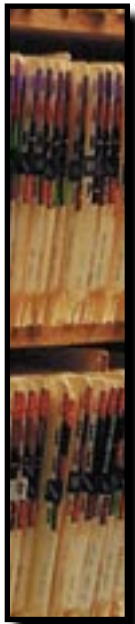


Productive Provider Newsletter

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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* for February, 2005.

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.

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

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1. Its just my opinion.

"Why don't you talk more about procedure codes?"

I have been asked a number of times to include more about procedure codes in the **MPECS PRACTICE PROFITABILITY WORKSHOP**. At least one evaluation comes back from every workshop asking me to include more on procedural codes.

So, lets talk about procedure codes. After all, procedure codes are very important to every practice. No matter what practice you are in, you have to use procedural codes of some kind. These codes are for procedures you perform on a patient. They can take place in any patient encounter setting, the office, the hospital bedside, the operating room, the ER, the nursing home, etc. They include things like mole excisions, wart destruction, skin tag removals, biopsies, catheter placements, administration of medications and everything else all the way up to full blown surgeries. Essentially, anything you **do to** the patient. Other codes that fall into this category would be things like urinalysis, ECGs, tympanometry, and such that are more of a test than an

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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actual procedure. They all, however have a CPT code. Generally speaking, one procedure, one code.

Most of these “things” we do to our patients have a specific code assigned to them for identification and billing purposes and all codes are listed in the Current Procedural Terminology book (CPT© American Medical Association). The CPT book generally lists all of the information about each code necessary for providers or their billing staff to understand which code to use in a given circumstance.

Procedural coding gets more complicated when multiple procedures are performed during a single encounter. Sometimes, codes are bundled by insurance companies so that they don't have to pay for separate codes for procedures that are routinely performed as part of a total process. That is where procedural coding becomes more complicated. A good coding person is worth their weight in gold. A knowledge of the medical procedures being used is useful too. My experience has been that most offices use most of these codes correctly.

So, to answer the question about why I don't spend more time on procedure codes, I can simply say that the scope of what I am trying to help all providers with is focused on the most difficult part of coding. That is the evaluation and management (E/M) aspect of the CPT code system. The reason I don't spend more time talking about “procedure codes” during the workshop is that for the most part, most procedural codes are simple straight forward codes. Evaluation and management codes are not.

Here is an example. In urology, a frequent procedure is cystoscopy, visual exam of the bladder using a scope (a rigid or flexible cystoscope). This procedure can be done in the office (the flexible scope is much more humane for the conscious patient) or in the operating room. Looking in the CPT book, there are just over two full pages of codes (starting with 52000) related to this procedure, each with a clear description of what specific elements of the procedure determine the correct code. It is pretty straight forward. You can do the same with most any other area of the body you care to do something to.

An important fact to remember is that the codes are updated every year by the American Medical Association. As procedures are modified, become outdated or new ones are developed, the codes are updated to accommodate the changes. You should make sure your books are current for 2005.

If you then look at the E/M codes (99201-99499) with all of the varied elements needed to select a code, well, it is just downright confusing. For any given E/M code, a provider has to consider seven elements; **history, physical exam, medical decision making**, counseling, coordination of care, the nature of the presenting problem and time. All that just to select one code.

The first three elements (history, physical exam and medical decision making) are the primary factors of consideration and each one of these contains a number of sub-elements that requires consideration as well. That is why E/M coding is so complicated and difficult.

History includes the chief complaint/history of present illness, review of systems, past medical history, social history and family medical history. **Physical exams** include exam of organ systems or body areas as outlined in the 1995 E/M guidelines, or the more specific bullets listed in the multi-system exams (MSE) and the single organ system exams (SOSE) as outlined in the 1997 E/M guidelines. Finally, one has to then take into consideration the **medical decision making** process. That requires us to consider three more elements; the number of diagnosis or management options, the amount and/or complexity of data to be reviewed and the risk of complications and/or morbidity or mortality to the patient. Then, you have to add in consideration of counseling, coordination of care, the nature of the presenting problem and time. All of that, to select one code. Much different than most “procedure” codes.

The MPECS PRACTICE PROFITABILITY workshop is an in depth and comprehensive, four hour discussion of documentation requirements and review of the seven elements of E/M coding. It is a whirlwind experience. It is an exciting experience. Although I do briefly discuss some “procedure” codes during the workshop, the primary focus is on helping providers, their billing staff and office managers understand the complexities of E/M coding. It is the most difficult and confusing aspect of any coding. My hope is to remove the confusion. I try to do that from a unique perspective, my perspective, that of a healthcare provider.

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!

MPECS workshops and lectures are now being scheduled for 2005.

UPCOMING MPECS WORKSHOPS;

Atlantic City, NJ April 2, 2005

San Antonio, TX April 23, 2005

Salt Lake City, UT April 30, 2005

CONFERENCE LECTURES;

NYSSPA New York, NY April 1, 2005

(www.nysspa.org)

NJDPA Atlantic City, NJ April 2, 2005

(www.njdpa.org)

UAPA Mesquite, NV April 9, 2005

(www.utahapa.org)

SUNA Las Vegas, NV October 14, 2005

(www.sunavegas.org)

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

2. Single Organ System Exams

Last month, I talked about single organ system exams and focused on the female genitourinary exam. This month, I'd like to take a look at the Single Organ System Exam (SOSE) for **SKIN**.

Required elements (bullets) of this SOSE are in **bold text** below. Other areas of exam that only require documentation of a single element (bullet) are listed in regular text. Areas that do not require any exam or documentation are listed in **gray text**. The information contained within parentheses is for general guidelines and clarity and is not intended to imply required elements of exam or documentation except in the case of vital signs where three elements are required. Area of exam is on the left, documentation elements are listed on the right. The criteria to determine which level of exam you have performed is below this chart.

Body Area	Documentation Elements
Constitutional	<ul style="list-style-type: none"> • Measurement of at least three of the following vital signs (sitting or standing blood pressure, supine blood pressure, pulse rate and regularity, respiration, temperature, height, weight) • General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Head and Face	no exam required
Eyes	• Conjunctivae and lids
Ears, Nose, Mouth, Throat	<ul style="list-style-type: none"> • Lips, teeth and gums • Oropharynx (mucosa, hard and soft palates, tongue, tonsils, posterior pharynx)
Neck	• Thyroid (enlargement, tenderness, mass)
Respiratory	no exam required
Cardiovascular	• Peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest/Breasts	no exam required
Gastrointestinal	<ul style="list-style-type: none"> • Liver and spleen • Anus; condyloma or other lesions
Genitourinary	no exam required
Lymphatic	• Lymph nodes in neck, axillae, groin and/or other location
Musculoskeletal	no exam required
Extremities	• Digits and nails (clubbing, cyanosis, inflammation, petechiae, ischemia, infections, nodes)
Skin	<ul style="list-style-type: none"> • Palpation of scalp and inspection of hair of scalp, eyebrows, face, chest, pubic area (when indicated) and extremities • Inspection and/or palpation of skin and subcutaneous tissue (rashes, lesion, ulcers, susceptibility to and presence of photo damage) in eight of the following ten areas: <ul style="list-style-type: none"> • Head, including the face • Neck • Chest, including breasts and axillae • Abdomen • Genitalia, groin, buttocks • Back • Right upper extremity • Left upper extremity • Right lower extremity • Left lower extremity • Eccrine and apocrine glands for hyperhidrosis, chromhidroses or bromhidrosis
Neurological/Psychiatric	Brief assessment of mental status including; <ul style="list-style-type: none"> • Orientation to person, place and time • Mood and affect (depression, anxiety, agitation)

NOTE: For the comprehensive level, the examination of at least eight anatomic areas must be performed and documented. For the three lower levels of examination, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of the right upper extremity and the left upper extremity constitutes two elements.

LEVEL OF EXAM	PERFORM AND DOCUMENT
Problem Focused	1 to 5 bullets
Expanded Problem Focused	6 or more bullets (6-11)
Detailed	12 or more bullets (12-18)
Comprehensive	All bullets in bolded areas, and at least one in each unbolded area (19+)

The majority of the work for the skin SOSE is centered in three areas; 1- constitutional, 2- ears, nose, mouth and throat and 3- skin. In the skin section, there are a total of 12 possible elements. To achieve the comprehensive level of exam for a skin exam, all required bullets of the **bold text** and at least one bullet

from each of the other areas (regular test) must be documented. These other areas (seven); eyes, neck, cardiovascular, gastrointestinal, lymphatic, extremities and neuro/psych require documentation of only one element each to achieve the comprehensive level of exam.

You can see where this is an advantage over the more generalized MSE bullets. These SOSE exams allow providers (primary care or specialty practice) to focus on the specific need of the patient for the given situation. The number of elements are about the same. Once again, it is the focus of the exam that is different.

Single Organ System Exams elements have been determined for 10 systems. These include;

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

Each of these SOSEs is equally detailed and organ system specific. Understanding the required elements of these exams will assist any provider in maximizing the acuity of the patient encounter. It is possible to have a comprehensive exam during a thorough skin exam, especially on an established patient. If you do the work, you are entitled to bill for the level of care you provide.

I have tried to simplify that search by developing practice and user friendly SOSE reference products. All of the SOSEs are available through MPECS in a complete booklet for easy reference to each exam or as laminated cards available individually or as a complete set. If you would like to order the cards individually, be sure to order several. One for yourself and others for friends or associates. It makes the Priority Mail postage more tolerable. Visit to www.mpecs.org.

3: Website Update

In the past few months, I have had several requests for copies of previous editions of the *Productive Provider Newsletter*. Until recently, the only way that I could provide them was to send a copy of the newsletter as an attachment to an e-mail. Sending out the newsletter every month has been a challenge too, considering the size of the attachment. Some networks and work sites have blocked the e-mail because of the attachment.

After much trial and error on my part, I was finally able to figure out how to post all of last year's *Productive Provider Newsletter* on the MPECS website. They are all there on the "Newsletter" page. This year's newsletters are posted there too.

In fact, you may have noticed that this edition of the newsletter was sent not as an attachment, but just as a notification and a link to the website "newsletters" page. It makes it so much easier and less bulky to send a simple notification that the newsletter has been posted and allow you to visit the website at your leisure to read the offerings.

I hope that this change is helpful for everyone. If you have any questions, objections, observations or suggestions, please feel free to contact me and let me know.

Remember, this newsletter is sent free. If you know of someone that can benefit from it, please let them know. If you want to be removed from the e-mail notification list, please let me know.

MPECS is here to serve you. Understanding Today's Healthcare, Serving Today's Patients, Meeting the Needs of Today's Practice.

MPECS Forms

Single Organ System Exam Forms

- Specific Documentation requirements for each exam type
- Modified bullet requirements identified

Chart Auditing Forms

- Easy to use format
- Step by step, two sided single page form
- Useful for Multi-System or Single Organ System exams
- Primary care or specialty practice friendly

Order Single Organ System Exam or Chart Auditing forms today online at; www.mpecs.org.

Productive Provider Newsletter is published electronically by Jim Meeks, P.A.-C. doing business as MPECS • PO Box 899 • Pleasant Grove, Utah 84062-0899 • www.mpecs.org • PracticeProfitability@mpecs.org

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