Why this session?

Working & Training Physician

Not over. Not under. Correct

We cannot expect physicians to have correct coding, if we cannot train them properly to create accurate documentation to support correct coding.

To often, coding and documentation is over-taught to physicians.

When we get to the point- eliminate the white noise- and make it simple- LIKE IT SHOULD BE- they appreciate it. They absorb it. They can then apply it!

Organize The Training

Identify the participants, the purpose, and own the scheduling and planning of the event.

Learn More →

This sounds like a no brainier, but it's not. Many fail to think this through.

Place of Service	Specialty	Provider Type
Inpatient	Surgery	Physician
Office	Non-surgical	NP | PA
Emergency Room	Hospitalist	Psychologist
Nursing Home	Mental Health	Physical Therapist

Each of these trainings would vary significantly. Therefore, having a combined audience, it would be challenging to keep everyone engaged.

SUCCESS

Identify a Purpose or a Goal for the Training Event

We perform audits for certain purposes. The same should be true for E/M education.

Poor documentation/coding?

Annual compliance?

New hire or on-boarding?

Compliance concerns?

This will drive the plan, who attends, the samples, literally the entire training event.

Be Time Aware

Presentations that exceed 60-90 minutes typically exceed the attention span of the physician and non-physician provider.

In order to be time cautious, it is important to ensure that our presentation is focused to elements that are most likely to impact change.

For this reason, we must have a plan or goal for the training, know our audience and create an outline for our training event.

Let's Prep Together

Meet Dr. White, Medical Director of River Moorings Medical Center. They have approximately 250 providers in all and have requested that we provide E/M education and training for their team.

Trainings were planned to best meet their budgets and providers were scheduled into the following category options by the Client:

The Client's budget allows for 5 Sessions:

- Specialist: The Client is using 2 sessions and grouping ortho/neuro/pain similar specialties together and all other specialties together
- Primary Care: The Client is using 1 session and grouping PCP/internal/pediatrics into one session.
- Inpatient: A session is being provided for the hospitalist for inpatient services. Additionally, we have recommended that specialties seeing patients IP should consider attending.
- Emergency: Of course, ED will need a unique session.
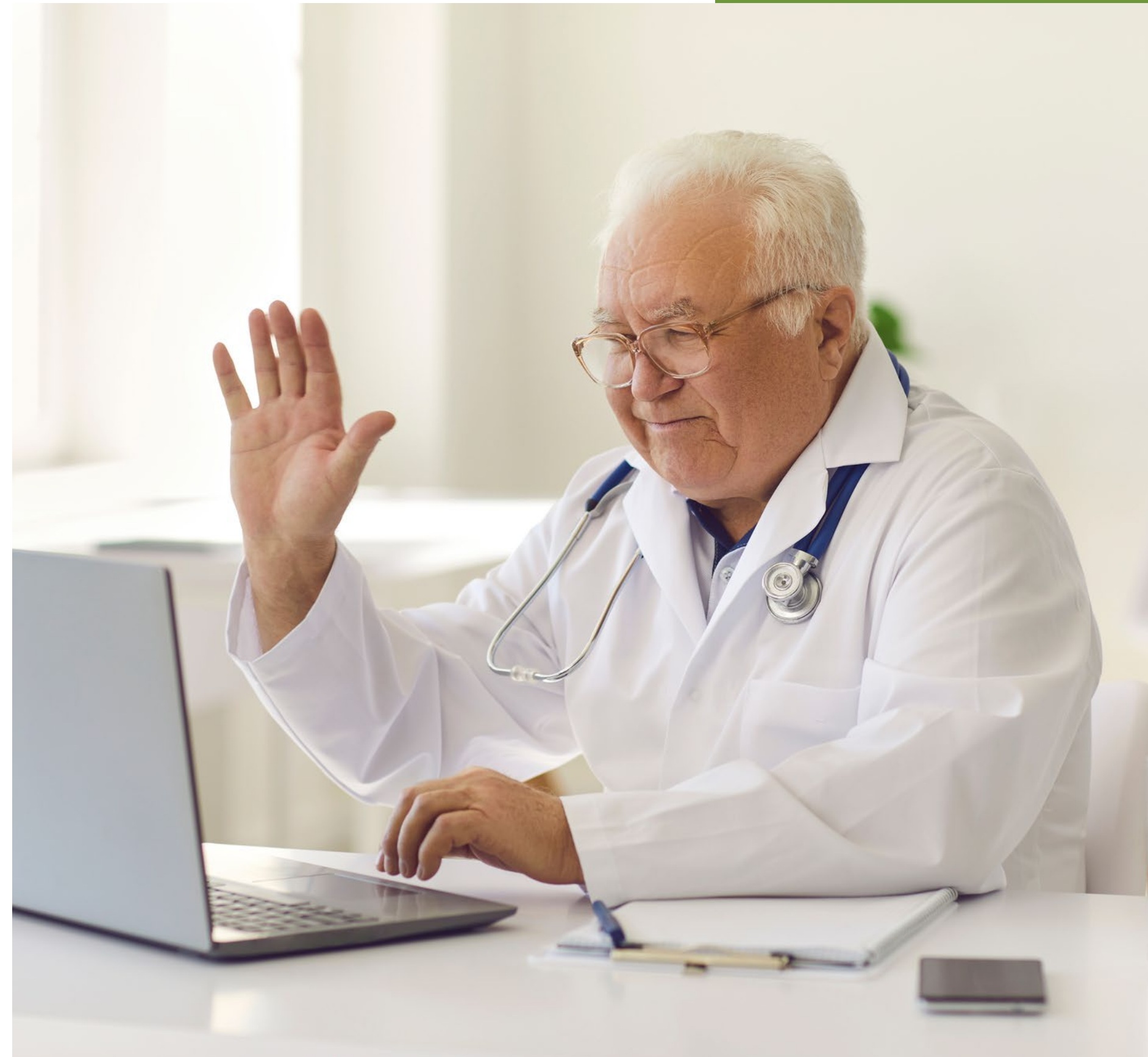
The Scope of Work

Our plan of work to the Client:

Training should be specific to 2021 guidelines along with the 2023 expansion guidelines in the appropriate setting.

Training will be specific to MDM and time-based documentation, making each area applicable to the appropriate setting.

Provide efficiencies on how to communicate the complexity of care through documentation, along with how to know, based on the medical necessity of the encounter, the overall level of service for each patient encounter.

Commitment

The goal of the training is not to convert a provider into a coder but rather to train providers on documentation skills to ensure the outcomes support the appropriate level of service. To do this, we will not need to teach the coding structure, the history of coding, scoring principles, or the order of E&M code selection.

Focus on Creating Value.

One Additional Part of Plan

Customize the training per group!

The training will be far less specific and hold less value if it is NOT specific to the physician, specialty, EMR, etc...

Pull 5-10 of their notes and sprinkle them throughout the training

Example Encounter:

Documentation indicates this is an acute illness

The next decision, is it acute uncomplicated or are there systemic symptoms?

Reason for Appointment
1. UTI symptoms since last night at 2:30 am, frequency, burning and took Azo pills

History of Present Illness
HPI:
-
This 84-year-old female presents to the office today accompanied by her daughter. She complains of increased urinary frequency and burning pain with urination. This began yesterday evening. This morning she started taking over-the-counter Azo Standard. She denies any fever, chills, abdominal pain, or nausea. She has a history of recurrent urinary tract infections. She takes nitrofurantoin daily.
-.

Vital Signs
Temp: 97.1 F, BP: 112/72 mm Hg, HR: 61 /min, RR: 16 /min, Wt: 153 lbs, Ht: 63 in, BMI: 27.1 Index, Oxygen sat %: 95 %, Wt-kg: 69.4 kg.

Examination
General Examination:
GENERAL APPEARANCE: alert , in no acute distress.
PSYCH: alert, oriented , judgement and insight good , mood/affect full range.
SKIN: warm and dry , good turgor.
LUNGS: good air movement , clear to auscultation bilaterally.
HEART: regular rate and rhythm , no ectopic beats.
ABDOMEN: normal, bowel sounds present, soft, nondistended, Moderate suprapubic tenderness without rebound regarding.

Assessments
1. Urinary frequency - R35.0 (Primary)
2. Painful urination - R30.9
3. Urinary tract infection without hematuria, site unspecified - N39.0

Treatment
1. Urinary frequency
   LAB: Urinalysis, Routine

Consider a Chart Example:
When labs are documented this way, it does not increase risk or enhance column 2 work

Plan:

1. SLE (systemic lupus erythematosus related syndrome)
    LAB: ANA w/Reflex if Positive (Ordered for 05/17/2023)
    LAB: C4+C3 (Ordered for 05/17/2023)
    LAB: CBC With Differential/Platelet (Ordered for 05/17/2023)
    LAB: Comp. Metabolic Panel (14) (Ordered for 05/17/2023)
    LAB: Protein and Creatinine, Random Urine (Ordered for 05/17/202
    LAB: Urinalysis, Complete (Ordered for 05/17/2023)
    Imaging: CT Biopsy Kidney

2. Long term (current) use of systemic steroids
    LAB: ANA w/Reflex if Positive (Ordered for 05/17/2023)
    LAB: C4+C3 (Ordered for 05/17/2023)
    LAB: CBC With Differential/Platelet (Ordered for 05/17/2023)
    LAB: Comp. Metabolic Panel (14) (Ordered for 05/17/2023)
    LAB: Protein and Creatinine, Random Urine (Ordered for 05/17/202
    LAB: Urinalysis, Complete (Ordered for 05/17/2023)

3. Lupus nephritis, ISN/RPS class V
    LAB: ANA w/Reflex if Positive (Ordered for 05/17/2023)
    LAB: C4+C3 (Ordered for 05/17/2023)
    LAB: CBC With Differential/Platelet (Ordered for 05/17/2023)
    LAB: Comp. Metabolic Panel (14) (Ordered for 05/17/2023)
    LAB: Protein and Creatinine, Random Urine (Ordered for 05/17/202
    LAB: Urinalysis, Complete (Ordered for 05/17/2023)
    Imaging: CT Biopsy Kidney

4. CKD (chronic kidney disease) stage 1, GFR 90 ml/min or grea
    LAB: ANA w/Reflex if Positive (Ordered for 05/17/2023)
    LAB: C4+C3 (Ordered for 05/17/2023)
    LAB: CBC With Differential/Platelet (Ordered for 05/17/2023)
    LAB: Comp. Metabolic Panel (14) (Ordered for 05/17/2023)
    LAB: Protein and Creatinine, Random Urine (Ordered for 05/17/202
    LAB: Urinalysis, Complete (Ordered for 05/17/2023)

Plan:

1. Establishing care with new doctor, encounter for

LAB: CBC (H/H, RBC, INDICES, WBC, PLT) (Ordered for 12/22/2022)
LAB: COMPREHENSIVE METABOLIC PANEL (Ordered for 12/22/2022)
LAB: HEMOGLOBIN A1c (Ordered for 12/22/2022)
LAB: THYROID PANEL WITH TSH (Ordered for 12/22/2022)
LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

Notes: The patient presents to the clinic today for dedicated health maintenance visit. Topics on preventive medicine were addressed as recommended by the USPSTF. See above for updated patient status and details of patient s answers and recommendations. A PHQ questionnaire to screen for depression was negative. We discussed cardiovascular risk factors, Malignancy screening appropriate for age group was also discussed as detailed above. Vaccinations recommended by CDC for age were discussed. BMI, exercise and healthy lifestyle was addressed.

2. Hyperglycemia

LAB: CBC (H/H, RBC, INDICES, WBC, PLT) (Ordered for 12/22/2022)
LAB: COMPREHENSIVE METABOLIC PANEL (Ordered for 12/22/2022)
LAB: HEMOGLOBIN A1c (Ordered for 12/22/2022)
LAB: THYROID PANEL WITH TSH (Ordered for 12/22/2022)
LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

3. Prediabetes

LAB: CBC (H/H, RBC, INDICES, WBC, PLT) (Ordered for 12/22/2022)
LAB: COMPREHENSIVE METABOLIC PANEL (Ordered for 12/22/2022)
LAB: HEMOGLOBIN A1c (Ordered for 12/22/2022)
LAB: THYROID PANEL WITH TSH (Ordered for 12/22/2022)
LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

Notes: A lifelong commitment to a healthy lifestyle may prevent the conditions that cause metabolic syndrome. A healthy lifestyle includes: Getting at least 30 minutes of physical activity most days Eating plenty of vegetables, fruits, lean protein and whole grains Limiting saturated fat and salt in your diet Maintaining a healthy weight Not smoking.

4. Obesity (BMI 35.0-39.9 without comorbidity)

Start Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-injector, 2 MG/1.5ML, 0.25 mg, Subcutaneous, once a week, 30 days, 2 pen needle, Refills 1, Notes: Increase to 0.5 mg a week on week 5 .

LAB: CBC (H/H, RBC, INDICES, WBC, PLT) (Ordered for 12/22/2022)
LAB: COMPREHENSIVE METABOLIC PANEL (Ordered for 12/22/2022)
LAB: HEMOGLOBIN A1c (Ordered for 12/22/2022)
LAB: THYROID PANEL WITH TSH (Ordered for 12/22/2022)
LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

Notes: There the 3 medications that I typically use for weight loss. All can only be used for a short time, usually not more than 12 months. Losing weight takes long term dietary discipline. Medications can be used in the short run but are never a long term answer and should be used in Combination of diet and exercise. That said, here are the options: Liraglutide (Saxenda): stimulates insulin secretion. This is another safe drug. It''s biggest downside is that it is an injection, not a pill. It also has the side effect of nausea and vomiting (~20% of the time). Phenteramine-Topiramate (Qsymia): a combination of a stimulant and anti-seizure medication that increases metabolism and decreases hunger drive. Has the most severe possible side effects, including arrythmias and irreversible lung damage. The most common side effects are nerve tingling, constipation and dry mouth. If you are female, we would need to check to see if you are pregnant before starting this medication. Naltrexone/Bupropion (Contrave): this medication helps to stop food cravings. It is also a combination pill. In can have side effects that increase heart rate, blood pressure, and worsen migraines. It is a good medication to be used in those that smoke or also have depression.

5. Screening breast examination

LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

6. Screening for thyroid disorder

LAB: THYROID PANEL WITH TSH (Ordered for 12/22/2022)
LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

7. Hypertension

Refill Lisinopril Tablet, 10 MG, 1 tablet, Orally, Once a day at bedtime, 90 days, 90 Tablet, Refills 2 .
Notes: Patient educated on Hypertension treatment and medication options. Questions answered and patient agrees with plan. Weight loss Exercise Low salt diet Smoking cessation Avoid decongestants birth control pills, or recreational drugs Limit alcohol female 1 drink per day and male 2 drinks per day. Take you blood pressure

medication daily. Discussed risk factors of untreated hypertension Return to clinic or ER if BP is elevated, headache, chest pain, confusion, or SOB, nausea, confusion.

8. Osteopenia after menopause

LAB: VITAMIN D,25-OH,TOTAL,IA (Ordered for 12/22/2022)

Notes: The following preventative measures are recommended: -Adequate calcium consumption or dietary supplements 600-1000mg daily -Adequate vitamin D consumption and natural sunlight or dietary supplements 1000 to 2000 IU daily -exercise most days of theweek with light weight training at least 2 days a week.

9. Hypercholesteremia

Refill Simvastatin Tablet, 20 MG, 1 tablet in the evening, Orally, Once a day, 90 days, 90, Refills 0 .
Notes: chronic not at goal lipid panel : cholesterol triglycerides: HDL: LDL: Principles of ADA diet were discussed. increase exercise. follow up in months with labs prior to visit.

10. Others

Notes: I spent a total of 50 minutes with the patient in today's visit. This includes time spent reviewing the chart before the visit, time spent during the visit and time spent after the visit on documentation. Today we discussed at length chronic conditions, disease prevention and health promotion, medications, physical activity and diet.
Clinical Notes:
face to face time was devoted to counseling and consultation..

Immunizations:
Immunization record has been reviewed and updated.

Billing Information:

Visit Code:
99205 Office Visit, New Pt., Level 5.
Procedure Codes:

Considering Time-Based Documentation

Lastly...

Focus on the big-ticket items of change for E/M services.

Do NOT get so lost in the little nuances that you lose the conversation.

This means- the biggest focus is:

- Train column 1 & 3 for choosing levels of service and hard-core documentation
- Train column 2 for what to document for contributing to complexity of work of the encounter

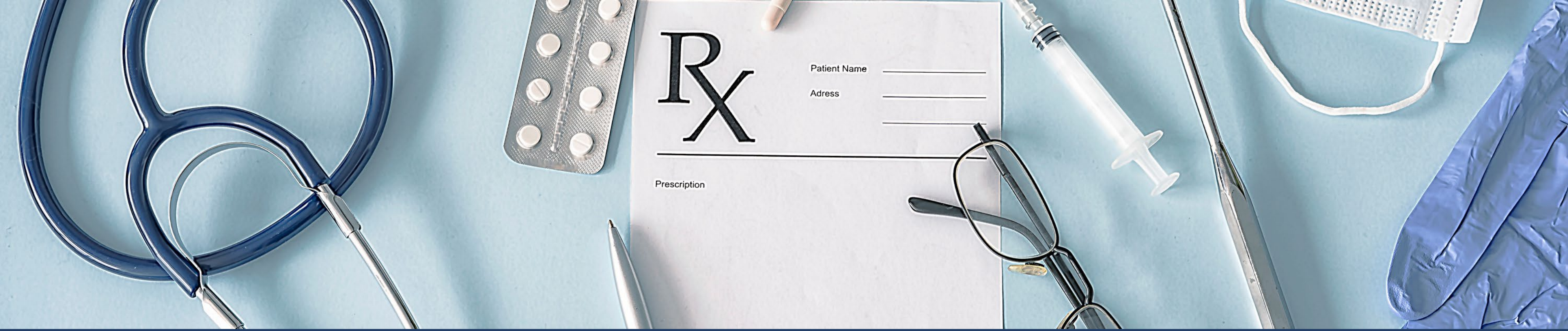Learn More →

HOW TO LEAD
THE TRAINING
SESSION

Introducing Your Topic:

When beginning your session, one way to grab your providers attention is by using national benchmark comparisons.

Benchmarks are provided to identify that true gap between compliance and revenue.

NEXT

Compare the Benchmarks

General Surgery

New Office Visits

E&M Code	Total RVUs	National Dist. %
99202	2.15	11.61%
99203	3.05	41.87%
99204	4.63	35.26%
99205	5.82	9.54%
Totals		100.00%

Established Office Visits

E&M Code	Total RVUs	National Dist. %
99211	0.64	1.34%
99212	1.27	17.86%
99213	2.09	49.58%
99214	3.06	26.31%
99215	4.1	4.91%
Totals		100.00%

Rheumatology

New Office Visits

E&M Code	Total RVUs	Current Practice Dist. %	National Dist. %
99202	2.15	30.00%	0.72%
99203	3.05	50.00%	12.59%
99204	4.63	18.00%	62.98%
99205	5.82	2.00%	23.58%
Totals		100.00%	100.00%

Established Office Visits

E&M Code	Total RVUs	Current Practice Dist. %	National Dist. %
99211	0.64	0.64%	0.66%
99212	1.27	42.35%	1.70%
99213	2.09	38.52%	28.66%
99214	3.06	15.94%	63.49%
99215	4.1	2.55%	5.49%
Totals		100.00%	100.00%

Family Practice

New Office Visits

E&M Code	Total RVUs	National Dist. %
99202	2.15	10.92%
99203	3.05	49.60%
99204	4.63	34.65%
99205	5.82	4.26%
Totals		100.00%

Established Office Visits

E&M Code	Total RVUs	National Dist. %
99211	0.64	1.94%
99212	1.27	2.19%
99213	2.09	39.40%
99214	3.06	53.37%
99215	4.1	3.10%
Totals		100.00%

Column One of the MDM

What is most important to teach physicians in Column One?

Acute vs Chronic

Chronic stable vs. Exacerbated?

Chronic Exacerbated vs. Severe Exacerbation?

Chronic Not at Treatment Goals?

Chronic Two or More Problems

Acute uncomplicated?

Acute w/systemic symptoms?

Acute with threat?

Not all of these will be relevant to all specialties or all places of services.

Sample Charts
Use examples here

Limit your example and make it impactful.
Be sure to redact, including your MD info.

Plan Your Time
Allocate XX minutes

This will help you stay on track to ensure you make it through all of your material.

Column 3 of the MDM

The key to teaching this column is to remember that you are NOT teaching the provider how to best document the treatment plan!

65-70%
Patient's Receive RX Management

Level 4
Is it Average?

It really may not be necessary to walk through each level and discuss the examples listed on the chart.

What is more impactful is discussing specialty specific management plan and if the risk are:

- Below average (Low)
- Average (Moderate)
- Above Average (High)

Column 2
Work to include in documentation

This work is included in the MDM chart because the work raises the complexity of the encounter.

However, the work can be manipulated to inaccurately raise the level of the encounter as well.

Educate the following:

Document all orders

Document anything you review

Document anyone you talk to outside of the patient

Document any testing you separately review

Time Based Documentation

Most physicians have been well trained on the time parameters, activities, and when to use time.

The most important attribute to teach: Medical Necessity in time-based E/M billing

This is more commonly called our qualification statement, and may include a carve-out statement.

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