

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.

This is the *Productive Provider Newsletter*. Thanks to our readers, we continue to grow. Welcome to all of our new subscribers. Judging by the E-mail questions and inquiries, the word is getting out *slowly* that it is OK to be profit minded and take care of your patients at the same time. Right on!

This newsletter is 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.

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

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

- 1. It's just my opinion**
"Never give up, never surrender."
- 2. Consultations**
Often mistakenly considered to be for the exclusive use of specialists.
- 3. Where do we go from here?**
Thanks to all who have made all of this a great success.

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.

One of the most entertaining movies I have seen in a long time is *Galaxy Quest*. Although this movie is a satirical representation of the now famous TV series Star Trek, it is a powerful movie in it's own right. Often repeated during the movie is the line, "Never give up, never surrender!" This was the theme of the movie as a group of TV has-beens find new meaning and direction in their lives when they began to focus on the plight of others instead of themselves.

My favorite character in the movie was Alexander Dane, played by Alan Rickman (the bad guy in *Die Hard* and *Quigley Down Under*) a proud classically trained actor trapped in the role of a TV character (Dr. Lazarus - an alien) that he despises. Now type cast and unable to return to the theater and serious acting, he and his fellow actors are relegated to appearing at low budget promotional events and signing autographs at groupie conventions.

Through a series of events totally out of their control, they find themselves actually fighting 'real' space aliens and leading a group of gentle but technologically advanced aliens to a new awareness of their own strengths and abilities. Through all of the events and interactions portrayed in the movie with two very different alien races, Alexander Dane discovers that despite his distaste for his role as Dr. Lazarus, the character role has had a profound impact on the alien race, almost to the point of developing a cult following. A real inspiration.

Recently, in some of my **MPECS PRACTICE PROFITABILITY WORKSHOPS**, I began using the "Never give up, never surrender" line with the hope of encouraging healthcare providers to not become discouraged by the seemingly innumerable intrusions into their medical practices by bureaucratic regulations.

Everyday, so it sometimes seems, there are new restrictions, rules and regulations that we have to deal with. Personally, I'd just like to take care of my patients. After all, that is what motivated me to become a healthcare provider in the first place, I enjoy helping people.

As I have traveled and met with physicians, PAs, NPs and billing personnel discussing their coding and billing concerns, I have sensed an almost universal frustration with the current system of coding. Some to the point of "throwing in the towel" and just picking any old E/M code in the interest of saving time and getting on to the next patient. Most of that frustration is centered around the complexity and sometimes subjective nature of what we do and trying to figure out how to translate that into a specific code for billing. Often, that is not an easy task.

My experience shows that most providers and practices have figured out most of the procedure codes used in their practices. It is the Evaluation and Management (E/M) codes that cause the most confusion and frustration.

Years ago, in my own practice situation, I realized how important it was for me to be able to understand the E/M coding system. After a great deal of effort and a long process of trial and error, I began to understand the system in such a way that I was able to teach others. This led to the development of the **PRACTICE PROFITABILITY WORKSHOPS**, the **POCKET CODER®** and other products designed for the use of healthcare providers and medical practices.

At these workshops, I have seen some fascinating transformations as participants suddenly realize that the process of coding can be figured out. It takes practice, but it doesn't have to be intimidating, especially when you have the right tools and training. When someone is able navigate through the maze of E/M coding criteria with ease and simplicity, they are amazed. The workshop provides an opportunity for healthcare providers and office billing staff to meet together and see how it all ties together. It is an amazing transformation, sometimes quite dramatic. To see healthcare providers and billing staff finally having the same understanding, well, it is a profound experience.

Like the aliens in *Galaxy Quest* that began to realize that they indeed did have control of their future, the **PRACTICE PROFITABILITY WORKSHOP** participants are suddenly made aware of new possibilities and perspectives that can significantly impact their practice profitability and their personal satisfaction. It is almost as if a light comes on. In some, it seems that a small flicker of hope returns and they look forward to caring for patients again.

So, I say, "NEVER GIVE UP, NEVER SURRENDER." Code accurately, code with confidence. It is my goal, to make that happen for every 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!

The next **MPECS workshop** is scheduled in Salt Lake City on **April 30, 2005**. The MPECS web site has the current details. Mark your calendars and register early! Please visit www.mpecs.org for more information.

Looking for **MPECS workshops** in your area? So are we. We are working to try to bring the workshop to the east coast starting with New York and New Jersey. Watch for further details in future issues of this newsletter. Please contact us if you are interested in helping us with the arrangements.

2. Consultations

Office consultations are often mistakenly considered to be for the exclusive use of specialists. This however is not a correct assumption. There are circumstances when primary care provider patient encounters qualify for the use of outpatient consultation codes (99241-99245) on their own patients.

The basic considerations for consultations are as follows;

1. A request for advice or an opinion is received from another provider
2. The request should be documented as such in the medical record
3. A written report or summary must be sent to the requesting provider for the encounter to be considered as a consultation

Now you are probably asking yourself when a primary care provider might be able to bill for a consultation. Probably the most common and also the most overlooked circumstance is when a patient is sent to another provider, typically a specialist, for a consult by a primary care provider. The consulting specialist may determine that the patient needs some surgical procedure or other intervention and plans on providing that service, but sends the patient back to the primary care provider with a request for medical clearance.

In this situation, the primary care provider is being asked to offer an opinion as to the patients fitness or ability to undergo the procedure or service. Once an exam is completed by the primary care provider and a report is sent back to the requesting provider/specialist, that encounter is then considered to be a consultation and should be billed at the corresponding correct level for outpatient consultations.

There are five billing levels for outpatient consultations and each has specific criteria to follow just like all of the other evaluation and management (E/M) codes. It is important to remember that consultation coding requires that all elements of the encounter; history, physical exam and medical decision making (3 out of 3) be documented to qualify for the given level of billing. As always, the more in depth and complicated the history, the more extensive the exam (physical, labs, ECG, etc.) and the more complicated the medical decision making process is, the higher acuity the encounter qualifies for.

Otherwise, for providers in specialty practices that routinely receive requests for consultations, there are a few other considerations that should be kept in mind.

Consultants may order diagnostic testing and initiate treatment plans during the consultation visit. Subsequent visits are not consultations and should therefore be billed using the appropriate E/M code for office visits.

Patient or family requests for consultations do NOT qualify as consultations, but may be billed using the confirmatory consultation (99271-99275) codes or office visit codes as may be appropriate. Confirmatory consultation codes are used when the provider/consultant knows that the evaluation is being requested to confirm a diagnosis or for second or third opinions.

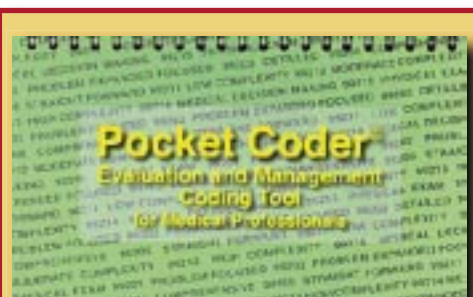
If a confirmatory consultation is requested by a third party payor or other entity, the -32 modifier should be used to identify the consultation as a mandated service.

Procedures (must have a CPT code) provided at the time of the consultation or during a subsequent encounter should be reported separately.

If after the consultation, the provider/consultant assumes full care of the patient, any patient encounters from that point on are not considered to be consultations but are billed under the subsequent hospital care codes (99231-99233) for inpatients or established patients codes (99211-99215) for office visits.

Are you having trouble keeping all of this coding stuff straight? Don't get discouraged. You are not alone. Evaluation and management coding is the most difficult of all coding to master. For the most part, procedural coding is straight forward and logical. One procedure, one code, almost. E/M coding on the other hand is so subjective. With all the levels and criteria for history, exam and medical decision making, it becomes very confusing. Don't get caught pigeonholing all of your patients into the same code, don't short change yourself by under coding and don't risk audit by coding incorrectly.

With a little practice and the right tools, you can become quite proficient at coding E/M services. That is



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.

what the **POCKET CODER®** is all about. The E/M coding criteria is so complicated that it is difficult for almost everyone to figure out. The **POCKET CODER®** presents the criteria in a logical format that makes it easy for any provider or billing staff member to determine the correct code for every E/M encounter situation. Every patient encounter situation is listed with the required specific elements of history, physical exam and medical decision making. Additionally, there is a complete list of all of the bullets associated with multi-system exams. It is the right tool for coding evaluation and management encounters.

3: Where do we go from here?

This has been another great year for MPECS. Jim has spoken at the annual conferences of; **California Association for Nurse Practitioners** (CANP • www.canp.com), **Society of Urological Nurses and Associates** (SUNA • www.suna.com), and the **Association of Family Practice Physician Assistants**

(AFPPA • www.afppa.com). Jim has also done a number of practice consultations in various places around the country. All while working full time in family practice in his home state of Utah.

As a "reimbursement specialist" for both the AFPPA and the Utah Academy of Physician Assistants, Jim regularly responds to questions about coding and billing from providers and billing personnel via the MPECS web site (www.mpecs.org) and the PracticeProfitability@mpecs.org connection.

The **MPECS Practice Profitability Workshop** was taught in the Salt Lake City area in both the spring and the fall of this year with participants coming from as far away as Texas. These are always great experiences. The next Utah workshop is scheduled for April 30, 2004. Please see the MPECS web site for details.

We continue to receive inquiries about bringing the workshop to other areas of the country. As we work through the logistics of these exciting opportunities, we hope to be able to reach out to providers all across the country with the valuable information in the **Practice Profitability Workshop**. If you are interested in having Jim bring the workshop to your community or to speak at your state or local association meetings, please contact us early so that we can plan well in advance for 2005. It already looks like it is going to be a great year.

Thanks to all who have made all of this a great success. Your support is appreciated and certainly enjoyed.

Seasons Greetings to all and may your 2005 year be the most successful.

Jim Meeks, PA-C

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Order Audit or Single Organ System Exam forms today online at; www.mpecs.org. Contact me via the web site for information on custom forms.

We send you a most sincere wish for a very Merry Christmas. May the spirit of the season bless you and your families. May you also be warm and safe during the cold winter season.

For the New Year, our hopes are that each of you see the future full of promise. May you realize the fulfillment of your dreams and aspirations both personally and professionally.



Merry Christmas and

Jim Meeks, PA-C

Happy New Year to all!

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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