



# WHAT'S MY CODE? CODING CASE STUDIES

ONP EDUCATION CONFERENCE

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# DISCLAIMER

**Neither the presenter nor HealthCare Management Consultants, Inc have any relevant relationships or potential conflicts of interest to disclose.**

# AGENDA

- ▶ Medical Necessity
- ▶ Coding Guidelines for New and Established Patients
- ▶ Coding Guidelines for Psychotherapy
- ▶ Time Coding
- ▶ What Auditors Look For
- ▶ Other Documentation Issues
- ▶ Case Studies

# MEDICAL NECESSITY

## *Per Medicare:*

**"Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.**

**It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted.**

**The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported."**

**"Furthermore, all services must be sufficiently documented so the medical necessity is clearly evident. Medicare cannot pay for services for which the documentation does not establish the medical necessity."**

# NEW PATIENT E/M CODES

CODE	HISTORY	EXAM (1997 Guidelines)		MEDICAL DECISION MAKING
		Primary Care	Behavioral Health	
99201	Chief complaint 1-3 HPI	1-5 bullet pts	1-5 bullet pts	Straightforward
99202	Chief complaint 1-3 HPI 1 ROS	6-11 bullet pts	6-8 bullet pts	Straightforward
99203	Chief complaint ≥4 HPI* 2-9 ROS 1 element PFSH	12-17 bullet pts	Minimum 9 bullet pts	Low Complexity
99204	Chief complaint >4 HPI*	9 systems, 2 bullet pts in each of 9 systems	Comprehensive Exam	Moderate Complexity
99205	Minimum 10 ROS 1 element each: PFSH			High Complexity

\* Or status of 3 chronic conditions

# NEW PATIENT E/M CODES

The level of service is based on how the provider scores in all three key component category

The lowest completed key component controls the level of the code

For example, if the exam supports 99201, then 99201 is reported, even if the history and decision making support 99204

*A new patient is a patient who either has never been seen in the practice before or has not seen a provider in the practice of the same specialty within the past three years*

# CODING GUIDELINES: PSYCHIATRIC DIAGNOSTIC EVALUATIONS

- ▶ 90791 - Psychiatric diagnostic evaluation
- ▶ 90792 - Psychiatric diagnostic evaluation with medical services

Code [90791](#) reports a psychiatric diagnostic interview exam including a complete medical and psychiatric history, a mental status exam, ordering of laboratory and other diagnostic studies with interpretation, and communication with other sources or informants. The psychiatrist then establishes a tentative diagnosis and determines the patient's capacity to benefit from psychotherapy treatment. The patient's condition will determine the extent of the mental status exam needed during the diagnostic interview. In determining mental status, the doctor looks for symptoms of psychopathology in appearance, attitude, behavior, speech, stream of talk, emotional reactions, mood, and content of thoughts, perceptions, and sometimes cognition. The diagnostic interview exam is done when the provider first sees a patient, but may also be utilized again for a new episode of illness, or for re-admission as an inpatient due to underlying complications. When a psychiatric diagnostic evaluation is performed alone, report code [90791](#). When medical services are provided in conjunction with the psychiatric diagnostic evaluation, report code [90792](#).

# RVU COMPARISONS

## New Patient E/M Codes

Code	RVU
99201	1.23
99202	2.10
99203	3.04
99204	4.64
99205	5.82

## Psychiatric Diagnostic Evaluation Codes

Code	RVU
90791	3.58
90792	3.97



# 90791-90792 DOCUMENTATION EXPECTATIONS

- Date of service
- Chief complaint
- History of present illness
- Review of systems
- Family and psychosocial history
- Complete mental status exam
- Assessment/Plan
- Identified goals of treatment
- Plan for follow-up
- Legible documentation
- Authentication by the provider
- For 90792, medical management documentation is also required

# ESTABLISHED PATIENT E/M CODES

CODE	HISTORY	EXAM (1997 Guidelines)		MEDICAL DECISION MAKING
		Primary Care	Behavioral Health	
99211	May not require presence of a physician			
99212	Chief complaint 1-3 HPI	1-5 bullet pts	1-5 bullet pts	Straightforward
99213	Chief complaint 1-3 HPI 1 ROS	6-11 bullet pts	6-8 bullet pts	Low Complexity
99214	Chief complaint ≥4 HPI* 2-9 ROS 1 element PFSH	12-17 bullet pts	Minimum 9 bullet pts	Moderate Complexity
99215	Chief complaint >4 HPI* Minimum 10 ROS 1 element each: PFSH <i>* Or status of 3 chronic conditions</i>	9 systems, 2 bullet pts in each of 9 systems	Comprehensive Exam	High Complexity

## Examples: New Problems

Scenario	Level of Decision Making
New problem, acute uncomplicated	Low complexity
New problem, acute complicated	Moderate complexity
New patient, exacerbation chronic problem	Moderate complexity
New patient, suicidal ideation	High complexity

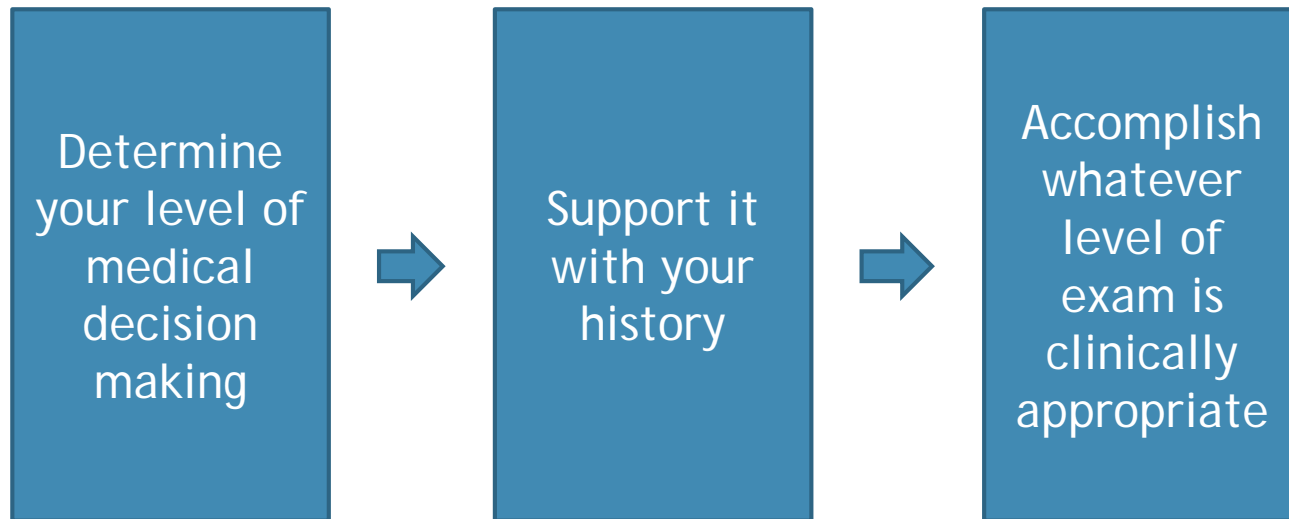
## Examples: Follow-Up Problems

Scenario	Level of Decision Making
Follow-up singular stable or improved problem	Straightforward
Follow-up singular problem w exacerbation	Low complexity
Follow-up two problems, both stable or improved	Low complexity
Follow-up two problems, one or both mildly exacerbated	Moderate complexity
Follow-up 3 problems, stable or improved	Moderate complexity
Follow-up 3 problems, one or more mildly exacerbated	Moderate complexity
Follow-up 2 problems, both severely exacerbated (i.e. suicidal)	High complexity

# ESTABLISHED PATIENT E/M CODES

The level of service is based on the level of medical decision making supported by either the history and/or exam

## Coding Tip:



# E/M TIME CODING

*When more than half of the encounter is counseling and/or coordination of care, the encounter may be coded based on time*

Code	Typical Time	Code	Typical Time
99201	10 minutes	99211	5 minutes
99202	15 minutes	99212	10 minutes
99203	30 minutes	99213	15 minutes
99204	45 minutes	99214	25 minutes
99205	60 minutes	99215	40 minutes

# E/M TIME CODING DOCUMENTATION REQUIREMENTS

Clinical documentation as appropriate to support the medical necessity of the encounter and time spent providing it

The total face to face time with the billing provider

The fact that more than half of the encounter was counseling (or was coordination of care, or both)

The nature of the counseling (if coordination of care, the nature of the coordination of care; if both, then documentation of both the counseling and the coordination of care)

*Example:*

*"I spent 25 minutes face to face with the patient, more than half of that time was spent counseling the patient on coping strategies"*

# BEHAVIORAL HEALTH ESTABLISHED PATIENT ENCOUNTERS

- ▶ Psychotherapy
  - ▶ Coded based on time spent in psychotherapy
- ▶ E/M Code
  - ▶ Based on key components; or
  - ▶ Based on time
- ▶ E/M Code + Psychotherapy
  - ▶ E/M code based on key components; and
  - ▶ Psychotherapy code based on time spent in psychotherapy

# PATIENT PRESENCE

- ▶ E/M codes have an expectation of the patient presence
- ▶ Psychiatric Diagnostic Evaluation codes state that other informants may be seen in lieu of the patient
- ▶ Individual psychotherapy codes require that the patient be present for most or all of the encounter



# PSYCHOTHERAPY CODES

Code	Description	Time Requirement
90832	Psychotherapy, 30 minutes with patient	16-37 minutes
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	16-37 minutes
90834	Psychotherapy, 45 minutes with patient	38-52 minutes
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	38-52 minutes
90837	Psychotherapy, 60 minutes with patient	≥53 minutes
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	≥53 minutes

# PSYCHOTHERAPY CODES

Date of Service

Time spent in psychotherapy

Type of therapeutic intervention

Documentation of intervention

Target symptoms

Diagnoses

Progress toward treatment goals

Status

Legible signature

# OTHER CODING ISSUES

- ▶ Cloning
- ▶ Inconsistent documentation
- ▶ Gender accuracy
- ▶ Grammar
- ▶ Encounter is accurate to the patient and to the encounter

# CASE STUDY #1

## Case Specifics:

- ▶ New Patient - Primary Care
- ▶ Coded 99204
  
- ▶ *Does the level of medical decision making support 99204?*
- ▶ *Does the system review support 99204?*

# CASE STUDY #2

## Case Specifics:

- ▶ New Patient - Primary Care
- ▶ Coded 99203
- ▶ *Does the documentation support 99204?*

# CASE STUDY #3

## Case Specifics

- ▶ New Patient - Primary Care
- ▶ Coded 99204
- ▶ *What is the level of medical decision making?*

# CASE STUDY #4

## Case Specifics:

- ▶ New Patient - Behavioral Health
- ▶ Coded 99204
  
- ▶ *What level of service is supported?*

# CASE STUDY #5

## Case Specifics:

- ▶ New Patient - Behavioral Health
- ▶ Coded 99205
- ▶ *What level of service is supported?*



# CASE STUDY #6

## Case Specifics:

- ▶ New Patient - Behavioral Health
- ▶ Coded 99204 + 90836
  
- ▶ *Does the system review support 99204?*
- ▶ *Does the documentation support reporting psychotherapy?*

# CASE STUDY #7

## Case Specifics:

- ▶ New Patient - Behavioral Health
- ▶ Coded 90792
- ▶ *The APA recommends certain documentation elements should be included in the 90791-90792. Which of those elements is missing from this document?*

# CASE STUDY #8

## Case Specifics:

- ▶ Established Patient - Primary Care
- ▶ Coded 99214 + Injection
  
- ▶ *What level of service does the documentation support?*
- ▶ *Is the injection code accurate?*
- ▶ *Can the injection be coded?*

# CASE STUDY #9

## Case Specifics:

- ▶ Established Patient- Primary Care
- ▶ Coded 99213
- ▶ *Which statement would have supported coding this encounter based on time?*
  - ▶ *25 minutes spent with patient discussing treatment plan options*
  - ▶ *25 minutes spent with the patient, more than half of the encounter spent in counseling*
  - ▶ *25 minutes spent with the patient, more than half of the encounter spent in counseling and coordination of care*
  - ▶ *25 minutes spent with the patient, more than half of the encounter spent counseling the patient on treatment plan options*

# CASE STUDY #10

## Case Specifics:

- ▶ Established Patient- Primary Care
- ▶ Coded 99213
- ▶ *What level of service does the documentation support?*

# CASE STUDY #11

## Case Specifics:

- ▶ Established Patient - Behavioral Health
- ▶ Coded 99212 +90833
- ▶ *What is the level of medical decision making associated with the E/M code?*

# CASE STUDY #12

## Case Specifics:

- ▶ Established Patient - Behavioral Health
- ▶ Coded 99213 + 90833
- ▶ *Can the psychotherapy code be reported in addition to the E/M code?*

# CASE STUDY #13

## Case Specifics:

- ▶ Established Patient - Behavioral Health
- ▶ Excerpt
- ▶ *What are two problems with the statement in the system review?*



# CASE STUDY #14

## Case Specifics:

- ▶ Established Patient - Behavioral Health
- ▶ Coded 99213 +90836
- ▶ *What is the level of medical decision making associated with the E/M component?*

# CASE STUDY #15

## Case Specifics:

- ▶ Established Patient - Behavioral Health
- ▶ Coded 99212 + 90836
- ▶ *What's wrong with the time documentation for these two services?*

# QUESTIONS



# THANKS FOR YOUR PARTICIPATION!

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# HealthCare Management Consultants, Inc

## *Who We Are*

HealthCare Management Consultants, Inc. is a medical consulting firm located in Oregon and serving clients throughout the United States since 1992. Our team consists of experienced certified coders and support staff with a proven record of success.

## *What We Do*

We specialize in medical coding, medical coding education, and coding auditing.

HCMC, Inc. provides services for physician organizations, hospital organizations, medical groups, professional groups, individual physician offices, insurance carriers, attorneys, software vendors and work with all medical specialties.

We also provide third party arbitration, compliance plan evaluation and development, practice analysis, workflow analysis, technical writing, and Medicare HCC Risk Adjustment support.

Our goal is to provide knowledgeable and excellent service to all our clients.