2021 - GREAT YEAR COMING!

A Webinar on the Changes, Improvements & Guidelines for Medical Practices

Don Self, CMCS, CPC, CASA

EMAIL DISCLAIMER:

Don't read this. It means absolutely nothing. Attorneys and people who think too much of themselves waste their time telling you that if you read something you're not supposed to, then you're required by some fictitious law created by an idiot elected by other idiots, but that fictitious law doesn't exist. I can't believe you're still reading this. Email disclaimers mean nothing - but take up space on your screen. So - quit reading this or you will be in violation of USC 501.9103.4 which says nothing because it doesn't exist either.

LEGAL DISCLAIMER

Don Self & Associates, Inc are not attorneys, physicians, NFL running backs, movie or television stars or politicians.

We are only giving our advice, based on more than 35 years of experience and said advice should not be considered to be legal or medical advice.

It is up to you whether you follow it or whether you ignore it. We can help some – but we cannot fix stupid.

2021 BRINGS HOPE & EXCITEMENT

- **EASIER DOCUMENTATION ON E&M**
- **PERMANENT TELEHEALTH COVERAGE**
- **INCREASES IN TELEMONITORING COVERAGE**
- **NEW PROLONGED SERVICE CODING**
- **RELAXATION OF SELF-REFERRAL LAWS**
- **STILL HOPING FOR NP PARITY**
- **PCP'S SHOULD SEE 7% TO 19% INCREASE**

SPECIAL THANKS

Barbara J. Cobuzzi, MBA, CPC, CENTC, COC CPC-P, CPC-I, CPCO, CMCS
President, CRN Healthcare Solutions
732-739-7466 cell

http://www.CRNHealthcare.com

b.cobuzzi@att.net

Progressive Change

Roadmap of Changing E&M Guidelines

Understanding the intent and modifications the guidelines have endured helps to understand the origin of documentation expectations

1991 - 1992

Event: AMA CPT inclusion and RBRVS is implemented
Change: Cursory guidance and reimbursement allocations

Impact:

- Not enough guidance
- Financial impact of varying levels of service

1995 - 1997

Event: Documentation Guidelines were born
Change: Defined guidance required to support stated levels of service

Impact:

- The guidelines have had a long term impact on E&M, much more so that most projected.
- Many have said they implemented rules without explanation, but the intent was guidelines- NOT rules

2000

Event: The proposal of new documentation guidelines
Change: There was no change as these guidelines were not implemented

2021

Event: AMA E&M Guidelines change to effecting 99201-99215
Change: The first change in 25 years implemented in an effort to decrease administrative burdens associated with documentation

Projections:

- It's hard to predict the impact these changes will have pre-implementation. But based on a clear understanding of the intent established in the journey of these guidelines, it seems fair to think this will not be the last update to the code set

Source: NAMAS 8-14-20

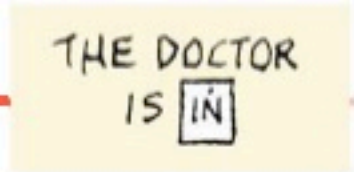
E&M GUIDELINES

1995
&
1997

- CHIEF COMPLAINT
- HISTORY
  - HISTORY OF PRESENT ILLNESS
  - REVIEW OF SYSTEMS
  - PAST, FAMILY, SOCIAL HISTORY
- EXAM
  - SYSTEMS OR BODY AREAS
  - EXAM ELEMENTS
- MEDICAL DECISION MAKING
  - # OF DIAGNOSIS & MANAGEMENT OPTIONS
  - AMOUNT/COMPLEXITY DATA REVIEWED/ORDERED
  - RISK OF COMPLICATION &/OR MORTALITY

CONFUSING – MANY PROVIDERS TODAY STILL DO NOT UNDERSTAND THESE

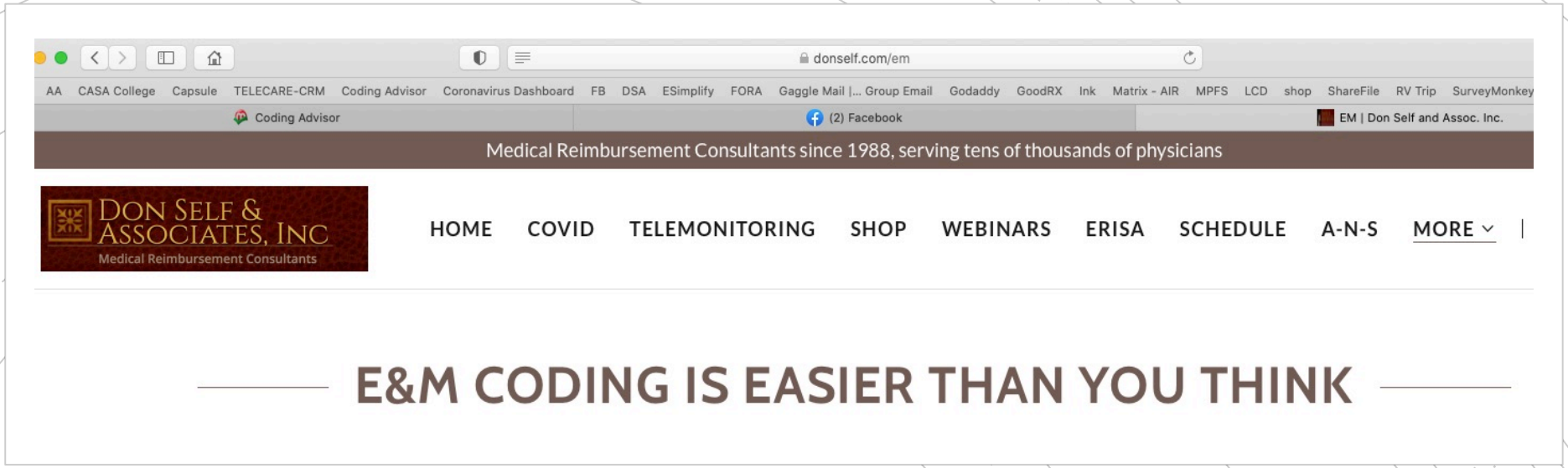
Which Codes Fall Under The 2021 Guidelines?



- **2021 New Guidelines**
  - New patient visit
    - ~~99201~~ - DELETED FOR 2021
    - 99202
    - 99203
    - 99204
    - 99205
  - Established patient visits
    - 99211
    - 99212
    - 99213
    - 99214
    - 99215

- **95/97 Guidelines**
  - Initial inpatient visits 99221-99223
  - Subsequent inpatient visits 99231-99233
  - Initial Observation care 99218-99220
  - Observation care and discharge 99234-99236
  - Subsequent Observation care 99224-99226
  - Discharge visits 99238-99239, 99217
  - Nursing home visits, home visits, critical care, etc

https://donself.com/em



FOR NON OFFICE/OUTPATIENT E&M'S

https://donself.com/em

NON-OFFICE E&M

3 FREE SUPER EASY 10 MINUTE VIDEOS

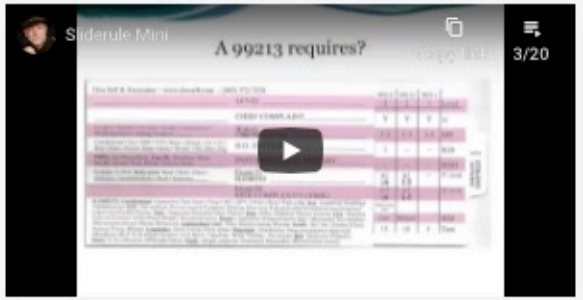
YOU PROVIDE YOUR OWN POPCORN AND SODA!

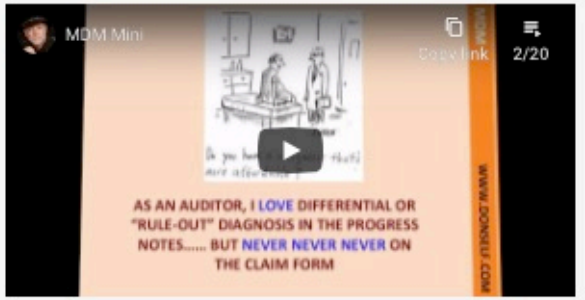
DOCUMENTING TIME

This 10 minute FREE mini webinar helps you understand when a physician or medical provider HAS to document time and how documenting that time can make a difference on the reimbursement. This one covers the Counseling &/or Coordination of Care, Prolonged Service Codes, Hospital Discharge and Critical Care coding

SELECTING THE E&M CODE

This FREE 10 minute webinar helps physicians identify which level of office visit, hospital visit, SNF visit or consult code to use, while staying compliant. This mini session also helps the provider see how easy it is to document the level 3, 4 or 5 visit and how you can bill a level 5 visit - even if the patient only has one or two serious diagnosis! Too often, coders have providers under-code, based on incorrect information.





SELECTING THE MEDICAL DECISION MAKING

A FREE (10 minute) mini webinar on How to count the Medical Decision Making components of the diagnosis, medical management, clinical and diagnostic lab, prescriptions, etc. The MDM can be used to select the level of Telehealth visit code instead of TIME and the MDM will almost always result in a much higher level of service than the time by itself, if the medical provider does a decent job of documentation.

2021 E&M

- MAINLY CHANGES OFFICE/OUTPATIENT CODES
  - MDM
  - TIME
- NEW REDUCED PROLONGED SERVICES CODE
- INCREASED RVU'S
  - PATIENT CARE CENTRIC – LESS PAPERWORK
  - COUNT ALL OF THE TIME (PRE & POST)
  - SAVE 180 HOURS A YEAR PER PROVIDER ON NOTES

99202 - 99215

TIME
OR
MDM
ONLY

MDM OR TIME –

WHICHEVER IS GREATER

- MEDICAL NECESSITY IS STILL KEY – MUST BE DOCUMENTED

"starting in 2021, the office/outpatient E/M visit codes will be substantially redefined to allow time or medical decision-making for code level selection"

Dec 2nd Federal Register, Page 271

2021 E&M Components for 99202-99215

History and Exam	Document only as medically appropriate but not used for code selection. CC & HPI needed for Medical Necessity
Medical Decision Making (MDM)	One of the components for code selection 2 of 3 Elements Include: -Number and complexity of problems addressed during encounter -Amount and/or complexity of data reviewed and analyzed -Risk of complications and/or morbidity or mortality of patient management
	OR
Time	One of the components for code selection

Provider Time

2021 E&M

- COUNT PRE & POST TIME ON SAME DATE OF SERVICE
- PRE:
  - Reviewing chart, notes, test results
  - Reviewing history
- DURING
  - Exam, evaluation
  - Counseling, Education pt/family/caregiver
- POST
  - Ordering tests, procedures, medications
  - Documentation

DID HE SAY COUNT ALL TIME?

CAN WE DO THAT NOW?

YES, THANKS TO COVID PHE – BUT STARTING JANUARY 1ST, IT WILL BE PERMANENT…. FOR OFFICE/OUTPATIENT VISIT CODES

CAN WE DO THAT NOW?

YES, THANKS TO COVID PHE – BUT STARTING JANUARY 1ST, IT WILL BE PERMANENT…. FOR OFFICE/OUTPATIENT VISIT CODES

USE CPT TIME

- EVERYONE USES THRESHOLD OR MINIMUM TIME FOR OFFICE-OUTPATIENT VISIT CODES
- USE NEW TIMES IN 2021 CPT BOOK
- COMPARE MDM TO TIME & USE HIGHER OF THE TWO FOR OFFICE/OUTPATIENT
- STILL CODE NON-OFFICE/OUTPATIENT THE WAY YOU DID IN 2020 (NURSING HOME, HOSPITAL, HOME, ETC)

HCPCS	2020 TIME	2020 RVU	2021 TIME	2021 RVU
99201	10	0.48	N/A	N/A
99202	20	0.93	15-29	0.93
99203	30	1.42	30-44	1.6
99204	45	2.43	45-59	2.6
99205	60	3.17	60-74	3.5
99211	5	0.18		0.18
99212	10	0.48	10-19	0.7
99213	15	0.97	20-29	1.3
99214	25	1.5	30-39	1.92
99215	40	2.11	40-54	2.8
G2212	N/A	N/A	15	0.61
G2211	N/A	N/A	11	0.33

INCREASED RVU'S (MOST CODES) IN 2021

REVISED TIME REQUIREMENTS

NEW CODES ADDED

MDM –New Guidelines for 2021 Outpatient E&M

- **Number and Complexity of Problems Addressed at the Encounter**
- **Only the actively treated diagnoses are credited to the level of service**
- **Amount and/or Complexity of Data to be Reviewed and Analyzed**
- **Risk of Complications and/or Morbidity or Mortality of Patient Management**

Code	Level	Problems	Data Analysis	Risk
99202	Straightforward	Minimal	Minimal or none	Minimal
99203	Low	Low	Limited	Low
99204	Moderate	Moderate	Moderate	Moderate
99205	High	High	Extensive	High
99211	NA	NA	NA	NA
99212	Straightforward	Minimal	Minimal or none	Minimal
99213	Low	Low	Limited	Low
99214	Moderate	Moderate	Moderate	Moderate
99215	High	High	Extensive	High

MDM: Number and Complexity of Problems Addressed at the Encounter: Clinically Relevant

- Straightforward
  - Self-limited

A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status

- Low
  - Stable, uncomplicated, single problem

Controlled diabetic followup

- Moderate
  - Multiple problems or significantly ill

Controlled diabetic/hypertensive or uncontrolled diabetic or uncontrolled hypertensive

- High
  - Very ill

Acute MI, pulmonary embolus, severe respiratory distress, severe rheumatoid arthritis, psych illness w potential threat, Acute , Renal Failure or patient requires hospital care, etc.

M-D-M

PROBLEM DEFINED

A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matters addressed during the visit, with or without a diagnosis being established at the time of the visit

MDM

MAJOR
OR
MINOR

“A MINOR SURGERY IS A PROCEDURE OR SURGERY THAT HAPPENS TO SOMEONE ELSE AND A MAJOR ONE IS WHEN IT HAPPENS TO ME”

MDM

PROBLEM = STRAIGHTFORWARD

- SELF-LIMITED OR MINOR PROBLEM

- 1928 Dictionary: *"typhoid fever is an example of a self-limited disease"*
- Sprain, common cold, URI, measles, etc
- NO exhaustive list exists of self-limited problems

MDM

PROBLEM = LOW

Chronic Stable Illness

- Expected duration of at least one (1) year or until the death of the patient
- Patient is at their specific treatment goal(s)
- A patient that is not at their treatment goal is not stable even if the condition has not changed

Acute, Uncomplicated Illness or Injury

- Recent or short-term problem w/low risk of morbidity based on the treatment considered
- Full recovery is expected w/o deterioration
- A problem that is normally minor, self-limiting but not resolving

MDM

PROBLEM = MODERATE

Chronic w/ exacerbation

- Illness that is acutely worsening, poorly controlled, uncontrolled or progressing….requiring additional supportive care, or attention to side effects but does not require hospital level of care

Undiagnosed w/ Uncertain Prognosis

- A differential diagnosis represents a condition likely to result in a high risk of morbidity without medical intervention

MDM

PROBLEM = MODERATE

Acute Illness w/ Systemic Symptoms

- Illness that causes systemic symptoms AND has high risk for morbidity w/o medical intervention

Acute Complicated Injury

- Injury requiring medical intervention that includes evaluation of other body systems that are not directly related to the injured organ
- Injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity

MDM

PROBLEM = HIGH

Acute or Chronic or Injury w/ severe exacerbation, progression or side effects of Tx

- Illness or injury w/severe progression or severe side effects of treatment that have a significant risk of morbidity and may require hospitalization
- Or that pose a threat to life or bodily function in the short-term w/o treatment

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

Standard
STILL USED FOR OTHER E/Ms

Amount and/or Complexity of Data Reviewed	
Reviewed Data	**Points**
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

New for 221
Amount /complexity of Data Reviewed & Analyzed – Table #3

Tests & Documents (T&D)			
Review of prior **external note(s)** from each unique source*		x1 =	
Review of the **result(s)** of each unique test*		x1 =	
Ordering of each unique test*		x1 =	
Assessment requiring an independent historian(s) (IHx)			
An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to patient	0 or 1 max	=	
Independent interpretation of tests (Intpr)			
Independent **interpretation of a test performed by another** physician/other qualified health care professional (not separately reported)	0 or 1 max	=	
Discussion of management or test interpretation (DISC)			
Discussion of management or test interpretation **with external physician**/other qualified health care professional\appropriate source (not separately reported)	0 or 1 max	=	

TESTS

Definition of Test

- Tests are laboratory services, diagnostic imaging, psychometric, or physiologic data
- The differentiation between single or multiple unique test is defined in accordance with the CPT® code set
- A clinical laboratory panel (e.g. 80047 Basic Metabolic Panel is a single test, 71046, chest x-ray 2 views is a single test)

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	**Amount and/or Complexity of Data to be Reviewed and Analyzed** **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**	N/A	N/A	N/A
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems; **or**
		• **1 stable chronic illness;**
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			or • **ordering of each unique test***
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2 or more stable chronic illnesses;**
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • **Assessment requiring an independent historian(s)**
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205
99215
	High	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• **1** acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • Assessment requiring an independent historian(s)
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	**Amount and/or Complexity of Data to be Reviewed and Analyzed** **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**	N/A	N/A	N/A
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems; **or**
		• **1 stable chronic illness;**
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			or • **ordering of each unique test***
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2 or more stable chronic illnesses;**
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • **Assessment requiring an independent historian(s)**
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205
99215
	High	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• **1** acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • Assessment requiring an independent historian(s)
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	**Amount and/or Complexity of Data to be Reviewed and Analyzed** **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**	N/A	N/A	N/A
99202 99212	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203 99213	**Low**	**Low**
		• **2** or more self-limited or minor problems; **or**
		• **1 stable chronic illness;**
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			or • **ordering of each unique test***
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204 99214	**Moderate**	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2 or more stable chronic illnesses;**
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • **Assessment requiring an independent historian(s)**
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205 99215	**High**	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• **1** acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • Assessment requiring an independent historian(s)
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

HIGHEST WINS

MDM OR TIME

- 15 MINUTES

99211	
99212	10-19
99213	20-29
99214	30-39
99215	40-54

99204
99214
	Moderate	**Moderate**
		• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• 2 or more stable chronic illnesses;
		or
		• 1 undiagnosed new problem with uncertain prognosis;
		or
		• 1 acute illness with systemic symptoms;
		or
		• 1 acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• Any combination of 3 from the following:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			or • Assessment requiring an independent historian(s)
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without ~~identified~~ procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

USE MDM!

NEW PROLONGED SERVICE CODE G2212

- Prolonged office or other outpatient E&M service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient E&M services)

- 0.61 WORK RVU

CANCELLED UNTIL 2024 THANKS TO THE CONGRESSIONAL PORK BILL SENT TO PRESIDENT TRUMP IN DECEMBER 2020

VISIT COMPLEXITY CODE G2211

Medicare – TELEHEALTH CODES APRIL 30,2020

LINK

PRIMARY CARE PRACTICES HAD CHOICES ….
AND STILL DO

UNFORTUNATELY – MANY STILL DO NOT REALIZE THAT MEDICARE PART B PATIENTS ARE THE MOST PROFITABLE OF ALL PATIENTS THEY HAVE.

PCP SHOULD BE GETTING $1785 PER YEAR PER PART B PT
PC NP SHOULD BE GETTING $1517 PER YEAR PER PART B PT
MOST AVERAGE LESS THAN $150 PER YEAR.

WHERE DO YOU GET $1785 A YEAR?,

OFFICE VISITS	4	$79	$316
EKG	1	$18	$18
SPIROMETER	1	$41	$41
AWV	1	$151	$151
ACP	1	$90	$90
DEPRESSION SCREEN	1	$19	$19
ALCOHOL MISUSE SCREEN	1	$19	$19
CCM	12	$44	$528
COGNITIVE TEST	1	$83	$83
COGNITIVE ASSESS. PLANNING	1	$276	$276
REMOTE PHYS. MONITORING	12	$121	$1452
TCM	1	$196	$196

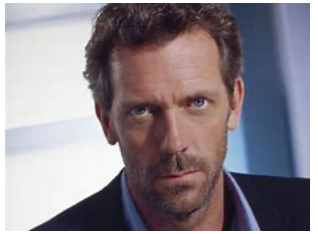
$3,189 Per Year
75%
$2232
80% Medicare payment
$1785 per year payment
***.85**
$1517 for NP's

DURING COVID PHE

- Take Advantage of Telehealth Rules
  - 99441, 99442 & 99443
  - AWVs on telephone with staff
  - Cognitive Assessment Planning with yourself
- Help patients with Remote Pt Monitoring
  - Saves Lives
  - Reduces Hospitalization
  - Increases Clinic Income Substantially
  - Permanent Medicare Coverage

BLOOD PRESSURE MONITORING - NPs

Patients with hypertension need monitoring regularly



"Patients Lie!"

Measurement Date	Wake-Up 07 AM ~ 08 AM			Morning 08 AM ~ 11 AM		
	Systolic Pressure	Diastolic Pressure	Pulse	Systolic Pressure	Diastolic Pressure	Pulse
2020/02/07				126	76	68
2020/02/06	ⓘ 127	77	69	ⓘ 136	87	64
2020/02/05				136	91	69
2020/02/04	ⓘ 138	180	74	135	81	85
2020/02/01				ⓘ 182	119	93
Average	132.5	128.5	72	143	90.8	76

Send patient home with BP Meter

Staff checks numbers daily or every other day – minimum 20 minutes per month spent on management by staff

Patient's BP will be uploaded automatically on each test

99453	**$19.49**	**Setup**
99454	**$65.01**	**Provision - monitor**
99457	**$52.90**	**First 20 minutes**

MEDICARE NP ALLOWED p/m $ 100.22

MONITORING SYSTEM $ 41.25

NET PROFIT MONTHLY $ 58.97

NET PROFIT YEARLY $ 707.68

TELECARE-USA.COM
WWW.DONSELF.COM

BP - Bluetooth

Handles multiple patients with one device

Glucose

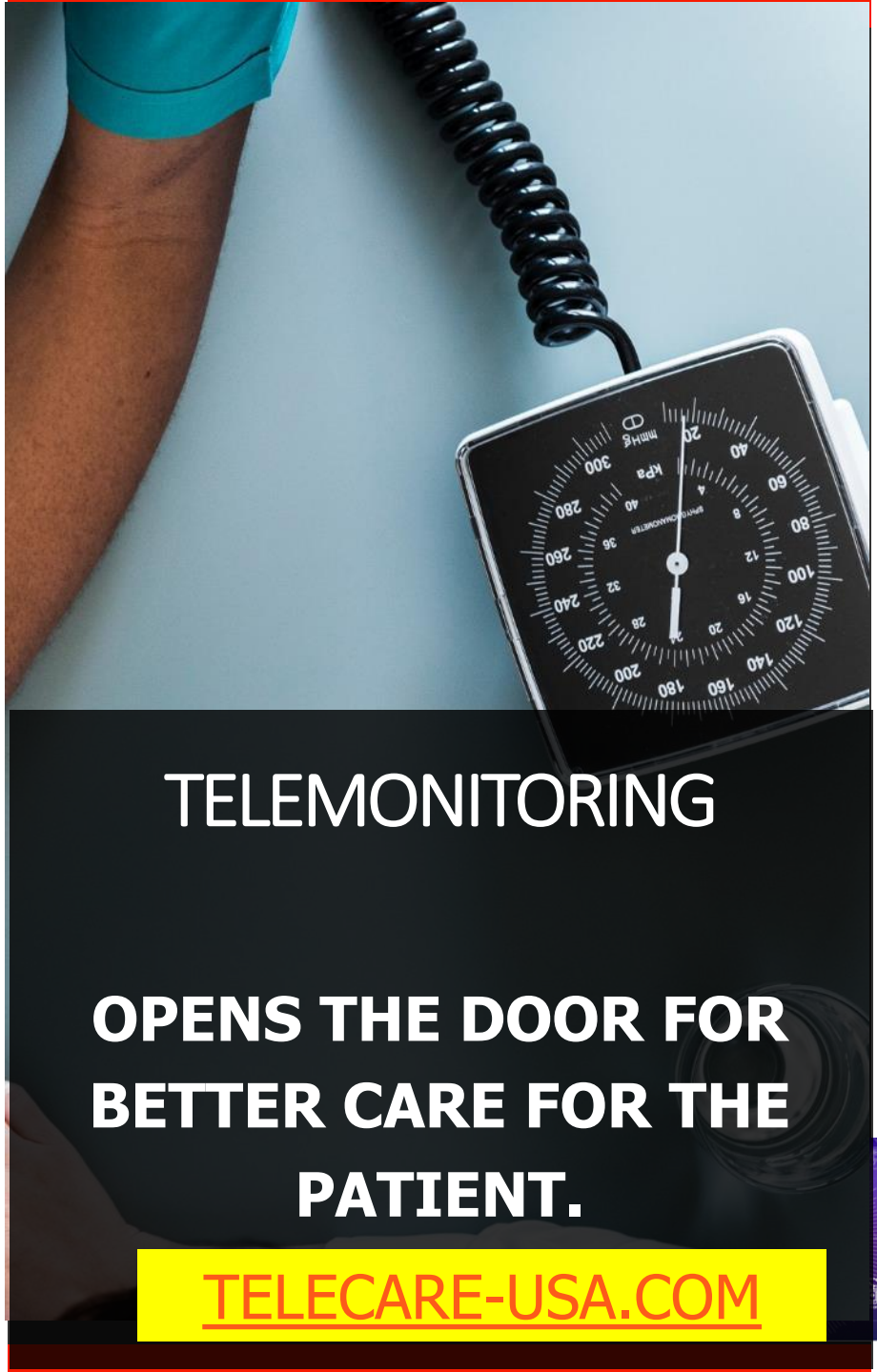
Eliminates patient having to buy strips each month

Pulse Ox

Reduces need for hospitalization until necessary

BP – SIM Enabled

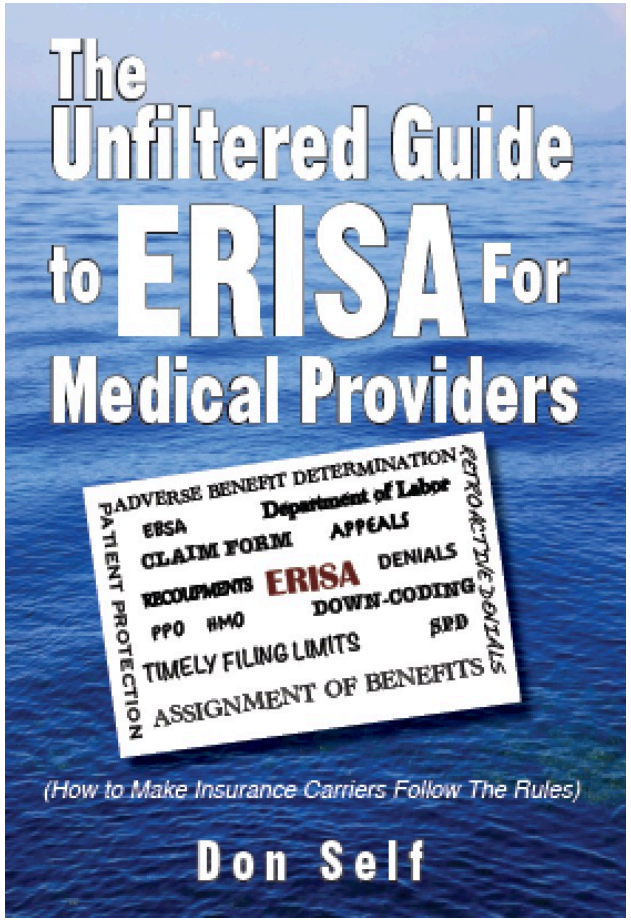
Some patients do not have smartphones

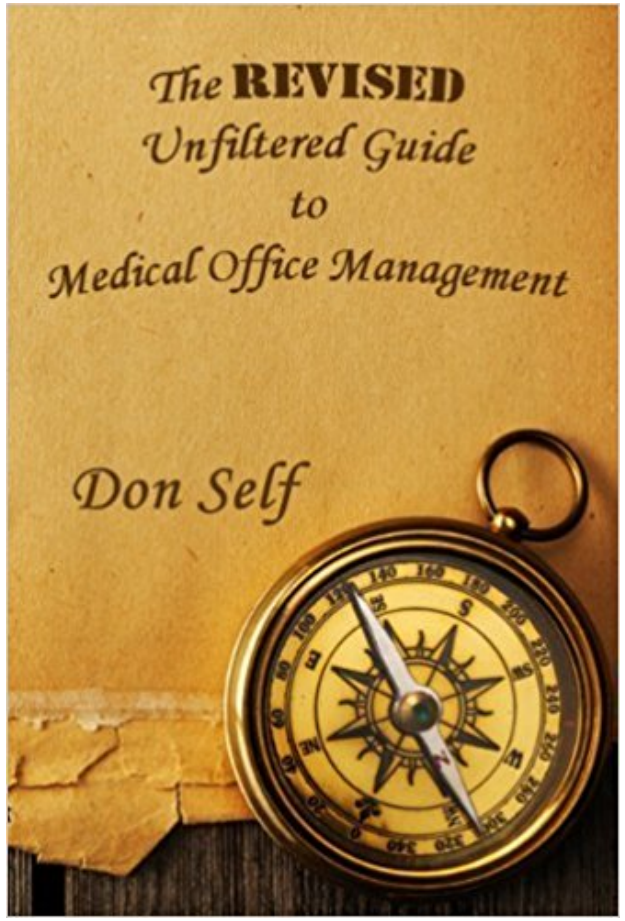


I HOPE I DIDN'T DUMP THE WHOLE LOAD ON YOU!

HELPING PRACTICES SINCE 1985

https://donself.com/shop/ols/products






S.T.A.T

JUNE 2020 ISSUE

SELF'S TIPS AND TIDINGS

DON SELF & ASSOCIATES, INC
305 SENTER AVE, WHITEHOUSE, TX 75791
903 871-1172 WWW.DONSELF.COM

WHY NOT TAKE ADVANTAGE OF DON'S ONE HOUR PHONE ANALYSIS? EMAIL DONSELF@DONSELF.COM TODAY AND SCHEDULE ONE.

4TH MONTH - TELEHEALTH

Here we are about to go into the 5th month of COVID and Telehealth and no one knows how long it will last. As I say in my webinars, there are typically 3 responses to an emergency (fight, flight or freeze) and some have adapted and fought the crisis wisely. Some have froze up, laid off employees, applied for the PPP grants and are living off of savings. Others have tried to continue doing what they've done in the past, but with reduced numbers. Many practice have not had a choice due to their location (lock down states or cities) or the type of practice they have (surgery, elective services, imaging, etc), but others that have had choices have made some poor choices based on fear or misinformation.

If you've been reading my newsletter for awhile, you know that Medicare patients are the most profitable of any patient for primary care (family and internal medicine) practices - if they are smart and are willing to do what Medicare wants. That has not changed with COVID-19. In fact, the smart managers, administrators and providers can easily be making more money right now during COVID than they were before COVID, while taking better care of their patients. Of course, the major obstacle with this is that it requires change and some people detest and fear change. I'll say it again. A primary care practice willing to adapt can make more now than most any other primary care provider in their area is doing if they are willing to work smart. I will prove that on the next page by showing you what other primary care providers are making from Medicare (and commercial insurance). We know from 35 years experience (we started in 1985) that almost all doctors bill and code their Medicare the same way they do their non Medicare patients most of the time. So, if I'm able to point out where a Family Physician is missing $120,000 per year on their Medicare patients and 50% of their practice is Medicare, then that proves they are missing another $120,000 per year on their other patients also. That is a lot!

Don Self & Associates, Inc

Medical Reimbursement Consultants

I will spend an hour with your doctor & manager on a Zoom call asking questions & making suggestions. At the end of the hour, I'll ask your doctor if that hour just helped them increase the clinic income by $20,000 p/ year. If they say yes, they pay my consult fee & if not – they don't owe me a penny

Thank You

DON SELF, CMCS, CPC, CASA

903 871-1172

DONSELF@DONSELF.COM

WWW.DONSELF.COM