New Physicians and Residents Program:
Billing and Coding

Doug J. Jorgensen, DO, FACOFP
Raymond D. Jorgensen, MS, CPC, CHBME

The Cosmopolitan of Las Vegas
March 12-15, 2015 | Las Vegas, Nevada
39.5 Category 1-A CME credits anticipated - Includes 15 pre-con credits beginning on March 11
ACOFP FULL DISCLOSURE FOR CME ACTIVITIES

Please check where applicable and sign below. Provide additional pages as necessary.

Name of CME Activity: ACOFP 52nd Annual Convention and Scientific Seminars

Dates and Location of CME Activity: March 12-15, 2015, The Cosmopolitan Las Vegas, Nevada
New Physicians and Residents Program: Billing and Coding
Friday, March 13, 2015 8:00-9:30am

Name of Faculty/Moderator: Raymond T. Jorgensen, MS, CPC, CHBME

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

A. Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.

B. I have, or an immediate family member has, a financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s) that applies.

   _____ Research Grants
   _____ Speakers' Bureaus*
   _____ Ownership
   _____ Consultant for Fee
   _____ Stock/Bond Holdings (excluding mutual funds)
   _____ Employment
   _____ Partnership
   _____ Others, please list:

Please indicate the name(s) of the organization(s) with which you have a financial relationship or interest, and the specific clinical area(s) that correspond to the relationship(s). If more than four relationships, please list on separate piece of paper:

<table>
<thead>
<tr>
<th>Organization With Which Relationship Exists</th>
<th>Clinical Area Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Jorgensen Group (partner)</td>
<td>1. Revenue Cycle Management, Regulatory &amp; Billing/Coding</td>
</tr>
<tr>
<td>2. Priority Management Group (partner)</td>
<td>2. Revenue Cycle Management</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>

*If you checked ‘Speakers' Bureaus” in item B, please continue:

• Did you participate in company-provided speaker training related to your proposed Topic? Yes:  No:
• Did you travel to participate in this training? Yes:  No:
• Did the company provide you with slides of the presentation in which you were trained as a speaker? Yes:  No:
• Did the company pay the travel/lodging/other expenses? Yes:  No:
• Did you receive an honorarium or consulting fee for participating in this training? Yes:  No:
• Have you received any other type of compensation from the company? Please specify: Yes:  No:
• When serving as faculty for ACOFP, will you use slides provided by a proprietary entity for your presentation and/or lecture handout materials? Yes:  No:
• Will your Topic involve information or data obtained from commercial speaker training? Yes:  No:

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

   _____ A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
   _____ B. The content of my material(s)/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated below:

I have read the ACOFP policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that refusal to disclose, false disclosure, or inability to resolve conflicts will require the ACOFP to identify a replacement.

Signature: Raymond T. Jorgensen, MS, CPC, CHBME
Date: January 27, 2015

Please fax this form to ACOFP at 866-328-1835 or email to joank@acofp.org as soon as possible

Deadline: Monday, January 12, 2015
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<td>1. Revenue Cycle Management, Regulatory &amp; Billing/Coding</td>
</tr>
<tr>
<td>2. Jorgensen Consulting (owner)</td>
<td>2. Regulatory, Billing and Coding, Pharma Consultation</td>
</tr>
<tr>
<td>3. Purdue (speaker/consultant)</td>
<td>3. Pain Management</td>
</tr>
</tbody>
</table>

*If you checked “Speakers’ Bureaus” in item B, please continue:
- Did you participate in company-provided speaker training related to your proposed Topic? Yes: x No: x
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Signature: ___________________________ Date: January 27, 2015

Douglas J. Jorgensen, DO, CPC, FAAO, FACOFP, CAQ Pain Medicine

Please fax this form to ACOFP at 866-328-1835 or email to joank@acofp.org as soon as possible

Deadline: Monday, January 12, 2015
Osteopathic Coding & Billing: An Overview

Ray Jorgensen, MS, CPC, CHBME
Doug Jorgensen, DO, CPC, FAAO, FACOFP, CAQ Pain Medicine

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Agenda

• Intro
• HCPCS (CPT) Review
• Charge Setting & Analysis
• ICD-10
• Practice KPI
• Medicare Par, Non-par, or Opt-out
• E&M/OMT Coding
• Summary

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Disclaimer

This seminar provides guidelines, recommendations and interpretations that are to be used as a guide for implementation in your practice(s). The actual implementation and interpretation of these guidelines/recommendations and/or coding/documentation performed is done at the sole discretion of the provider(s) and his/her staff. As such, the provider(s) and his/her staff accept sole responsibility for these decisions and the potential repercussions. The Jorgensen Group and/or the ACOFP, or its affiliates, do not accept any liability in this regard.
HCPCS Review: OMT CPT® Codes

• OMT CPT Codes are 98925-98929
  –M99.00-M99.09 for ICD 10
• Other manual therapy codes (i.e. Chiropractic CPT® Codes (98940-98943))

• DC use ‘Treatment Plan’ of defined number of treatments prior to re-evaluation. Not so for OMT
• -25 Modifier
OMT CPT Codes

<table>
<thead>
<tr>
<th>CPT Codes for OMT</th>
<th>Number of Regions Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>98925</td>
<td>1-2 Regions</td>
</tr>
<tr>
<td>98926</td>
<td>3-4 Regions</td>
</tr>
<tr>
<td>98927</td>
<td>5-6 Regions</td>
</tr>
<tr>
<td>98928</td>
<td>7-8 Regions</td>
</tr>
<tr>
<td>98929</td>
<td>9-10 Regions</td>
</tr>
</tbody>
</table>

Charge Setting (1 of 2)

- Payers pay your charge or there fee schedule... whichever is less
- Desired Adjustment 30%+
- Medicare fees = charge floor
- Underpayment management...
  - Within 10%, too low
- Prompt payment discount
  - Unilateral application
  - Time value to money
  - Afforded to all “entities”
### Charge Setting (2 of 2)

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Item Name</th>
<th>Fee in Dollars</th>
<th>Medicare Fee</th>
<th>150% of Medicare</th>
<th>200% of Medicare</th>
<th>250% of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>E/M Svc New Pt Level 1</td>
<td>$80.00</td>
<td>$43.98</td>
<td>$66</td>
<td>$88</td>
<td>$154</td>
</tr>
<tr>
<td>99202</td>
<td>E/M Svc New Pt Level 2</td>
<td>$110.00</td>
<td>$75.08</td>
<td>$113</td>
<td>$150</td>
<td>$263</td>
</tr>
<tr>
<td>99203</td>
<td>E/M Svc New Pt Level 3</td>
<td>$200.00</td>
<td>$109.05</td>
<td>$164</td>
<td>$218</td>
<td>$382</td>
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<tr>
<td>99204</td>
<td>E/M Svc New Pt Level 4</td>
<td>$250.00</td>
<td>$165.90</td>
<td>$249</td>
<td>$332</td>
<td>$581</td>
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<tr>
<td>99205</td>
<td>E/M Svc New Pt Level 5</td>
<td>$300.00</td>
<td>$208.45</td>
<td>$313</td>
<td>$417</td>
<td>$730</td>
</tr>
<tr>
<td>99211</td>
<td>E/M Svc Est Pt Level 1</td>
<td>$45.00</td>
<td>$20.02</td>
<td>$30</td>
<td>$40</td>
<td>$70</td>
</tr>
<tr>
<td>99212</td>
<td>E/M Svc Est Pt Level 2</td>
<td>$65.00</td>
<td>$43.98</td>
<td>$66</td>
<td>$88</td>
<td>$154</td>
</tr>
<tr>
<td>99213</td>
<td>E/M Svc Est Pt Level 3</td>
<td>$85.00</td>
<td>$72.94</td>
<td>$109</td>
<td>$146</td>
<td>$255</td>
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<tr>
<td>99214</td>
<td>E/M Svc Est Pt Level 4</td>
<td>$120.00</td>
<td>$108.34</td>
<td>$163</td>
<td>$217</td>
<td>$379</td>
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<tr>
<td>99215</td>
<td>E/M Svc Est Pt Level 5</td>
<td>$160.00</td>
<td>$146.24</td>
<td>$219</td>
<td>$292</td>
<td>$512</td>
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</tbody>
</table>

### Charge Analysis (1 of 2)

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Item Name</th>
<th>Fee in Dollars</th>
<th>Medicare Fee</th>
<th>Percentage of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>E/M Svc New Pt Level 1</td>
<td>$80.00</td>
<td>$43.98</td>
<td>181.91%</td>
</tr>
<tr>
<td>99202</td>
<td>E/M Svc New Pt Level 2</td>
<td>$110.00</td>
<td>$75.08</td>
<td>146.50%</td>
</tr>
<tr>
<td>99203</td>
<td>E/M Svc New Pt Level 3</td>
<td>$200.00</td>
<td>$109.05</td>
<td>183.40%</td>
</tr>
<tr>
<td>99204</td>
<td>E/M Svc New Pt Level 4</td>
<td>$250.00</td>
<td>$165.90</td>
<td>150.69%</td>
</tr>
<tr>
<td>99205</td>
<td>E/M Svc New Pt Level 5</td>
<td>$300.00</td>
<td>$208.45</td>
<td>143.92%</td>
</tr>
<tr>
<td>99211</td>
<td>E/M Svc Est Pt Level 1</td>
<td>$45.00</td>
<td>$20.02</td>
<td>224.75%</td>
</tr>
<tr>
<td>99212</td>
<td>E/M Svc Est Pt Level 2</td>
<td>$65.00</td>
<td>$43.98</td>
<td>147.80%</td>
</tr>
<tr>
<td>99213</td>
<td>E/M Svc Est Pt Level 3</td>
<td>$85.00</td>
<td>$72.94</td>
<td>116.53%</td>
</tr>
<tr>
<td>99214</td>
<td>E/M Svc Est Pt Level 4</td>
<td>$120.00</td>
<td>$108.34</td>
<td>110.77%</td>
</tr>
<tr>
<td>99215</td>
<td>E/M Svc Est Pt Level 5</td>
<td>$160.00</td>
<td>$146.24</td>
<td>109.41%</td>
</tr>
</tbody>
</table>

**Average: 327.29%**
Charge Analysis (2 of 2)

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Item Name</th>
<th>Fee in Dollars</th>
<th>Medicare Fee</th>
<th>Percentage of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>43262</td>
<td>ERCP w/Sphincterotomy</td>
<td>$2,395.00</td>
<td>$387.94</td>
<td>617.36%</td>
</tr>
<tr>
<td>43264</td>
<td>ERCP w/Removal stones</td>
<td>$2,610.00</td>
<td>$395.45</td>
<td>660.01%</td>
</tr>
<tr>
<td>43266</td>
<td>EGD ENDOSCOPIC STENT PLACE</td>
<td>$2,610.00</td>
<td>$24.42</td>
<td>10687.96%</td>
</tr>
<tr>
<td>43270</td>
<td>EGD LESION ABLATION</td>
<td>$1,300.00</td>
<td>$777.66</td>
<td>167.17%</td>
</tr>
<tr>
<td>43274</td>
<td>ERCP DUCT STENT PLACEMENT</td>
<td>$2,200.00</td>
<td>$500.57</td>
<td>439.50%</td>
</tr>
<tr>
<td>43275</td>
<td>ERCP REMOVE FORGN BODY DUCT</td>
<td>$1,650.00</td>
<td>$408.32</td>
<td>404.09%</td>
</tr>
<tr>
<td>43276</td>
<td>ERCP STENT EXCHANGE W/DILATE</td>
<td>$2,250.00</td>
<td>$520.95</td>
<td>431.90%</td>
</tr>
<tr>
<td>43277</td>
<td>ERCP EA DUCT/VMPULLA DILATE</td>
<td>$1,660.00</td>
<td>$410.46</td>
<td>404.42%</td>
</tr>
<tr>
<td>43760</td>
<td>Change Gastrostomy Tube</td>
<td>$530.00</td>
<td>$499.85</td>
<td>106.03%</td>
</tr>
<tr>
<td>44360</td>
<td>SMALL BOWEL ENTEROSCOPY</td>
<td>$600.00</td>
<td>$159.11</td>
<td>377.10%</td>
</tr>
</tbody>
</table>

Average: 327.29%

Key Performance Indicators- KPI

- DAR/DSO
- Net AR
- Encounter Rate
- Payment Percentage
KPI- DAR/DSO

“This conversation needs to stay between us…”
-CFO of $10M health center

• What is Days of Accounts Receivable (DAR)?
• Example... in a year (365 days)
  – $1,000 in charges per day
  – $365,000 in annual charges
  – If AR = $47,000, DAR = 47 days
• Example... Jan to June Charges = $1,500,000
  – Total days (365 divide by 2 (half a year)) = 182.5 days
  – Average Daily Charge ($1.5M divided by 182.5) = $8,219.18
  – If AR = $723,723 then DAR = this # divided by $8,219.18
  – DAR = 88.053 days

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KPI- Net AR

<table>
<thead>
<tr>
<th>Data Elements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Charges:</td>
<td>$12,345,123.00</td>
</tr>
<tr>
<td>Total Payments:</td>
<td>$5,016,734.29</td>
</tr>
<tr>
<td>Total Adjustments:</td>
<td>$3,764,898.64</td>
</tr>
<tr>
<td>Time Period (months):</td>
<td>12</td>
</tr>
<tr>
<td>Payments + Adjustments</td>
<td>$8,781,632.93</td>
</tr>
<tr>
<td>Net AR:</td>
<td>$3,563,490.07</td>
</tr>
</tbody>
</table>

Total Charges produced less Payments + Adjustments = Net AR
True value of Net AR = Payment Percentage × Net AR

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KPI- Encounter Rate

<table>
<thead>
<tr>
<th>Data Elements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Charges:</td>
<td>$1,028,760.25</td>
</tr>
<tr>
<td>Average Monthly Payments:</td>
<td>$ 418,061.19</td>
</tr>
<tr>
<td>Average Monthly Adjustments:</td>
<td>$ 313,741.55</td>
</tr>
<tr>
<td>Annual Visits</td>
<td>27,433.61</td>
</tr>
<tr>
<td>Monthly Average:</td>
<td>2,286.13</td>
</tr>
<tr>
<td><strong>Encounter Rate</strong></td>
<td>$ 182.87</td>
</tr>
</tbody>
</table>

Payments over a fixed fiscal period divided by the number of visits (patients seen) to achieve those patients = Encounter Rate

KPI- Payment Percentage

<table>
<thead>
<tr>
<th>Payer</th>
<th>Charges</th>
<th>Payments</th>
<th>Adjustments</th>
<th>Payment Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem BCBS</td>
<td>$ 3,086,280.75</td>
<td>$ 1,555,187.63</td>
<td>$ 941,224.66</td>
<td>62.30%</td>
</tr>
<tr>
<td>Cigna</td>
<td>$ 1,481,414.76</td>
<td>$ 802,677.49</td>
<td>$ 451,787.84</td>
<td>63.99%</td>
</tr>
<tr>
<td>United Health</td>
<td>$ 3,333,183.21</td>
<td>$ 1,003,346.86</td>
<td>$ 828,277.70</td>
<td>54.78%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>$ 1,357,963.53</td>
<td>$ 752,510.14</td>
<td>$ 752,979.73</td>
<td>49.98%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$ 1,851,768.45</td>
<td>$ 702,342.80</td>
<td>$ 414,138.85</td>
<td>62.91%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$ 1,234,512.30</td>
<td>$ 200,669.37</td>
<td>$ 376,489.86</td>
<td>34.77%</td>
</tr>
<tr>
<td></td>
<td>$ 12,345,123.00</td>
<td>$ 5,016,734.29</td>
<td>$ 3,764,898.64</td>
<td>57.13%</td>
</tr>
</tbody>
</table>

Payments (Numerator) as a Percentage of Payments plus Adjustments (Denominator) = Payment Percentage

Average Daily Charge: $33,822.25

Average Daily Payment: $13,744.48
Medicare Participation

- National Provider Identifier (NPI)
- Provider Enrollment Chain & Ownership System
- 855-I & 855-R (type of corporate entity?)
- Participation Agreement (CMS 460)... Annually
- EDI (MAC) & EFT (CMS 588)
- ABN (GA Modifier)
- File 2Q if able
- Co-pay: 20% of PFS not charges
- Accept Assignment... no mas

Medicare **Non**-Participation

- Your choice... don’t sign CMS-460
  – Open enrollment mid-Nov through 31-Dec
- Assignment accepted case by case
- 5% reduction in PFS
  – 95% if “accepting assignment”
- Limiting Charge = 115% of 95% of PFS


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Medicare **Opt Out**

- **BBA 1997 Afforded option**
- **Opt out 30 days prior to end of any quarter**
  - In writing to MAC... specific language
- **A.K.A., Private Contracting**
  - Must have contracts... seek legal counsel
- **Allowed to order/refer for covered services**
  - SSA Sections 1128, 1156, 1892
- **Emergency service exception**


The Constants of Coding

**3 of 3 Rule**

- Go to the lowest component

<table>
<thead>
<tr>
<th>Hx</th>
<th>Exam</th>
<th>MDM</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
The Constants of Coding

2 of 3 Rule
- Go to the middle component

<table>
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<th>Exam</th>
<th>MDM</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Evaluation and Management

- ‘E&M’
- Medical Necessity
Scoring E&M Services

- **History**
- **Exam**
- **Medical Decision-Making**

The 3 Key Elements

---

Scoring E&M Services

- Time: Counseling & Coordination of Care
- Nature of Presenting Problem
New or Established Patient?

Professional Service
36 months
Tax ID Number (TIN)
Board Certification

MD, DO, ABMS

E&M Scoring
History Scoring

CC  HPI  ROS  PFSH

Chief Complaint(s)

REQUIRED

CAN YOU TELL
I'M NOT LISTENING?
History: HPI Scoring

CPT Definition:
- Brief: 1-3 Elements
- *Extended: ≥ 4 Elements

*PMH ≥ 3 germane items for 1997 system

HPI Elements

The Elements (Table 1)

<table>
<thead>
<tr>
<th>Location</th>
<th>Duration</th>
<th>Timing</th>
<th>Modifying Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Severity</td>
<td>Context</td>
<td>Associated Signs &amp; Symptoms</td>
</tr>
</tbody>
</table>

*PMH > 3 germane items = Extended 95 or 97!
A History Example

36 yo WF c/o LBP and neck pain. Right CT, left TL x 24 hours. APAP/ice helped. Worse today. Denies W/A, NSD, BBI

A History Example

18 mo BF c/o otalgia. AS x 24 hours. APAP helped. Worse HS. No F/C, N/V/D, Exanthem.
ROS

PFSH
Scoring PFSH

1 for Pertinent
2 Established, 3 if New for Complete

No ROS equals
## History Algorithm

**Table 3 using 3 of 3 Rule**

<table>
<thead>
<tr>
<th>History Type</th>
<th>HPI</th>
<th>ROS</th>
<th>PFSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused (1)</td>
<td>Brief</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Expanded Problem Focused (2)</td>
<td>Brief</td>
<td>Problem Pertinent</td>
<td>None</td>
</tr>
<tr>
<td>Detailed (3)</td>
<td>Extended</td>
<td>Extended</td>
<td>Pertinent</td>
</tr>
<tr>
<td>Comprehensive (4)</td>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

## A Detailed History

36 yo WF c/o neck and LBP. Right CT, left TL x 24 hours. APAP and ice helped. Worse today.

ROS: Denies W/A, NSD, BBI.

PMH/FMH: NC

Soc: Paralegal; exercises 5 days/wk; nonsmoker
A History Example

18 mo BF c/o otalgia. AS x 24 hours. APAP helped. Worse today.

ROS: No F/C, N/V/D, Exanthem.

PMH/FMH: NC

Soc: Smoking household at her dad’s; none at primary residence with mom. In daycare.

1995 vs. 1997
Physical Examination

Simplicity is the ultimate sophistication.
- Leonardo da Vinci

1995 Exam

- <1: PF
- 2-4: EPF
- 5-7: Det
- 8 or more: Comp
OMT Progress Note
A Detailed Exam

PE: WDWF in obvious discomfort 142/90. Walks on heels/Toes
Chest: Ribs 5-10 held in inhalation on the right; 11-12 on left.
Skin: W/o ecchymoses
Neuro: DTR +2/4 L4-S1 B/L; CN II-XII grossly intact, w/out gross vestibular/cerebellar dysfxn
Ext: Equal Strength, tone; FHL sym. Ext Rot RLE due to Rt. Piriformis spasm
MS: Ant Rotated, outflared Rt Ilium w/ pubic asym. and lower leg length discrepancies. L on L Torsion w/ L5-S1 compensatory changes. T5-10 RRSBL and T11-L2NRLSR, C6-T1ERSR
Comprehensive Examination

- WDBF in obvious discomfort
- Eyes: PERRLA/EOMI
- Neck: No goiter/rigidity
- Lymph: No SC, IC, axillary nodes
- Skin: No periorbital, malar or palmar
- Neuro: CN II-XII grossly intact; DTR +
- Ext: Equal Strength & tone (4 total)
- MS: Gait stiff and antalgic.
- PLUS OSTEOPATHIC FINDINGS

Comprehensive Exam Example

Const: WDBF in NAD, nontoxic
Neuro: No gross deficits
Lymph: Left anterior cervical adenopathy
Eyes: PERRLA w/ EOMI
ENT: AS TM bulging, erythematous, AU EAC and AD TM normal
CV: Regular w/o murmur
Lungs: Clear
Skin: No exanthem
MDM Dx

New w/ or w/o
4
Total
3

Self Limited Minor 1
Established stable/better 1
if worse 2

Enough is Enough!

Data Reviewed +/-
### Table of Risk

#### Medical Decision Making:

**Final Medical Decision Making**

Table 7 (2 of 3 Rule)

<table>
<thead>
<tr>
<th>Decision Making</th>
<th>Straight Forward</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis &amp;/or Management Options</td>
<td>Minimal (1)</td>
<td>Limited (2)</td>
<td>Multiple (3)</td>
<td>Extensive (≥4)</td>
</tr>
<tr>
<td>Amount of Data Reviewed</td>
<td>Minimal/None (1)</td>
<td>Limited (2)</td>
<td>Multiple (3)</td>
<td>Extensive (≥4)</td>
</tr>
<tr>
<td>Table of Risk</td>
<td>Minimal (1)</td>
<td>Low (2)</td>
<td>Moderate (3)</td>
<td>High (4)</td>
</tr>
</tbody>
</table>
Rules for Consultation
99241-99255

1. Opinion or advice regarding E&M of a specific problem is requested.
2. Documented request from appropriate source is required.
3. Written report sent to referring provider (a letter for an outpatient). Standardize.
4. Initiation of care at time of consult is acceptable.
5. As of 2010 No Consults Medicare/Tricare
6. Hospital Consults on CMS patients

Use the flippin’ codes!!!
New Outpatient and Consultative CPT E&M Guidelines
(3 of 3 Rule)

<table>
<thead>
<tr>
<th>Confirmatory Consult</th>
<th>Initial Consult</th>
<th>New Patient</th>
<th>History</th>
<th>Physical Exam</th>
<th>Medical Decision Making</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99271</td>
<td>99241</td>
<td>99201</td>
<td>Problem Focused (1)</td>
<td>Problem Focused (1)</td>
<td>Straight Forward (1)</td>
<td>10</td>
</tr>
<tr>
<td>99272</td>
<td>99242</td>
<td>99202</td>
<td>Expanded Problem Focused (2)</td>
<td>Expanded Problem Focused (2)</td>
<td>Straight Forward (1)</td>
<td>20</td>
</tr>
<tr>
<td>99273</td>
<td>99243</td>
<td>99203</td>
<td>Detailed (3)</td>
<td>Detailed (3)</td>
<td>Low Complexity (2)</td>
<td>30</td>
</tr>
<tr>
<td>99274</td>
<td>99244</td>
<td>99204</td>
<td>Comprehensive (4)</td>
<td>Comprehensive (4)</td>
<td>Moderate Complexity (3)</td>
<td>45</td>
</tr>
<tr>
<td>99275</td>
<td>99245</td>
<td>99205</td>
<td>Comprehensive (4)</td>
<td>Comprehensive (4)</td>
<td>High Complexity (4)</td>
<td>60</td>
</tr>
</tbody>
</table>

Initial Hospital Codes

<table>
<thead>
<tr>
<th>Initial Inpatient (Time)</th>
<th>Initial Observation (Time)</th>
<th>Observation (same day admit &amp; D/C)</th>
<th>History</th>
<th>Physical Exam</th>
<th>Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>99221 (30’)</td>
<td>99218</td>
<td>99234</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Straight Forward or Low</td>
</tr>
<tr>
<td>99222 (50’)</td>
<td>99219</td>
<td>99235</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>Moderate Complexity</td>
</tr>
<tr>
<td>99223 (70’)</td>
<td>99220</td>
<td>99236</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High Complexity</td>
</tr>
</tbody>
</table>
OMT Progress Note

A Detailed History

• 36 yo WF c/o Neck & LBP. Advil helps. Worse at night. Hurt it 2 weeks ago lifting cement blocks at work. Worse in left SI and Right CT areas.

• ROS: Denies W/A, NSD, BBI

• Soc: Unable to work or snow mobile

• PMH/FMH: NC

Progress Note Cont’d.

A/P 1. **Somatic Dysfunctions 98928** (1) (739.1-739.6, 739.8) as noted above. HVLA, MET, myofascial release w/ good mobilization, increased ROM.

2. **Lumbar Strain.** Ativan 0.5 mg 1 hour before bed prn. Ice/NSAID x 48 hours; heat/ice after 48 hours. F/u 2-3 weeks for reevaluation.; sooner prn.

3. **LBP.** Secondary to #2 and tight hamstrings. Stretching exercises reviewed. **99203-25** (2 & 3)
Sample OMT Note


ROS: Denies NSD, W/A. For balance of HPI/PFSH see note 1/9/15

PE: See OMT Templated Form

A/P 1. SD as noted above. HVLA, MET, Cranial osteopathy. Good mobilization except C1, but increased ROM. (98928)

2. CRPS RUE. Consider Vicodin for BTP and continue exercises. Markedly improved. If no better in 2 weeks, reeval for OMT. ?Zanaflex. (99213-25)

OMT Code re-valuation

• OMT codes surveyed by AOA and reviewed by RUC in February 2011
• Pre-service and post-service work
  – Adopted by RUC
  – Accepted by CMS
  – Published in RUC Database
OMT Code re-valuation

• New work RVUs published in Federal Register, Nov. 28, 2011

Excerpt from CPT OMT Intro

• ...above and beyond the usual pre-service and post-service work associated with the procedure.
OMT Global Period Designation

• Transition from “000” to “XXX”
• Could remove need to use the -25 modifier
• Audit implications, now more than ever
• But privates & feds grossly acquiescing

Pre-service...Clearing up the confusion...

E/M Pre-service Work:
• Set the appointment
• Pull the chart/pull up the chart
• Identify the patient
Pre-service...Clearing up the confusion...

E/M Pre-service Work:
• Update demographic information
• Review Chart
• Prepare patient for examination
2014 OIG Report

- Medicare payments for E/M services increased by 50% from 2001 to 2013
- Spending went from $22.7B to $35B/qtr
  – Expected to double by 2021
- However, over $70B per annum for Part B
  – Reduced by $16B since 2012

CBO Feb 2014
Pew Research.org
Kaiser Foundation

2013 OIG FOCI

- Modifier 25 Under Scrutiny
- New Patient Hospital CPT Codes (‘consult’)
- Correct Coding Initiative (CCI Edits)
- Obamacare and criminalization of civil offenses
2013 OIG Foci

- EMR Upcoding
- ‘Cloned Notes’
- Proving ‘Medical Necessity’

Summary

- You protect yourself and your family even if you are employed
- Know the rules
- The ‘rules’ change
- Stay up to date
- Be methodical in your business practices
Thank You!

“Success is doing what you want, when you want, where you want, with whom you want, as much as you want.”

- Tony Robbins
# Table of Risk

Table 6 (Pick single highest level or 1of 3 rule)

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problems</th>
<th>Diagnostic Procedure(s) Ordered</th>
<th>Management Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimal</strong> (1)</td>
<td>- One self limited or minor problem; e.g.: cold, tinea, insect bite</td>
<td>- Labs requiring venipuncture.</td>
<td>- Rest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Chest X-ray</td>
<td>- Gargles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- EEG/EKG</td>
<td>- Elastic bandages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Urinalysis</td>
<td>- Superficial dressings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ultrasound/Echo</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- KOH Prep</td>
<td></td>
</tr>
<tr>
<td><strong>Low</strong> (2)</td>
<td>- Two or more self limited or minor problems</td>
<td>- Physiologic tests not under stress; e.g.: PFT</td>
<td>- Over the counter drugs</td>
</tr>
<tr>
<td></td>
<td>- One stable chronic illness; e.g.: well controlled HTN, NIDDM, BPH, cataract</td>
<td>- Non-CV imaging studies w/ contrast barium enema</td>
<td>- Minor surgery w/out risk factors</td>
</tr>
<tr>
<td></td>
<td>- Acute uncomplicated illness or injury; e.g.: cystitis, allergic rhinitis, simple sprain</td>
<td>- Superficial needle biopsies</td>
<td>- Physical Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Skin biopsies</td>
<td>- Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Labs requiring arterial puncture</td>
<td>- Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- IV fluids w/out additives</td>
</tr>
</tbody>
</table>
| **Moderate** (3) | - One or more chronic illnesses w/ mild exacerbation, progression, or side effects of treatment.  
>2 stable diagnosis  
- Undiagnosed new problem e.g.: Breast lump.  
- Acute illness w/ systemic symptoms; e.g.: pyelonephritis, colitis, pneumonia  
- Acute, complicated injury; e.g.: head injury w/ brief LOC  
- CV imaging studies w/ contrast and no identified risk factors; e.g.: arteriogram, cardiac catheterization | - Physiological tests under stress; e.g.: ETT, Fetal Contraction Stress Test  
- Diagnostic Endoscopy w/out risk factors  
- Deep needle or incisional biopsy  
- CV imaging studies w/ contrast and no identified risk factors; e.g.: arteriogram, cardiac catheterization  
- Obtain fluid from body cavity; e.g.: LP, culdocentesis, thoracocentesis | - Minor surgery w/ identified risk factors  
- Elective major surgery (open, percutaneous or endoscopic) w/out risk factors found.  
- Prescription drug management  
- Therapeutic nuclear medicine  
- IV Fluids w/ additives  
- Closed treatment of fractures or dislocation w/out manipulation |
|               |                                                                                        |                                                                                                |                                                            |
| **High** (4)  | - One or more chronic illnesses w/ severe exacerbation, progression or side effects.  
- Acute or chronic illnesses or injuries that pose a threat to life or bodily function; e.g.: multitrauma, MI, PE, Psychiatric emergency, Progressive sever RA, ARF, Peritonitis  
- A abrupt change in neuro status; e.g.: seizure, TIA, weakness or sensory loss.  
- CV imaging studies w/ contrast w/ identified risk factors.  
- Cardiac EPS  
- Diagnostic endoscopy w/ identified risk  
- Discography | - CV imaging studies w/ contrast w/ identified risk factors.  
- Cardiac EPS  
- Diagnostic endoscopy w/ identified risk  
- Discography | - Elective major surgery (open, percutaneous or endoscopic) w/ identified risk factors  
- Emergency major surgery (open, percutaneous or endoscopic)  
- Parenteral controlled substances  
- Drug Therapy requiring intensive therapy for monitoring  
- Decision to make DNR/DNI or de-escalate care because of poor prognosis |
[WDWM] [WDWF] in NAD, ambulating [independently] [with assistive device] [with assistance] with [normal] [abnormal] [antalgic] gait.
Eyes: PERRLA w/ EOMI
Neck: Supple with no goiter or rigidity.
Lymph: No supraclavicular, infraclavicular or cervical adenopathy.
CV: Regular Rate and Rhythm + S1, S2 w/o S3, S4 murmurs; Posterior tibial and Dorsalis pedis pulses normal and symmetrical.
Lungs: CTA w/o wheezes, rales or rhonchi
Extremities: 5/5 motor strength bilateral hip flexors, quadriceps, hamstrings, EHL, ankle plantar flexion and dorsiflexion.
Skin: Without malar exanthem or palmar lesions.
MS: Anterior right ilium with lower leg length discrepancies with L5-S1 compensatory changes.

T___________________________________________________________ with ribs held posteriorly ipsilateral to the rotatory component. OA_____________________; C_____________________________________________

DISCUSSION:

ASSESMENT:
1. 
2. 
3. 
4. 
5. 
6. 

HVLA, Muscle Energy Treatment, Myofascial Release, Cranial Osteopathy, Facilitated Positional Release, Balanced Membranous Tension utilized with good mobilization and increased range of motion.

Patient improved post OMT. No new meds needed. Patient advised to [maintain] [resume] normal activity and to avoid bedrest. F/U in [ ] weeks or sooner prn for reevaluation.