

## Documenting Billing tips for Integrative Medical Group Visits

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This document gives charting and billing information for the Integrative Medical Group Visits model for providing group visits. At the beginning or conclusion of the group visit or during the course of the visit, the healthcare provider meets with participants for one-on-one appointments. When documenting the visit, the facilitator should document what was covered in the course of the group visit as well as any individual medical needs that were addressed (i.e. diabetes, high blood pressure, etc.). For clinicians who can use “quick texts” in their electronic medical record system, below are the quick text scripts that have been created for the content of the IMGV curriculum. You may use these and modify them as needed.

### EXAMPLE OF A NOTE AND QUICK TEXT FOR GROUP VISITS

#### Medical Group Visit Session 1 Example

**Subjective:** Document as you would for any chief complaint or ongoing problems. Everyone has their quick texts so feel free to document as you think is best.

For example - Patient is here for chronic pain. Pain described as XXX and is has been XXX on a scale of 1-10. Pain is located in the XXX. Pain is negatively affecting function. Pain is currently affecting the following: poor sleep, worsening depression. Pain is improved by XXX and pain is made worse by XXX. Medications include:

**Objective**— vitals and physical exam

#### Assessment and Plan

Today the following conditions were addressed: (Hint: Use Problem List)

Example: Chronic pain improving this last week – continue medications, referral to osteopathic manipulation, etc.

Other Medical Diagnosis

Welcomed participants

Confidentiality form reviewed and signed and ground rules reviewed

Introduction to the participant manual and how to use

Taught participant to take own vitals including blood pressure, pulse, weight and BMI

Reviewed how high blood pressure, weight and BMI negatively affect our health and strategies to improve these outcomes

Overview of group model, integrative medicine, and the integrative medicine group model

Review of mindfulness

Reviewed what to do in an emergency medical situation and who to contact

Awareness of Breath meditation

Orientation to home practice assignments

- When documenting do NOT use the term **class** – use term group medical appointment, shared medical appointment

TIME BASED documentation in the EMR Option 1

>2 hour visit with face to face medical counseling in a group setting re: stress management and nutrition for >50% of the visit. XXX minutes was spent in direct face to face care with patient discussing XXX

TIME BASED documentation in the EMR Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, nutrition, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

If you spent one on one time not in front of the group (I spent >50% of this 15 minute visit face-to-face with the patient, coordinating care, or reviewing medications, and counseling the patient on risks and benefits of integrative treatments for XXX.)

### **Medical Group Visit Session 2 example**

Participant checked in and recorded own vital signs, reviewed the vitals with the patient

Reviewed pain level with patient

Individual check in with the provider

Centering meditation: Awareness of Breath (AOB)

Go around: participant reviewed and reflected upon home practice

Discussed health prevention strategies for their pain and stress, Introduction to mindful eating: raisin exercise

Health topic discussion: Stress and its effect on the body and mind as well as healthy and unhealthy ways to cope with stress, Introduction to Body Scan Meditation

Reviewed home practice assignments for next week

If you spent one on one time not in front of the group (I spent >50% of this 15 minute visit face-to-face with the patient, coordinating care, or reviewing medications, and counseling the patient on risks and benefits of integrative treatments for XXX.)

>2 hour visit with face to face counseling in a group setting re: stress management, prescription and nonprescription treatments for pain and associated conditions >50% of the visit  
XXX minutes was spent in direct face to face care with patient discussing XXX

120 minute spent in this group medical appointment, discussing: example – stress reduction, stress management, prescription and nonprescription treatments for pain and associated conditions, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

## **CODING GROUP VISITS**

Currently there are no standardized ICD-10 codes or no nationally accepted standards or explicit guidelines for coding and billing for medical group visits. (AAFP, 2016) Clinicians follow the Center for Medicaid and Medicare Services and standard rules in billing using Evaluation and Management (E/M) coding.

The AFP website notes the “Medicare has issued a statement regarding group visits:

**“...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary.”** The letter went on to state that any activities of the group (including group counseling activities) should not impact the level of code reported for the individual patient.”

If the group type is provided by a prescribing provider (MD, DO, physician assistant, or nurse practitioner), and a) individual medical evaluation and management and b) care provided in the context of a group visit, it can be billed using a medical E&M code 99213 or 99214, based on appropriate level of medical complexity. Under the CMS guidelines above, there is no limit on the number of patients that can be included, however, it is important to ensure that you provide complete services to each patient during the time period. If you do not provide care you cannot bill for the care of that patient. Based on your staffing, you will have to figure out how many patients you can bill.

The different models of group visits may require different coding approaches, and each model should be evaluated against Current Procedural Terminology (CPT) coding and documentation guidelines. As with all office visits, industry-standard coding rules and standards for medical record documentation apply to group visits. The following instructions apply to the Medical Group Visit. Since CPT does not specifically provide codes for group visits, we must use Evaluation and Management codes (E/M) visit codes to describe the services provided. The Community Health Care Center (CHCC) model, as described above, meets the criteria for coding a level three or four office visit (99213 or 99214) for an established patient. In order to code 99214 for a group visit the medical record documentation must include two of the three key components required for this E/M code: 1) a problem focused history, 2) a problem focused exam, 3) straightforward medical decision making.

If the documentation does not meet the CPT criteria for code 99213 or 4, the CPT guidelines should be reviewed for selection of a more appropriate code. E/M codes may only be used if the health care provider is present during the entire group visit and either documents the care or reviews and signs off on the documentation. If a health care provider is not present, the co-facilitator can write the note but not do any billing. Add coding by time as the extent of time

spent with the patient in counseling is what often times justifies a CPT 99213 or even a 99214 in the case of an individual appointment on top of the group visit.

	<b>History: CC</b>	<b>History: HPI</b>	<b>History: ROS</b>	<b>History: PFSH</b>	<b>Medical decision making</b>
<b>99213</b>	Required	1-3 elements	Pertinent	Not required	Low complexity
<b>99214</b>	Required	4+ elements (or 3+ for chronic diseases)	2-9 systems	1 element	Moderate complexity

Some ways that one could code/ determine the most appropriate code for these visits includes:

- Identify expected reimbursement per visit and calculate what is needed to meet costs – How many patients do you need to see? (At Boston Medical Center, we have calculated 10 to 12 patients per group).
- Approach insurance companies in your area to ask about their reimbursement plans (HMO/capitated payers) and how they reimburse for group visits. We recommend that you ask for these instructions in writing and keep those records on file.

Some options as to how to classify these visits:

1. As a Federally Qualified Health Center (pay-per-visit model).
  - a. Consider billing a subset of group visit attendees each visit (Standard recommendation is to triple the number of patients a provider could see in the same amount of time by individual visits, for example if you see 10 patients, then you should have 30 people in your groups)
  - b. Consider billed and non-billed groups (no medical provider needed at non-billed group)

*Note:* If you choose to bill this way, you may be limited in visit frequency.

2. Non-FQHC billing: 99213, 99214, using these codes depends on time and comorbidities addressed.

*Adapted from Group Visit Worksheet and Timeline the Integrative Medicine for the Underserved website <https://im4us.org/app/General+Group+Visit+Materials?structure=Toolkit> and the American Academy of Family Medicine ( <http://www.aafp.org/practice-management/payment/coding/group-visits.html>)*

Select the ICD-10 code that reflects the primary reason for the patient visit. This code should be designated as the primary diagnosis by placing a “1” or a “P” next to it on the Treatment Record Form (TRF). If additional problems, symptoms or chronic diseases were addressed during the visit, add these conditions as secondary diagnoses. All diagnoses must be documented in the medical record.

### **Resources**

This is the best we- based resource I have found:

<https://www.aafp.org/practice-management/payment/coding/group-visits.html>

