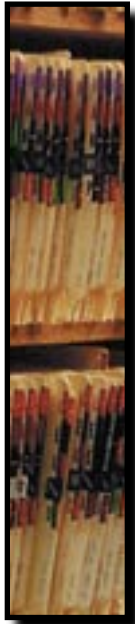


Productive Provider Newsletter

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M.P.E.C.S. Medical Professional Education and Consultation Services

Jim Meeks, P.A.-C.

Understanding Today's Healthcare,
Serving Today's Patients,
Meeting the Needs of Today's Practice.

Welcome to the *Productive Provider Newsletter*.

A unique publication bringing you timely, thoughtful and valuable information on the confusing topic of Evaluation and Management (E/M) coding. Designed specifically for the busy medical practice and provider seeking no nonsense information on coding E/M services.

Your questions and comments are essential to the success of this publication. Please make comments and suggestions on the content of this newsletter. I'd like to hear what you have to say about these issues.

Thanks in advance for your support.

PLEASE SEND THIS ON . .

If you like what you see here in the *Productive Provider Newsletter*, please recommend and forward this newsletter to anyone that is interested in becoming more productive in his or her medical practice. Providers, billers and office managers alike are enjoying this publication.

If you are receiving this as a forwarded message, and you want your own FREE subscription, visit our web site and sign up on the "Site Mailing List" at www.mpecs.org.

AT A GLANCE: In this month's *Productive Provider Newsletter*

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1. Its just my opinion.

I recently saw the movie **Ladder 49**. It touched my heart in a way I haven't experienced in a very long time. Not so many years ago, I was a professional fire fighter/paramedic, a job I loved but at the same time I sought deliverance from for many reasons, none of which was because I didn't like the job.

When I saw this movie with a few members of my family, I experienced a number of emotions that I cannot fully explain or ever adequately share. I have seen other fire fighting movies in the past and they have all fallen short on the level of believability. None have ever portrayed the brotherhood and friendships of the firehouse as well as in this movie. Nor have they ever been able to put on film the feelings, fears and challenges that are so much a part of this unique and fascinating career.

Many times in conversations with friends, family and casual acquaintances alike, I have been asked what it was like to be a fire fighter/paramedic. Until recently, there have been no words to express in any communicable

way what that experience was like, at least to the degree that anyone could identify with.

Recently, I read an article in Firehouse Magazine (Firehouse April 2005) by Gary Ludwig that portrays "a unique perspective of life that few people will ever experience." I agree. In an attempt to personalize his poignant observations, I have added to or modified his comments to more accurately reflect my own life changing experiences in the fire service. Thanks to Gary for giving me the foundation and means to express what has been such a big part of my life. I didn't know how to express it before. Some of these words are his, all of them surely are mine. They are all true.

I have held a lifeless baby in my arms as I tried in vain to revive it; I have tried to comfort parents of dead children; I sometimes did not get to eat my meals on time; I have laughed with my patients; I have cried with my patients; Patients have vomited on me, bled on me and urinated on me.

I administered life saving medications and treatments to patients; I worked on Christmas and other holidays when I would rather have been with my wife and children; I had compassion for my patients; I controlled bleeding; I peeled back the smashed metal of wrecked cars to free injured patients; I have been called an ambulance driver or "just an EMT" when what I did was so much more than that; I have had people try to beat me through an intersection when I am driving with lights and siren; I have said short prayers for patients I left at the hospital in critical condition.

I started IVs; I worked 24 hour shifts; I read EKGs; I worked second and third jobs on my days off to provide for my family; I have worked past the end of my shift when I had important plans after my shift; I have intubated patients in cold dark alleys, dingy basements and cramped bathrooms; I have held back a flood of tears, just to look tough.

I have had doctors yell at me for numerous reasons, none of which I felt were justified; I loved the work; I constantly trained and studied to perfect my skills and increase my knowledge; I loved my job, most of the time; I have seen the worst that one human being can do to another; I have ventilated burning buildings.

I splinted broken bones; I cooked meals in the fire house for my brother and sister fire fighters; I washed the dishes; I cleaned the firehouse; I laughed with brother and sister fire fighters, sometimes, I argued with them; I bandaged tiny cuts; I bandaged major lacerations; I showed concern for my patients; I sometimes got upset at people who would not get out of the way when I was driving my rescue truck or fire truck to an emergency; I used all my senses; I mowed the lawns, washed the windows and pulled the weeds at the fire house, it was my home away from home for 24 hours; I hoped my family was safe while I was away.

I have performed CPR so many times that I lost count; I worked in intense summer heat; I worked in severe winter cold; I have seen what a shotgun blast can do to a human being; I carried heavy bundles of fire hose and equipment up flights of stairs to the point of exhaustion; I lifted and carried patients that weighed more than me; I have caught colds from my patients.

I have accidentally stuck myself with needles; I took blood pressure readings; I put out car fires and house fires; I got to slide down the brass pole at Station 51; I have been cussed at and spat upon by people I was only trying to help; I have rappelled off the side of a building; I have a fear of heights; I have seen what a bee sting can do to someone who is allergic to bee stings; I have crawled into smashed vehicles to stabilize and comfort injured patients; I have argued with bystanders about patient care.

I have left perfectly good meals unfinished; I have fallen through a floor; I sat in front of the station and waved at people that waved at me; I constantly trained on the equipment on my apparatus; I climbed ladders; I treated stab wounds and gunshot wounds; I have had to tell families of the death of a loved one; I have had patients thank me; I have seen the effects of a body meeting the pavement at high speed when a motorcycle crashes; I have been criticized for not arriving "fast enough."

I have held a young child's hand while his mother was loaded onto a stretcher and then into an ambulance; I immobilized neck and back injuries; I have been lost in smoke filled buildings; I have driven home after my shift wondering whether a patient survived; I have climbed into dark holes and cramped spaces; I hugged my wife and children after coming home from every shift.

I gave pain medication; I listened when patients told me that they were dying; I dealt with the homeless; I laughed with my partner about some call we remembered from the past; I have had citizens file a complaint against me; I have looked into the eyes of an elderly lady as we performed CPR on her husband of 50+ years; I thanked God that I made it home safely every day.

MARK YOUR CALENDARS

PRACTICE PROFITABILITY WORKSHOPS and LECTURES:

MPECS is dedicated to making your practice of medicine more productive, more profitable and ultimately more enjoyable. The comprehensive MPECS 4-hour **PRACTICE PROFITABILITY** workshop focuses on exactly what you need to know, the specifics of documentation and coding. If you ever find yourself questioning which E/M code you should use, you need this workshop!

MPECS workshops and lectures are now being scheduled for 2005.

UPCOMING MPECS WORKSHOPS; Salt Lake City, UT April 30, 2005

CONFERENCE LECTURES; SUNA Las Vegas, NV October 14, 2005 (www.suna.org)

The MPECS web site lists the details for each **workshop** as it becomes available. Check back often. Register EARLY for significant workshop discounts.

If your state or local professional organization is looking for a unique and very informative conference topic, let us know. We'd be happy to be part of your next conference.

I have pulled firehouse pranks on newly graduated recruits; I have seen and smelled more than one dead burnt body; I loved to read all the latest fire and emergency service journals; I scrubbed and loaded fire hose after a fire; I have performed procedures on patients that most medical students haven't done yet; I have listened to the frustration of partners; I have treated burn victims; I have chopped a hole in a roof; I have cried after a call; I have called just to hear my wife's voice after a terrible call; I have made children smile.

I lived the life of a professional fire fighter/paramedic; I loved that job; I learned a lot about myself; I learned that I love caring for people, no matter who they are.

I am no longer a fire fighter/paramedic; I am a physician assistant; I care for patients nearly every day; Except for all the dangerous stuff, not much has changed; I certainly care for my patients as much if not more; I usually get to see my patients more than once; Some of my patients are good friends.

I don't get to ride the rescue truck or the fire engine anymore; I miss some aspects of that job; I get to go home every night and be with my family; When I drive past the fire house and see that the fire engines and rescue truck are there, I am glad that they are in the station and that they are safe.

I get to work with wonderful people every day; I go home every night with the knowledge that I may have helped some of them; I rest easy knowing that there are dedicated men and women ready to respond at a moments notice if I ever need their help; I love my current job as a physician assistant in family and emergency medicine; I am proud to have been a fire fighter/paramedic; I'm a better PA because of it.

The next time you see a fire fighter or paramedic, honk and wave or better yet, stop and say thanks. If it is a holiday and you have the day off, stop by the station and tell them that you appreciate them being there. They will appreciate it.

Thanks Gary Ludwig and Firehouse Magazine for helping me find a way to express in writing something that has been difficult to do, even now.

It's just my opinion.
Jim Meeks, PA-C

2. ICD-10

The **International Classification of Diseases** (ICD) is updated from time to time to keep up with changes in modern medicine. Currently, the ICD-9-CM (*International Classification of Diseases 9th Clinical Modification*) is the coding system used in the United States to identify disease states, injuries, circumstances, reasons for visits with healthcare providers and diagnosis in patients with regard to medical coding.

The ICD is published by the World Health Organization (WHO). It's purpose is to allow for the collection and classification of mortality statistics on an international basis. It has been modified (hence "*Clinical Modification*") for use in the United States. The ICD-9 in one form or another, has been in use since 1978.

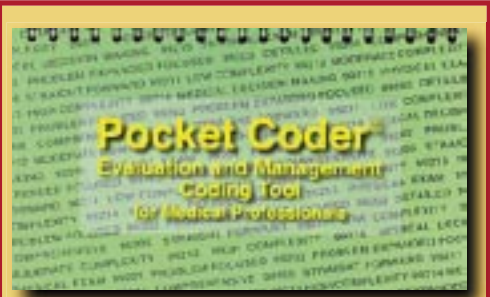
The National Center for Health Statistics (NCHS) is the Federal agency that collects data and issues annual reports on the health of Americans. The ICD coding system is the basis upon which those statistics are gathered and subsequently reported. NCHS has been using ICD-10 (published by WHO in 1992) to code and classify mortality data from death certificates since January of 1999. However, NCHS determined that ICD-10 is not sufficiently detailed for use in the national healthcare information system without additional clinical modification.

Preliminary work for ICD-10-CM has been done and field testing of ICD-10-CM was done by the American Health Information Management Association (AHIMA) in conjunction with the American Hospital Association (AHA) in 2003-2004. Reports of the field test results may be found at their respective web sites. A link to these web sites can be found on the NCHS web page (see next paragraph).

Efforts to implement ICD-10-CM are currently under way. Based on information available on the NCHS web site, a date for implementation of ICD-10-CM has not been determined. The NCHS information can be viewed at: www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm.

What are the differences between ICD-9 and ICD-10? Currently, ICD-9 consists of two volumes, published in one book. ICD-10 will consist of three volumes with an instruction section accounting for the additional volume. Final published format has not been determined.

The ICD-10 moves to an alphanumeric coding system; this means that instead of the 5 digit system we are currently using, the codes in ICD-10 will begin with an alphabetic character. There is a significant increase in the



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number of codes in ICD-10 compared to ICD-9. There are somewhere between 12,000 and 13,000 codes in ICD-9. The ICD-10 will contain in the neighborhood of 60,000 codes. Most of that increase can be attributed to addition of the alphabetic character, and increasing some numeric components to a 6th digit for additional clarification and/or description of the site of manifestation. Of course, there will be some revisions at the 3rd and 4th digit levels as well.

What this means to you and me is that we need to be as descriptive as possible in our diagnosis. A simple one word diagnosis may not provide sufficient detail for coding and billing staff personnel to allow them to determine the correct ICD code with sufficient accuracy and to the level of detail needed. Without sufficient detail, coding staffs will either have to pester us for additional information or they will have to guess at the correct codes. Guessing is not good.

Most likely, all of our coding and billing software will have to be updated or worse, replaced to accommodate all of these changes. The cost of which will have to be born by our practices. Practice profitability becomes more important everyday. I suspect that within the next few years, we will be required to incorporate these new coding systems into our practices. Change is inevitable.

Our only option is to become aware of the changes that are coming and prepare ourselves for them. Maximizing our skills in documentation and coding now is essential in that preparation. Waiting until all these changes take place will lead to significant problems then.

If you are currently using or planning to purchase electronic billing/coding/charting software, ask your vendors about the cost and availability of upgrades. Factor those costs into your practice expense projections. Setting aside a portion of those costs now on an annual basis in anticipation of the proposed changes would be helpful.

In the mean time, remember not to stress over this stuff. If you are challenged by coding, let me help. That is what MPECS is all about.

3. A universal experience.

The first weekend of this month, I had the extreme privilege of speaking at two dynamic State PA conferences. The first was for the New York State Society of PAs (www.nyspa.org) in New York and the second was for the New Jersey Dermatology PA (www.njdpa.org) conference near Atlantic City. While in New Jersey, I took the opportunity to host an **MPECS PRACTICE PROFITABILITY WORKSHOP**. All this was done in the span of a day and a half, I spoke for a total of 7 hours. It was an absolute rush. I loved it. Then last week, I spoke for my home state association, the Utah Academy of Physician Assistants at their spring conference in Mesquite, Nevada. I enjoyed that too.

Almost universally, attendees at these conference presentations and workshops express their frustration with the complexity of the Evaluation and Management (E/M) process. Based on the feedback I get and the questions that I answer both during and after these events, I know that the coding struggle continues to be a problem in many practices. Almost universally, at the end of a workshop or one of my conference presentations, participants thank me for helping them sort out the E/M coding process and for providing information that is clear and organized on the topic of E/M coding.

At my workshops, I have PAs, NPs, physicians and office staff attending. Each has a unique situation or circumstance to consider with regard to their particular practice situations. It is so rewarding to spend time with these individuals and help them sort out the difficult aspects of E/M coding. Later this month, I am hosting another workshop here in the Salt Lake area. In the past I have had people come from as far away as Texas to attend one of these Salt Lake workshops.

I had planned on presenting the **MPECS PRACTICE PROFITABILITY WORKSHOP** in San Antonio, Texas this coming week, but for some unknown reason, I had almost NO response to every effort to get the word out to healthcare professionals in that area. Unfortunately, I had to cancel that workshop. I hope to be able to reschedule it in the near future. If anyone has any ideas on how to promote these workshops more effectively, I'd be very interested. I am also very interested in speaking at any of your state association conferences or events.

Thanks to all for your participation in these recent events. I truly enjoy myself and the interaction with other healthcare providers. If you have attended one of my presentations or workshops and have found the information helpful, please tell someone else. I am doing everything I can to help people find solutions to the E/M coding challenge. I need your help to get the word out beyond what I am able to do.

Thanks to all. I hope to see you at a conference or at one of the MPECS workshops soon.

Jim Meeks, PA-C

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