

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

August 2018

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DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

How the PFS Proposed Rule Affects Evaluation and Management (E/M) Coding

The ground has shifted for physician services coding. The proposed Centers for Medicare & Medicaid Services (CMS) Calendar Year (CY) 2019 Medicare Physician Fee Schedule (PFS) represents a fundamental shift in payment. Mid-July 2018, CMS released the PFS Proposed Rule which, when goes into effect, will change the current way evaluation and management codes in the office setting are selected and reimbursed.

This *CodingAlert* highlights a few of the most controversial facts with corresponding links for you to respond to CMS with your comments (accepted on/before 9/10/18).

An Overview of Suggested E/M Changes

Prepared by: Steven Robinson, Director

The E/M suggested changes will:

1. Allow providers a choice in documentation for office-based E/M visits for Medicare PFS payment.
 - 1995 or 1997 documentation guidelines
 - Medical decision making
 - Time
2. Allow providers to use time as a governing factor in selecting the visit level, regardless of whether counseling or care coordination dominate the visit.

3. Allow providers to focus on what has changed since the last visit or on the pertinent items which have not changed, rather than re-documenting information (provided they review and update the previous information).
4. Allow providers to review and verify certain information in the medical record that is collected and entered by ancillary staff or the patient, rather than re-entering it.
5. Solicit comment on how documentation guidelines for medical decision making might be changed in subsequent years.
6. Allow one reimbursement rate of \$135 for office/outpatient new patient codes 99202-99205.
7. Allow one reimbursement rate of \$93 for office/outpatient established patient codes 99212-99215.
8. Enforce a minimum documentation standard where providers would only need to document the information to support a 99202 visit for codes 99202-99205 and 99212 visits for 99212-99215.
9. Allow a \$5 add on payment to recognize the additional work required to address inherent complexity in E/M visits associated with primary care services.

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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10. Allow a \$14 add on payment to recognize additional work required to address inherent complexity in E/M visits associated with certain non-procedure-based care.
11. Allow a multiple procedure payment adjustment that would reduce the reimbursement when an E/M visit is furnished in combination with a procedure on the same day.
12. Allow a \$67 add-on payment for a 30-minute prolonged E/M visit.

Sources:

CMS welcomes comments to this proposed rule. To be assured consideration, comments must be received at one of the addresses provided in the below CMS link, no later than 5 p.m. on September 10, 2018. <https://www.gpo.gov/fdsys/pkg/FR-2018-07-27/pdf/2018-14985.pdf>

For further Information see the CMS Physician Fee Schedule website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

For further Information see the CMS Proposed Policy, Payment and Quality Provisions Changes to the Medicare PFS for CY 2019 Fact Sheet at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-07-12-2.html>

There are “winners” and “losers” in the implementation of the proposed rule. We are responding to requests to model scenarios related to E/M payment under the proposed rule. Click below to see how the proposed changes will impact your practice.

How will the proposed changes impact you?

Learn more by visiting:

<https://www.lw-consult.com/pfs-proposed-rule-affects-evaluation-and-management-coding>

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