Non-F-to-F**)
- documenting clinical information in the electronic or other health record (**Non-F-to-F**)
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported) (**Non-F-to-F**)

# Evaluation and Management Service – Billing by Time

## **DO NOT COUNT TIME FOR THE FOLLOWING:**

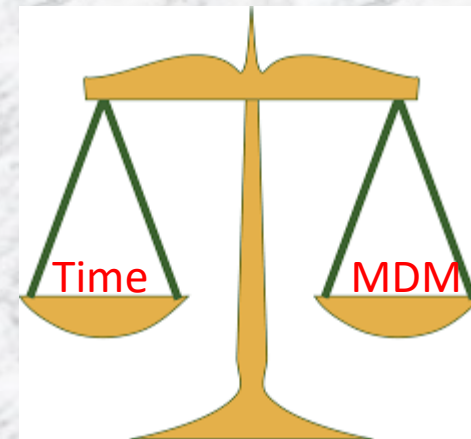
- The performance of other services that are reported separately
  - Any specifically identifiable procedure or service – identified with a specific CPT code) performed on the date of E/M services may be reported separately
- Travel
- Teaching that is general/not limited to discussion required for the management of a specific patient



# Evaluation and Management Service – Billing by Time

Is it always better to determine the level by time?

- Time is a range for each level. You will be paid the same amount if you spend the lowest time or the highest time in the range
- Do you complete the encounter (pre- and post-service work) on the same day as the encounter?
- **Prolonged, time intensive visits may be better reported using total time**
- If a higher level may be reached in less time, choose MDM method of calculation



**TIP:**  
**DOCUMENT ALL TIME**

# Evaluation and Management Service – Billing by Time

## Risky Ideas for Billing by Time

- Documenting the same times for every patient, for example:
  - You feel all your new patient visits should be Level 4, so all new patients are 45 minutes
  - You feel all your established patients should be level 4, so all established patients are 30 minutes.
- Using the time block that was scheduled for the visit





# Determining Level of E&M Based on Medical Decision Making

	Elements	Criteria	Level
1	<b>Number and Complexity of Problems Addressed</b>	<ul style="list-style-type: none"><li>• Minimal</li><li>• Low</li><li>• Moderate</li><li>• High</li></ul>	<ul style="list-style-type: none"><li>• Straightforward</li><li>• Low</li><li>• Moderate</li><li>• High</li></ul>
2	<b>Amount and/or Complexity of Data to be Reviewed and Analyzed</b>	<ul style="list-style-type: none"><li>• Minimal or none</li><li>• Limited</li><li>• Moderate</li><li>• Extensive</li></ul>	<ul style="list-style-type: none"><li>• Straightforward</li><li>• Low</li><li>• Moderate</li><li>• High</li></ul>
3	<b>Risk of Complications and/or Morbidity or Mortality of Patient Management</b>	<ul style="list-style-type: none"><li>• Minimal</li><li>• Low</li><li>• Moderate</li><li>• High</li></ul>	<ul style="list-style-type: none"><li>• Straightforward</li><li>• Low</li><li>• Moderate</li><li>• High</li></ul>

# Billing by MDM- Complexity of Problems



CPT Code	Level of MDM	Number & Complexity of Problems Addressed at Encounter Criteria
99211	N/A	N/A
99202 99212	<b>Straightforward</b>	Minimal 1 self-limited <b>or</b> minor problem
99203 99213	<b>Low</b>	2 or more self-limited or minor problems; <b>OR</b> 1 stable chronic illness; <b>OR</b> 1 acute, uncomplicated illness or injury
99204 99214	<b>Moderate</b>	1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <b>OR</b> 2 or more stable chronic illnesses; <b>OR</b> Undiagnosed new problem with uncertain prognosis; <b>OR</b> 1 acute illness with systemic symptoms; <b>OR</b> 1 acute complicated injury
99205 99215	<b>High</b>	1 or more chronic illness with severe exacerbation, progression, or side effects of treatment; <b>OR</b> 1 acute or chronic illness or injury that poses a threat to life or bodily function

# Billing by MDM- Complexity of Problems

## Numbers and Complexity of Problems Addressed:

- **Stable, chronic illness**
  - Chronic: Expected to last at least 1 year or rest of patient's life
  - Stable: Has met treatment goals
- **Chronic illness with exacerbation, progression, or side effects of treatment**
  - Are symptoms evidence of a flare up of a previously controlled condition?
  - Are symptoms evidence that the problem is progressing?
  - Do symptoms reflect a side effect to be managed?
- **Chronic illness with severe exacerbation, progression, or side effects of treatment**
  - Is patient at significant risk of morbidity?
  - Does the patient require hospital level of care?



# Billing by MDM-Complexity of Problems

## Important Tips

### Provider Tips:

- Document if each condition is chronic based on definition in guidelines
  - How long has the patient had this problem?
- Document the agreed upon treatment goals
  - Pain level – Pain score; Percentage of improvement in pain
  - Functional level
- Document, based on the goals-Is the patient stable; experiencing an exacerbation, progression; side effect of treatment?
- When choosing complexity of problem, count ONLY those problems being treated at the current encounter



# Determining Level of E&M Based on Medical Decision Making-Data



## Amount and/or Complexity of Data to be Reviewed and Analyzed (Table 2)

CPT Code	Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99202 99212	Straightforward	Minimal or none
99203 99213	Low	<p><b>Limited</b> (must meet requirements of at least <b>1 of 2</b> categories)</p> <p><b>Category 1: Tests and documents</b></p> <p>Any combo of <b>2</b> of the following:</p> <ul style="list-style-type: none"> <li>• Review of <b>prior external note(s)</b> from each unique source*;</li> <li>• Review of <b>result(s) of each unique test*</b>;</li> <li>• <b>Ordering of each unique test*</b></li> </ul> <p><b>OR</b></p> <p><b>Category 2:</b> Assessment requiring <b>independent historian(s)</b></p> <p>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>

*“Each unique test, order or document contributes to the combination of 2 or 3 components in Category 1.”*  
*Ordering a test is included in category of test results and the review of the test result is part of the encounter and not a subsequent encounter.”*



# Determining Level of E&M Based on Medical Decision Making-Data

## Amount and/or Complexity of Data to be Reviewed and Analyzed

CPT Code	Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99204 99214	Moderate	<p><b>Moderate</b> (Must meet requirement of at least <b>1 of 3</b> categories)</p> <p><b>Category 1:</b> Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> <li>Any combination of <b>3</b> of the following: <ul style="list-style-type: none"> <li>➤ Review of prior <b>external note(s)</b> from each unique source*;</li> <li>➤ Review of <b>result(s) of each unique test*</b>;</li> <li>➤ <b>Ordering of each unique test*</b>;</li> <li>➤ Assessment requiring <b>an independent historian(s)</b></li> </ul> </li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>Independent interpretation of test performed by another physician/QHP (not separately reported);</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</li> </ul>

# Determining Level of E&M Based on Medical Decision Making-Data



## Amount and/or Complexity of Data to be Reviewed and Analyzed

CPT Code	Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99205 99215	High	<p><b>Extensive</b> (Must meet requirement of at least <b>2 of 3</b> categories)</p> <p><b>Category 1:</b> Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> <li>• Any combination of <b>3</b> of the following: <ul style="list-style-type: none"> <li>➤ Review of prior external note(s) from each unique source*;</li> <li>➤ Review of result(s) of each unique test*;</li> <li>➤ Ordering of each unique test*;</li> <li>➤ Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 2:</b> Independent interpretation of tests</p> <ul style="list-style-type: none"> <li>• Independent interpretation of test performed by another physician/QHP (not separately reported);</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 3:</b> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</li> </ul>

# Determining Level of E&M Based on Medical Decision Making-Data

## Amount and/or Complexity of Data to be Reviewed and Analyzed (Table 2 in CPT)

*“Data: Includes medical records, tests and/or other information that must be obtained, ordered, reviewed and analyzed for the encounter.”*

### Tests and documents

- **Tests:** Services result in imaging, lab, psychometric or physiologic data
  - Count each test based on CPT code set-e.g. A panel is 1 unique test
  - Tests ordered are presumed to be analyzed when the results are reported.
  - Therefore, when they are ordered during an encounter, they are counted in that encounter
  - Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed



# Determining Level of E&M Based on Medical Decision Making-Data

## Amount and/or Complexity of Data to be Reviewed and Analyzed (Table 2 in CPT)

- **External Notes:** Records, communications or test result from external physician/QHP facility or healthcare organization: e.g., Consult, PDMP
- **Combination of Data Elements:** A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.



# Determining Level of E&M Based on Medical Decision Making-Data



## Amount and/or Complexity of Data to be Reviewed and Analyzed (Table 2 in CPT)

- **Independent Historian** (Assessment requiring an independent historian-Medically necessary)
  - Family member/witness/other individual provides patient history when patient can't provide complete history, or provider thinks confirmatory history is needed.
  - Must provide additional information, not restate info already provided by patient
- **Independent interpretation of a test**
  - Cannot count if someone in group already performed this test, interpreted results previously and reported it separately
  - Record must denote the nature of the study and the interpretation
  - Must be medically necessary-Not just to refresh provider's memory

# Determining Level of E&M Based on Medical Decision Making-Data

Phone  
- a -  
Friend



## Amount and/or Complexity of Data to be Reviewed and Analyzed (Table 2 in CPT)

- Discussion of management or test interpretation with external physician/OQHP
  - Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (e.g., clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be asynchronous (i.e., does not need to be in person), but it must be initiated and completed within a short time period (e.g., within a day or two).



# Determining Level of E&M Based on Medical Decision Making-Data Tips

## Tests ordered or reviewed-Documentation

- Include in note who ordered/performed test
- If it was previously reviewed by the practice
- Is the test being billed separately?

## Tests ordered or reviewed-When to count a test?

- At encounter when provider orders test if not billing test separately; e.g. do not count UDT if billing for the lab
- At encounter when analyzed only if test ordered by a provider outside of the practice or of a different specialty within the practice e.g. new patient MRI. X-rays

**External Notes:** Records, communications or test result from external physician/QHP, facility or healthcare organization

- Document how this note impacts the patient's care, i.e. medical necessity; e.g., Consult, PDMP
- May only count once; e.g. document if previously assessed by provider in practice of same specialty

# Determining Level of E&M Based on Medical Decision Making-Data Tips

## Independent interpretation of a test-Documentation

- Why this separate interpretation was medically necessary
- The nature of the study and your specific interpretation
- If you or someone in your group already performed this test, interpreted results and reported it separately

## Discussion of test results or management with other appropriate source

- Relationship of the professional to the management of the case; e.g. physician, lawyer, teacher
- How will this information be used in the management of the patient's problem?



# Determining Level of E&M Based on Medical Decision Making-Risk

## Risk of Complications and/or Morbidity or Mortality of Patient Management (Table 5)

CPT Code	Level	Criteria
99202 99212	Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	<p><b>Moderate risk</b> of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery w/o identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>



# Determining Level of E&M Based on Medical Decision Making-Risk

## Risk of Complications and/or Morbidity or Mortality of Patient Management (Table 5)

CPT Code	Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99205 99215	High	<b>High risk</b> of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"><li>• Drug therapy requiring intensive monitoring for toxicity</li><li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li><li>• Decision regarding emergency major surgery</li><li>• Decision regarding hospitalization</li><li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li></ul>

*“Trained clinicians apply common language usage meanings to terms such as high, medium, low or minimal risk and do not require quantification for these definitions.”*



# Determining Level of E&M Based on Medical Decision Making-Risk



## **Moderate** Risk of Complications &/or Morbidity or Mortality of Patient Management

- **Prescription drug management** - Most pain patients are on some type of medication
  - Document you are managing medications at this encounter
  - Clearly indicate what medication, dosage, if initiated or changed at the encounter and why?
- **Minor procedure with identified patient or procedure risk factors**
  - A change was made in 2021 in determining whether procedure is major or minor
  - No longer dependent on global days: Per CPT Asst.

*“The global periods do not determine the definition. They could be part of the consideration. This is the RISK column, so procedural risk, not global periods are relevant. The clinician best understands the risk. We do not guide auditors on this. Specialties societies may have guidance on risk and “major” and “minor.””*

- Document risks of procedure and any patient co-morbidities that increase the risk for the procedure
- Most pain procedures would not fall into major surgery category

# Determining Level of E&M Based on Medical Decision Making-Risk

## Prescription Drug Management per NGS



In order to count prescription drug management there must be:

1. A prescription drug that the practitioner is evaluating the appropriateness of using for the patient; and/or continuing to prescribe for the patient.
2. Documentation on the prescription drug(s) that are being considered and the reason why they are being considered.
3. Documentation of a practitioner's decision to discontinue a prescription drug or to adjust the current dosage relative to changes in a patient's condition.
4. The patient condition, possible adverse effects, potential benefits, etc. of the patient using this prescription drug.

Simply stating in the medical record that the physician renewed a prescription for a patient does not meet the risk criteria in the Medical Decision-Making table



# Determining Level of E&M Based on Medical Decision Making-Risk

- Diagnosis or treatment significantly limited by Social Determinants of Health
  - Defined: *“Economic and social conditions that influence the health of people and communities.”*
  - Only applicable when they must be considered or affect decisions regarding management
  - Presence must increase amount/complexity of data or risk
  - Examples: housing/food insecurity, education/literacy issues, occupational exposure to risk factors, economic circumstances other social factors
- Specifically, document SDOH and how they limit management options
- ICD-10-CM codes Z55-Z65 *“Persons with potential health hazards related to socioeconomic and psychosocial circumstances”*
- Check payer guidelines for reporting requirements



# Determining Level of E&M Based on Medical Decision Making- Tips

## Risk of Complication and/or Morbidity or Mortality of Patient Management

- **Per AMA: Trained clinicians in the same specialty apply common meanings to minimal, low, moderate or high risk**
  - Discuss with all practice providers to determine group's definition for these terms as they relate to pain management
  - Share these definitions with the coders
- **Considered treatments not implemented**
  - Ensure this treatment applies to the current encounter
  - Document the reason it was considered, and the reason not selected
- **Prescription Drug Management**
  - Document thought process for prescribing or refilling meds - 6 A's
- **Procedure with risk factors**
  - Document what makes this procedure moderate risk for this patient
- **SDOH**
  - Discuss potential SDOH in community with all practice providers to determine potential issues
  - Document how this information will impact the management of the patient's problem



# 99202-99215 – Billing by MDM



- 99201: Deleted
- 99202: Straightforward
- 99203: Low
- 99204: Moderate
- 99205: High
- 99211: QHP not required
- 99212: Straightforward
- 99213: Low
- 99214: Moderate
- 99215: High

Based on **2 out of 3 Elements** of Medical Decision Making  
Require a medically appropriate H&P but does not factor into  
determining level of E&M

# New Outpatient and Office Visit Code Descriptions

**99202** Office or other outpatient visit for the evaluation and management of a new patient, which requires a **medically appropriate** history and/or examination and **straightforward** MDM. When using time for code selection, **15-29 minutes** of total time is spent on the date of the encounter.

**99203** ...and **low** level of MDM. time for code selection, **30-44 minutes** of total time

**99204** ...and **moderate** level of MDM. time for code selection, **45-59 minutes** of total time

**99205** and **high** level of medical decision making. time for code selection, **60-74 minutes** of total time

**99211** an established patient, that may not require the presence of a physician or OQHP. Usually, the presenting problem(s) are minimal.

**99212** ...and **straightforward** medical decision making. **10-19 minutes** of total time

**99213** and **low** level of medical decision making. **20-29 minutes** of total time is

**99214** and **moderate** level of medical decision making. **30-39 minutes** of total time

**99215** and **high** level of medical decision making. **40-54 minutes** of total time is spent on the date of the encounter.

**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*



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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
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 <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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 <i>(Must meet the requirements of at least 2 out of 3 categories)</i> 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

# Billing Visits with Procedures



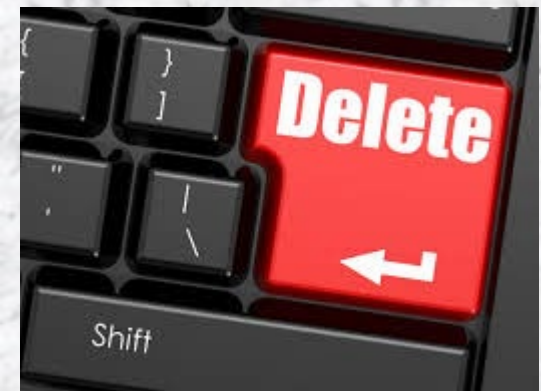
# Billing Visits With Procedures

## Medicare Claims Processing Manual 100-04 Ch. 12 40.1B

- *“The initial evaluation is always included in the allowance for a minor surgical procedure”*
- *“The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service.”*
- *“If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is “new” to the provider is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure.”*

# Billing Visits With Procedures

- Is it a minor procedure?
  - All procedures in office are “minor”
- Is it significant and separately identifiable?
  - Perform the “Delete” test
- Other questions to ask
  - Was the E&M for a problem unrelated to the procedure?
  - Was the decision to perform the procedure
    - made prior to the visit?
  - Is it worth the risk?



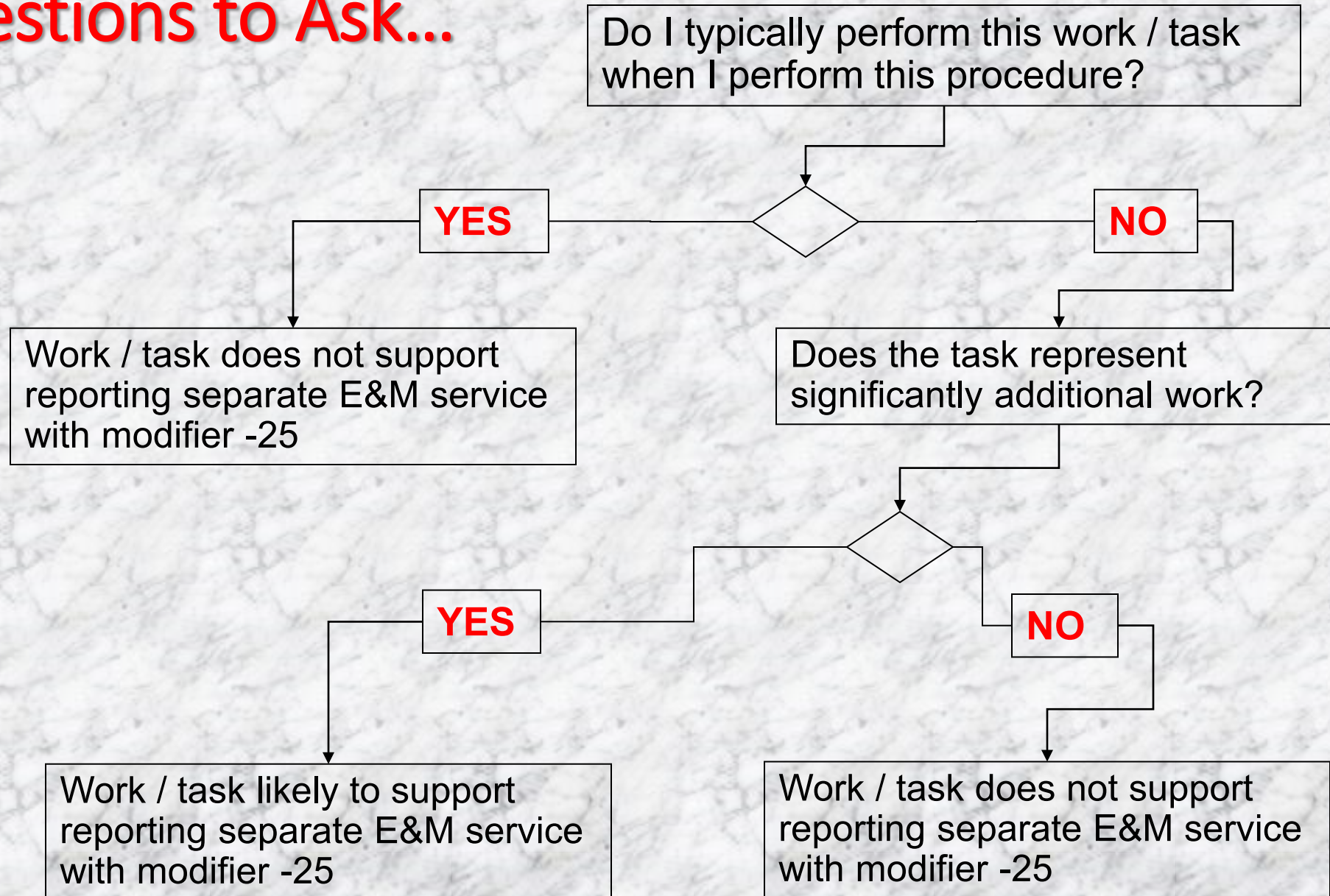
# Billing Visits With Procedures

## National Correct Coding Initiative Coding Policy Manual for Medicare Services, Chapter 11

- *“However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25.”*



# Questions to Ask...



# Summary

- Discuss and make changes where needed to your EMR templates, and internal compliance plans
- Train your providers so that documenting care in the new format accomplished the goals of these provider driven revisions
- Be sure documentation supports and you can defend the elements in either MDM or time, the medical necessity for the service, and the level reported
- Train coder/provider to select the level based on the method which results in the highest level supported by the documentation
- Perform internal and/or external audits to identify areas in which improvement is needed



# Questions?

**Judith Blaszczyk, RN, CPC, ACS-PM**  
**Medical Compliance Auditor**

