

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 our new subscribers! This is 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.

Please respond, comment and suggest on the content of this newsletter. Your questions and comments are essential to the success of this publication. Please submit all of your coding questions and newsletter comments via PracticeProfitability@mpecs.org.

Thanks, enjoy this newsletter and have an absolutely great day.

AT A GLANCE: In today's *Productive Provider Newsletter*

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Selections from George Washington's 110 *Rules of Civility*

Productive Provider Newsletter

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All material contained in this publication is the original work of Jim Meeks, P.A.-C. unless otherwise noted. Quotations from and references to this material are encouraged and authorized as long as credit is given to the author, this newsletter by name and reference to the MPECS web site is included.

1. *Its just my opinion.*

Several years ago while starting at a new place of practice, I had an interesting experience. I'd like to share it with you. Hopefully, you can learn from my mistakes. After all, that is the idea of this newsletter, to help you avoid mistakes in coding.

For starters, I wanted to make a good impression on my boss and of course, on my patients. I certainly wanted my employer to know that I was a good investment and not a burden on the practice, or his pocket book.

I meticulously documented my office visits and patient care. I was sure to never over-code for visits, but at the same time, I made sure that I never under-coded them either. After all, I had this coding stuff all figured out.

After a couple of months, the office manager came to me and asked me how I wanted her to respond to patients questions about the cost my office visits. I was puzzled.

She explained to me that on only a couple of occasions, she had received calls from patients or parents of patients asking why a visit with the PA had cost more than a visit with the doctor had cost them previously. They wanted to know if the prices had gone up. Now, I was embarrassed.

You see, one of the reasons that the doc had hired me in the first place was because I was supposed to be good at coding. He had realized long before I came along that he wasn't coding his office visits (E&M coding) visits as well as he could. By hiring me, he had hoped to improve that situation and hopefully his **PERSONAL** and **PRACTICE PROFITABILITY**.

During my first week or so of work in his practice, we spent a few sessions together going over the E&M coding criteria. He had been amazed at the number of visits for which he had apparently been under-coding. I provided him with a cheat sheet (an early prototype of the **POCKET CODER®**) on coding that he could keep on his desk where he did all of his charting. He was excited.

After those first few sessions on coding, I started getting busy in the practice and we didn't get to spend a lot of time discussing coding again. It is an easy thing to do. After all, who has time to look at a coding chart when there are patients waiting?

After my discussion with the office manager, we started pulling some charts and going over my charges and those of my employer. We soon discovered that the doc had slipped back into his comfort zone and had resumed documenting and coding as he had done before, mostly 99212 and 99213 levels for established patients. After all, he had been doing it that way for a long time before I came along.

Essentially, the doc and I were providing very similar care to the patients in most cases. My documentation was more detailed and therefore supported a higher level of coding than his did. His documentation was very minimal and didn't support higher levels of coding, even though he had most likely provided the same exam and patient care I had. The problem was that he wasn't providing the amount of detail needed in the chart note. Our chart audit revealed that his office visits were almost equally split between 99212 and 99213 levels and mine were almost equally split between 99213 and 99214.

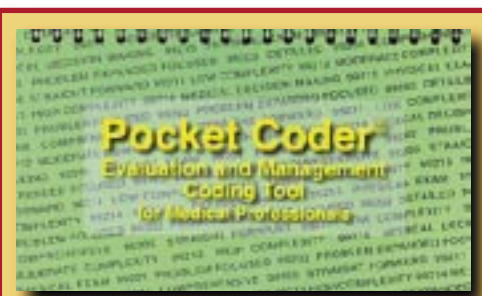
In a solo practice, this problem wasn't very difficult to resolve. With monthly chart audits, an occasional reminder and some practice on the part of the doc, our coding began to more consistent and similar. For a while though, I had to be extremely conservative on my coding so as not to make it appear that my visits were costing more than the physician's. That wouldn't be a good thing.

Imagine if there were multiple providers in the office, each with their own style of documentation, each with their own unique mix of billing practices. You can see how the coding problems might multiply.

I had a conversation the other day with an office manager of a large specialty clinic where there are a number of providers working on various schedules in this very busy practice. Within minutes, it was easy to tell that there was a little frustration on the part of the office manager due to lack of consistency in the documentation and coding processes amongst the providers he was responsible for. Believe me, when it comes time to review productivity reports and write out the paychecks, there can be some real variations in that type of situation.

What's the solution?

Well, lets first of all face reality. The E&M coding system is complicated. It isn't likely to change in the near



DO YOU KNOW?

Do you know the specific elements of documentation that determine which E&M code you should use?

You are not alone if you are still struggling with this process. Never guess again. Get the **POCKET CODER®**.

A pocket sized quick reference that you can easily refer to in the exam room, the hospital, care center or wherever you are seeing patients. Fully comprehensive, covering all practice settings, it will eliminate guesswork and down coding from your practice.

Order yours today online at www.mpecs.org. It is a must for every provider.

future, at least for the next couple of years. We use it every day in our practice, so we might as well do our best to figure it out.

There are innumerable products that are designed to help with the selection of E&M codes. Some are complicated computer programs built into charting software. These are generally good products, but sometimes miss the correct code. They are pretty good at counting bullets, but sometimes are lacking, especially when considering the medical decision making process. Don't forget Single Organ System exams too. The criteria changes when specialty exams come into the picture. Some E&M coding products are as simple as a fold up wallet card. These tend to be rather brief and lack the detail that is needed to make correct selections.

Frankly, it doesn't matter what product you use. If you are unfamiliar with the required elements of E&M coding for a given level, you are going to code incorrectly, even with the best system. We all tend to code within our comfort level. That doesn't usually translate into correct codes.

Every provider needs to INVEST some personal time in learning about coding. There is nothing better than a session with a number of other providers where you sit down together to discuss and learn about coding. It helps if someone knowledgeable in coding directs the discussion. Auditing charts is an invaluable part of that learning experience.

Every provider is unique in style and personality with regard to patient care. The resulting documentation and the final coding is where some form of consistency and clarity needs to be sought after.

Returning now to the original concern, ask yourself if coding is consistent among the providers in your practice? More than likely, that depends on the documentation that each provider is providing on each patient encounter.

It is vital that each provider understand the components of documentation that are essential not only to patient care, but also to the coding and billing process. The best coding and billing employee in the world cannot code at any level higher than what the documentation supports.

It's just my opinion.

Jim Meeks, PA-C

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!

The next **MPECS workshop** is scheduled in Salt Lake City on **September 18, 2004**. The MPECS web site has the current details. Mark your calendars and register early! Please visit www.mpecs.org for more information.

Jim will be speaking at the SUNA (www.suna.org) Conference in Orlando, Florida, October 25, 2004. First on **Documentation As A Legal Defense**, and then on **Practice Profitability**. It should be a great conference.

2. Single Organ System Exams

Since writing on the subject of Single Organ System Exams nearly a year ago, I have seen a lot more interest on this subject. It seems to have been an unknown entity to a lot of providers.

The article I wrote last September outlined the use of Single organ System Exams in the following areas;

- Cardiovascular
- Ears, Nose, Mouth and Throat
- Eyes
- Genitourinary, Male
- Genitourinary, Female
- Hematologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

If you are a provider specializing in any of these areas, using the Single Organ System Exam documentation and coding criteria may be to your advantage. If you are a provider in any of the primary care areas, you may find that the criteria for these exams may also be to your advantage.

Single Organ System Exams are a separate set of documentation criteria for coding, based on focused exams of specific organ systems. Each of these systems has a specific set of documentation elements or bullets, for documentation. In turn, each has a specific number of required elements that determine the level of complexity of the exam. It is still counting bullets, but the bullets are different from what we are generally used to in the Multi-System Exams.

In the Single Organ System Exams, there are certain elements (bullets) that are "required" to be done; they are identified by shaded

boxes. Other elements of exam are identified by bullets in unshaded boxes.

In order to achieve the comprehensive level of exam, documentation of every bullet in the shaded boxes and one bullet from each of the unshaded boxes is required. If that isn't done, you again count bullets and determine which level of exam you have performed based on the still vague and frustrating terms of "Problem Focused, Expanded Problem Focused, Detailed and Comprehensive."

The advantage for using Single Organ System Exams is in the focused aspect of the exam. If you work in an orthopedic practice, then the Musculoskeletal exam is specific to your work. If you work in cardiology or internal medicine, then the cardiology exam is for you. But do not forget that a lot of these exams are done in primary care.

When I worked in urology, I found the male and female genitourinary exams worked really well. Now that I am back in family practice, I still use them. They are focused on the area of exam, do not include a lot of fluff and are much easier to document.

The problem I see is when providers start doing exams of areas on the multi-system exam, just to get additional bullets. It isn't necessary to do that, and it isn't really ethical. Remember, the overall determining factor in all exams is medical necessity.

Now, to facilitate all of this, I designed a one page sheet for each of the single organ system exams. Included on each sheet is a small box at the bottom of the page that tells you how many bullets you need for each level of exam (Problem Focused, etc.). If you do any kind of single organ system exams, you should at least consider taking advantage of the focused criteria. You may find that is better describes the actual work you are doing in these circumstances.

These exam criteria sheets are available on my web site in three formats; individual laminated cards for each exam area, a full set of laminated cards (all areas), or a booklet format with all sheets. The booklet includes an explanation page.

Single Organ System Exams



Available in three useful formats;

- Individual laminated cards
- Complete card sets (all 11 cards)
- Booklet (11 exams) with explanation

The laminated cards are durable and designed for frequent use.

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3: Rules of Civility . . .

The following are a few selections from George Washington's *Rules of Civility and Decent Behaviour in Company and Conversation*; (there are 110 - original spellings retained)

1. Every action done in company ought to be with some sign of respect to those that are present.
4. In the presence of others, sing not to yourself with a humming voice, or drum with your fingers or feet.
6. Sleep not when others speak; sit not when others stand; speak not when you should hold your peace; walk not when others stop.
9. Spit not into the fire, nor stoop low before it; neither put your hands into the flames to warm them, nor set your feet upon the fire, especially if there be meat before it.
18. Read no letter, books, or papers in company, but when there is a necessity for the doing of it, you must ask leave; come not near the books or writings of another so as to read them unless desired, or give your opinion of them unasked, - also look not nigh when another is writing a letter.
47. Mock not nor jest at any thing of importance. Break no jests that are sharp, biting, - and if you deliver any thing witty and pleasant, abstain from laughing thereat yourself.
88. Be not diverse in discourse; make not many digressions; nor repeat often the same manner of discourse.

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.

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