



# Lunch & Learn



# Documentation and Coding: Creating Your Sundae

Lynn Rapsilber, DNP, ANP-BC, APRN, FAANP

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Transforming Clinical  
Practices Initiative

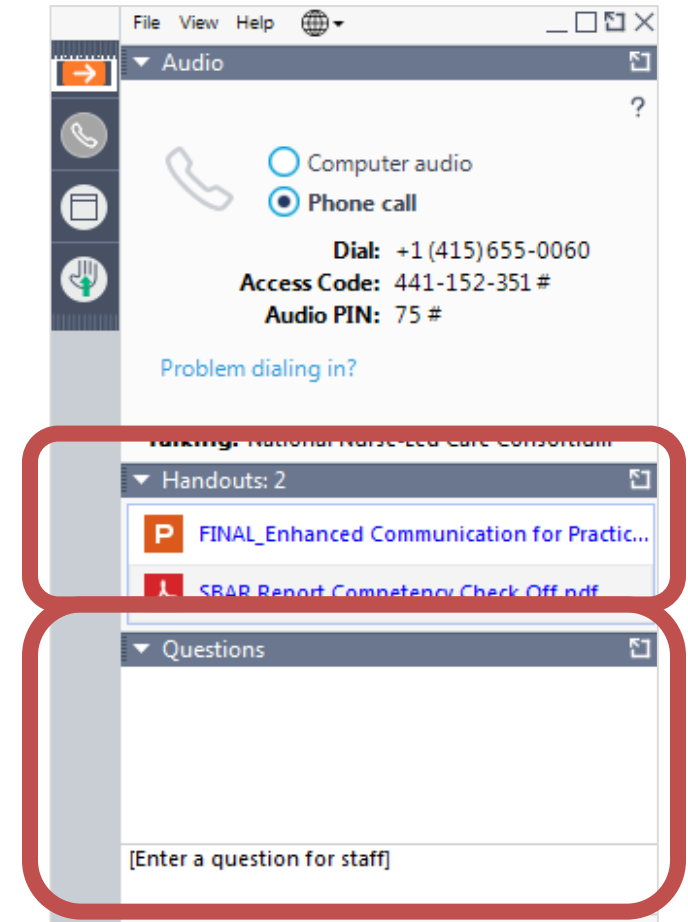
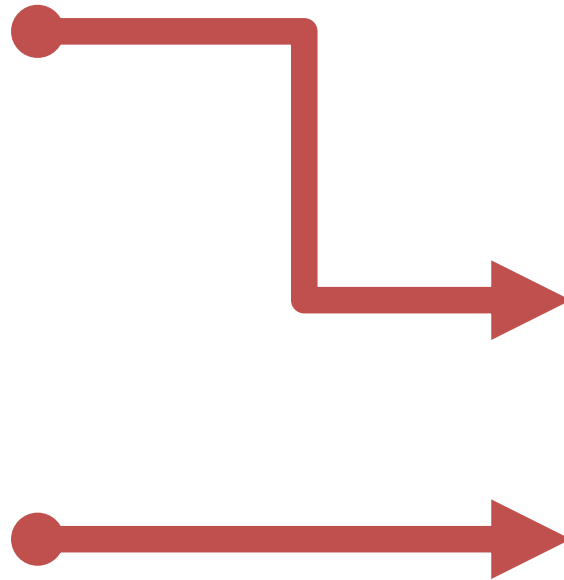
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To **ask a question**, type it into the Question pane in the GoToWebinar control panel and it will be relayed to the presenter.




# National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
  - Prepare NPs for the upcoming changes to the health care system
  - Provide free continuing education & professional development centered around value-based health care practices
  - Offer key training opportunities that ready practices for **Value-Based Reimbursement**

# Where Can I Go to Learn More?

1. CMS QPP website [www.qpp.cms.gov](http://www.qpp.cms.gov)
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>



# Documentation and Coding: Build Your Sundae

Lynn Rapsilber DNP APRN ANP-BC FAANP

Owner: NP Business Consultants, LLC

# Disclosures

- Gilead Speaker and Advisory Board
- BioPlus Speaker
- NNPEN National Nurse Practitioner Entrepreneur Network Co-Founder

# Objectives

- Participants will learn Basic Foundation of Reimbursement (Ice Cream)
- Participants will learn the difference in coding by Medical Decision-Making vs Time (Toppings)
- Participants will learn their Value in Payment Models (Cherry on Top)

# Health Care Climate

- NPs are providing care across all settings.
- Primary care providers / Specialty providers
- Reimbursement dollars are shrinking
- Attune to Costs of Care
- No longer on the sidelines
- Sustainability
- Health Policy

# Revenue Stream

## REGULATED

- NATIONAL
  - Medicare
  - Medicaid
  - Third party payers
- STATE
  - Medicaid
  - ACA plans
- COMPLEX & FLUID

# Efficiencies

- Technology
- Overhead
- Staff
- Education

# Foundation: Pick your Flavor

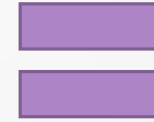
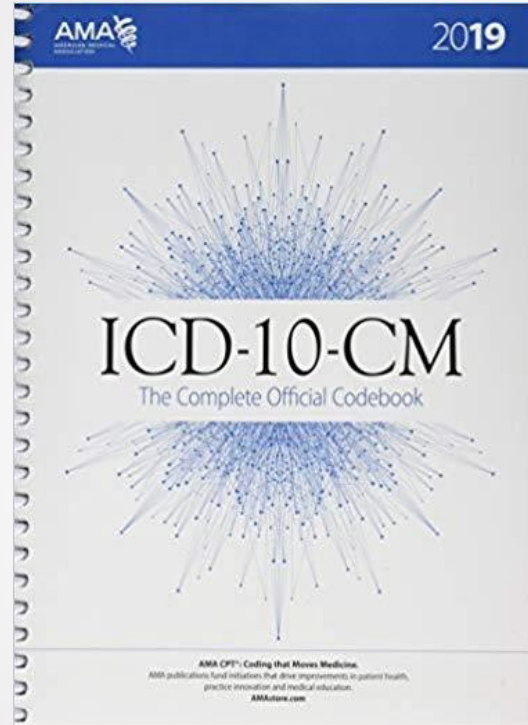
- Need to be able to BILL
- Credentialing and Contracting
- Previsit Considerations

# Visit process

- Schedule the appointment
- Check insurance card
- Confirmation call
- Check eligibility
- Patient arrives for visit
- Recheck Eligibility
- Provide Services
- Document Services
- Code Services
- Submit Claim
- Payment Reconciliation

# Patient Visit Complete

- Now you must Document & Code for what you do.....



# Medical Necessity

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# Evaluation and Management

- ***Foundation of Fiscal Responsibility***
- New Patient vs Established Patient
- 3 Key Components
  - History
  - Examination
  - Medical Decision-making
    - Counseling
    - Coordination of Care
    - Nature of Presenting Problem
    - Time

# Very Important

- **Key Components**

- History
- Examination
- Medical Decision-making

- **Levels**

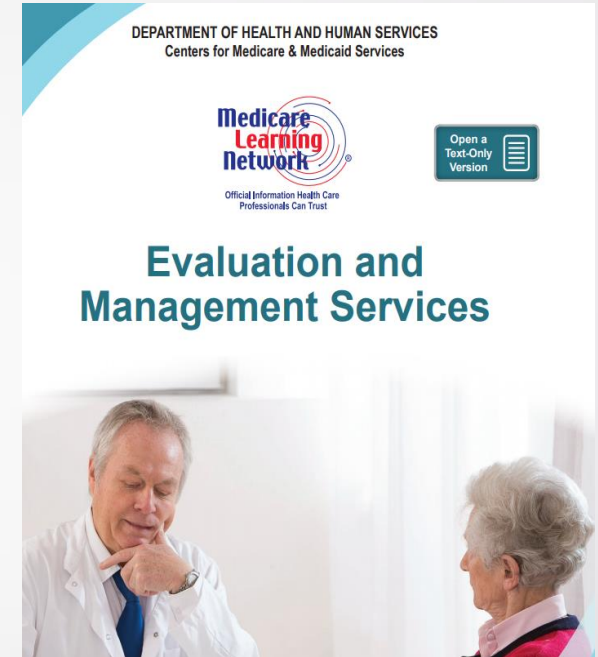
- **2 Problem focused**
- **3 Expanded Problem focused**
- **4 Detailed**
- **5 Comprehensive**

# Incomplete Medical Record Can be Costly



# Documentation Information

- MedLearn Network
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>



# Select your Toppings

Medical Decision  
Making

vs

Time

# Medical Decision-Making

## 4 Levels

- Straightforward
- Low Complexity
- Moderate Complexity
- High Complexity

- Based upon
  - # of diagnoses
  - # management options
  - Data to review
  - Risk of complication, morbidity, mortality



# Medical Decision- Making

- **Number of Diagnoses or Treatment Options**
  - Self-limiting or minor (stable, improved or worsening) (1)
  - Established Problem (stable, improved) (1)
  - Established Problem (worsening) (2)
  - New Problem; no additional work-up (3)
  - New Problem; additional work-up required (4)

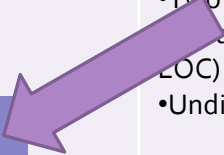
# Medical Decision Making

- **Amount and Complexity of Data to be Reviewed**
  - Review and/or order lab tests (1)
  - Review and/or order radiology tests (1)
  - Review and/or order medicine tests (1)
  - Discussion of test results with performing provider (1)
  - Decision to obtain old records and/or history form someone other than pt (1)
  - Review and summarize old records and/or obtain info other than pt, or discuss case with other HCP (2)
  - Independent review of image, test, tracing or specimen (not just read the report) (2)

Table of Risks

Level of Risk	Presenting Problem	Diagnostic Procedures Ordered	Management options Selected
Minimal <b>2</b>	<ul style="list-style-type: none"> <li>•One self-limited or minor problem (rash or oral ulcers, cold, insect bites)</li> </ul>	<ul style="list-style-type: none"> <li>•Lab tests requiring venipuncture</li> <li>•Chest x-rays</li> <li>•EKG/ECG</li> <li>•UA</li> <li>•Ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>•Rest</li> <li>•Splints</li> <li>•Superficial dressings</li> </ul>
Low <b>3</b>	<ul style="list-style-type: none"> <li>•Two or more self-limited or minor problems or symptoms</li> <li>•One stable chronic illness (well-controlled HTN or NIDDM, BPH)</li> <li>•Acute uncomplicated illness (e.g., cystitis, allergic rhinitis, simple sprain)</li> </ul>	<ul style="list-style-type: none"> <li>•MRI/CT, PFT's</li> <li>•Superficial needle biopsies</li> <li>•Clinical lab test requiring arterial puncture</li> <li>•Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>•Risk factors</li> </ul>
Moderate <b>4</b>	<ul style="list-style-type: none"> <li>•One or more chronic illness w/ mild exacerbation, progression, or side effect of treatment</li> <li>•Acute illness systemic symptoms, eg. pyelonephritis, pneumonitis</li> <li>•Two or more stable chronic illnesses</li> <li>•Acute complicated injury (vertebral compression fracture, head injury w/ brief LOC)</li> <li>•Undiagnosed new problem with uncertain prognosis, eg. lump in breast</li> </ul>	<ul style="list-style-type: none"> <li>•Diagnostic endoscopies with no identified risk factors</li> <li>•Cardiovascular imaging studies w/ contrast, no risk factors (arteriogram)</li> <li>•Arthrocentesis, LP</li> <li>•Physiologic tests under stress test eg, (cardiac stress test)</li> <li>•Deep needle or incisional biopsy</li> </ul>	<ul style="list-style-type: none"> <li>•Prescription drug management</li> <li>•Minor surgery w/ identified risk factors</li> <li>•IIV fluids w/ additives</li> <li>•Therapeutic nuclear medicine</li> <li>•Elective major surgery (open, percutaneous or endoscopic) w/ no identified risk factors</li> <li>•Closed treatment of fx or dislocation without manipulation</li> </ul>
High <b>5</b>	<ul style="list-style-type: none"> <li>•One or more chronic illnesses w/ severe exacerbation, progression, or side effects of tx</li> <li>•Acute or chronic illness that may pose a threat to life or bodily function (eg. progressive severe RA, multiple trauma, acute ML, PE, severe respiratory distress, psych illness w/ threat to self or others, acute renal failure)</li> <li>•An abrupt change in neurological status, eg. Seizure, TIA, weakness, or sensory loss</li> </ul>	<ul style="list-style-type: none"> <li>•Cardiac EP tests</li> <li>•Cardiovascular imaging studies w/ contrast, w/ identified risk factors</li> <li>•Diagnostic endoscopies w/ identified risk factors</li> <li>•Discography</li> </ul>	<ul style="list-style-type: none"> <li>•Elective major surgery w/ risk factors</li> <li>•Emergency major surgery</li> <li>•Administration of parenteral controlled substances</li> <li>•Drug therapy requiring intensive monitoring for toxicity</li> <li>•Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

Whatever you pick, that is the level



# Final look at Medical Decision Making

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>

	Final Results for Complexity	Level 2	Level 3	Level 4	Level 5
A	Number of Diagnoses or Treatment Options	< 1 Minimal	2 Limited	3 Multiple	>4 Extensive
B	Amount/complexity Of Data Reviewed	< 1 Minimal or Low	2 Limited	3 Multiple	>4 Extensive
C	Highest Level of Risk	Minimal	Low	Moderate	High
	Type of Medical Decision Making	Straight forward	Low Complexity	Moderate Complexity	High Complexity

# Coding By Time

- 99213 = 15 minute
  - 99214 = 25 minutes
  - 99215 = 40 minutes
  - Document as a fraction of the time spent
- 
- **Greater than 50% of the face-to-face time was spent discussing the above. 20/25 minutes was spent.**



Important  
Provider  
Documentation

Medical Decision-  
Making

Timeliness of  
Documentation

# Implications of Improper Coding


- According to CERT Insufficient Documentation 63.3% of errors
- Coding not meeting Medical Necessity 18.7%
- Incorrect Coding 12.9%

## Established Patient

99212	\$45
99213	\$74
99214	\$109
99215	\$148

## New Patient

99202	\$76
99203	\$110
99204	\$167
99205	\$211



# Chart Audit Case Study

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# Mr. Joseph Martin 57 yo male seen for ongoing medical care.

Dx: HTN/HL/DM II

ICD-10: I10/ E10.69/ Z79.84

- Diabetes under good control FBS 78-90 postprandial 130-158
- HgbA1c: 6.2 t chol 245/LDL 85/HDL 28 / BUN 28/ Creat 1.0
- CBC WNL/ BMP WNL
- Meds: Lisinopril 20 mg QD, Atorvastatin 40 mg qHS, ASA 81 mg QD, Glucophage 1000 mg po BID
- NKDA
- ROS: Denies any fever, chills, SOB, DOE, CP, cough palpitations/muscle pain/heartburn/abd pain/bowel or urinary issues
- PFSH: Married/ 2 children /works in a factory, M died Lung cancer, F A&W DM type II/HTN/HL
- Surgeries: appy/ RIH
- Colonoscopy age 50 WNL

# Established Patient Office Visit Documentation Tool

<b>HISTORY</b>		<b>PF</b>	<b>EPF</b>	<b>D</b>	<b>C</b>
<b>EXAMINATION</b>	<b>Not requiring provider presence</b>	<b>PF</b>	<b>EPF</b>	<b>D</b>	<b>C</b>
<b>MEDICAL-DECISION MAKING</b>		<b>SF</b>	<b>L</b>	<b>M</b>	<b>H</b>
<b>TIME</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>40</b>
<b>LEVEL</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>
	<b>99211</b>	<b>99212</b>	<b>99213</b>	<b>99214</b>	<b>99215</b>

# 1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the *RIGHT* in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

<b>HISTORY</b>	<b>HPI: Status of chronic conditions:</b> <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions OR <b>HPI (history of present illness) elements:</b> <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>ROS (review of systems):</b> <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Card/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> All/immuno <input type="checkbox"/> All others negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>PFSH (past medical, family, social history) areas:</b> <input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, injuries and treatments) <input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) <input type="checkbox"/> Social history (an age appropriate review of past and current activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>PROBLEM FOCUSED</b>	<b>EXP. PROB. FOCUSED</b>	<b>DETAILED</b>	<b>COMPREHENSIVE</b>


**\*Complete PFSH:** 2 history areas: a) Established patients - office (outpatient) care, domiciliary care, home care; b) Emergency department; c) Subsequent nursing facility care; d) Subsequent hospital care; and, e) Follow-up consultations.

3 history areas: a) New patients - office (outpatient) care, domiciliary care, home care; b) Initial consultations; c) Initial hospital care; d) Hospital observation; and, e) Comprehensive nursing facility assessments.

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\*\*10 or more systems: some systems with statement "all others negative"

# Established Patient Office Visit

<b>HISTORY</b>		<b>PF</b>	<b>EPF</b> 	<b>D</b>	<b>C</b>
<b>EXAMINATION</b>	<b>Not requiring provider presence</b>	<b>PF</b>	<b>EPF</b>	<b>D</b>	<b>C</b>
<b>MEDICAL-DECISION MAKING</b>		<b>SF</b>	<b>L</b>	<b>M</b>	<b>H</b>
<b>TIME</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>40</b>
<b>LEVEL</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>
	<b>99211</b>	<b>99212</b>	<b>99213</b>	<b>99214</b>	<b>99215</b>

# Physical Examination

- Pt NAD
- B/P 128/70 P 76 Wt 225
- PEARLA, sclera clear,
- Chest clear to A&P,
- Cardiac RRR, S<sub>1</sub>, S<sub>2</sub>, no S<sub>3</sub>, S<sub>4</sub>, murmurs, rubs
- Abdomen soft NT, no HSM +BS
- Extremities: no edema, +pulses
- Skin warm and dry
- Musculoskeletal: Gait normal, spine straight
- Neuro: Alert and oriented to person, place, time

# CONTENT and DOCUMENTATION REQUIREMENTS





**Perform and Document**  
**One to five elements identified by a bullet.**  
**At least six elements identified by a bullet.**  
**At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more areas/systems.**  
**Perform all elements identified by a bullet and document at least two elements identified by a bullet from each of nine areas/systems.**

SYSTEM / BODY AREA	ELEMENTS OF EXAMINATION
<b>Constitutional</b>	<ul style="list-style-type: none"> <li>• Measurement of <b>any three of the following seven vital signs</b>: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (may be measured and recorded by ancillary staff)</li> <li>• General appearance of patient <i>e.g. development, nutrition, body habitus, deformities, attention to grooming</i></li> </ul>
<b>Eyes</b>	<ul style="list-style-type: none"> <li>• Inspection of conjunctivae and lids</li> <li>• Examination of pupils and irises <i>e.g. reaction to light and accommodation, size and symmetry</i></li> <li>• Ophthalmoscopic examination of optic discs <i>e.g. size, C/D ratio, appearance</i> and posterior segments <i>e.g. vessel changes, exudates, hemorrhages</i></li> </ul>
<b>Ears, nose, mouth &amp; throat</b>	<ul style="list-style-type: none"> <li>• External inspection of ears and nose <i>e.g. overall appearance, scars, lesions, masses</i></li> <li>• Otoscopic examination of external auditory canals and tympanic membranes</li> <li>• Assessment of hearing <i>e.g. whispered voice, finger rub, tuning fork</i></li> <li>• Inspection of nasal mucosa, septum and turbinates</li> <li>• Inspection of lips, teeth and gums</li> <li>• Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx</li> </ul>
<b>Neck</b>	<ul style="list-style-type: none"> <li>• Examination of neck <i>e.g. masses, overall appearance, symmetry, tracheal position, crepitus</i></li> <li>• Examination of thyroid <i>e.g. enlargement, tenderness, mass</i></li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Assessment of respiratory effort <i>e.g. intercostal retractions, use of accessory muscles, diaphragmatic movement</i></li> <li>• Percussion of chest <i>e.g. dullness, flatness, hyper-resonance</i></li> <li>• Palpation of chest <i>e.g. tactile fremitus</i></li> <li>• Auscultation of lungs <i>e.g. breath sounds, adventitious sounds, rubs</i></li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>• Palpation of heart <i>e.g. location, size, thrills</i></li> <li>• Auscultation of heart with notation of abnormal sounds and murmurs</li> <li>• Examination of:               <ul style="list-style-type: none"> <li>• Carotid arteries <i>e.g. pulse amplitude, bruits,</i></li> <li>• Abdominal aorta <i>e.g. size, bruits</i></li> <li>• Femoral arteries <i>e.g. pulse amplitude, bruits</i></li> <li>• Pedal pulses <i>e.g. pulse amplitude</i></li> </ul> </li> <li>• Extremities for edema and/or varicosities</li> </ul>
<b>Chest (breasts)</b>	<ul style="list-style-type: none"> <li>• Inspection of breasts <i>e.g. symmetry, nipple discharge</i></li> <li>• Palpation of breasts and axillae <i>e.g. masses or lumps, tenderness</i></li> </ul>
<b>Gastrointestinal (abdomen)</b>	<ul style="list-style-type: none"> <li>• Examination of abdomen with notation of presence of masses or tenderness</li> <li>• Examination of liver and spleen</li> <li>• Examination for presence or absence of hernia</li> <li>• Examination of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses</li> <li>• Obtain stool sample for occult blood test when indicated</li> </ul>

SYSTEM / BODY AREA	ELEMENTS OF EXAMINATION
<b>Genitourinary (male)</b>	<ul style="list-style-type: none"> <li>• Examination of the scrotal contents <i>e.g. hydrocele, spermatocele, tenderness of cord, testicular mass</i></li> <li>• Examination of the penis</li> <li>• Digital rectal examination of prostate gland <i>e.g. size, symmetry, nodularity, tenderness</i></li> </ul>
<b>Genitourinary (female)</b>	<ul style="list-style-type: none"> <li>• Pelvic examination (with or without specimen collection for smears and cultures) including:               <ul style="list-style-type: none"> <li>• Examination of external genitalia <i>e.g. general appearance, hair distribution, lesions and vagina e.g. general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele</i></li> <li>• Examination of the urethra <i>e.g. masses, tenderness, scarring</i></li> <li>• Examination of the bladder <i>e.g. fullness, masses, tenderness</i></li> <li>• Cervix <i>e.g. general appearance, lesions, discharge</i></li> <li>• Uterus <i>e.g. size, contour, position, mobility, tenderness, consistency, descent or support</i></li> <li>• Adnexa/parametria <i>e.g. masses, tenderness, organomegaly, nodularity</i></li> </ul> </li> </ul>
<b>Lymphatic</b>	<ul style="list-style-type: none"> <li>• Palpation of lymph nodes in two or more areas:               <ul style="list-style-type: none"> <li>• Neck</li> <li>• Axillae</li> <li>• Groin</li> <li>• Other</li> </ul> </li> </ul>
<b>Musculoskeletal</b>	<ul style="list-style-type: none"> <li>• Examination of gait and station</li> <li>• Inspection and/or palpations of digits and nails <i>e.g. clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes</i></li> <li>• Examination of joints, bones and muscles of one or more of the following six areas: 1) head and neck, 2) spine, ribs and pelvis, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity, 6) left lower extremity. The examination of a given area includes:               <ul style="list-style-type: none"> <li>• Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions</li> <li>• Assessment of range of motion with notation of any pain, crepitation or contracture</li> <li>• Assessment of stability with notation of any dislocation (luxation), subluxation or laxity</li> <li>• Assessment of muscle strength and tone <i>e.g. flaccid, cog wheel, spastic</i> with notation of any atrophy or abnormal movements</li> </ul> </li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>• Inspection of skin and subcutaneous tissue <i>e.g. rashes, lesions, ulcers</i></li> <li>• Palpation of skin and subcutaneous tissue <i>e.g. induration, subcutaneous nodules, tightening</i></li> </ul>
<b>Neurologic</b>	<ul style="list-style-type: none"> <li>• Test cranial nerves with notation of any deficits</li> <li>• Examination of deep tendon reflexes with notation of pathological reflexes <i>e.g. Babinski</i></li> <li>• Examination of sensation <i>e.g. by touch, pin, vibration, proprioception</i></li> </ul>
<b>Psychiatric</b>	<ul style="list-style-type: none"> <li>• Description of patient's judgment and insight</li> <li>• Brief assessment of mental status including:               <ul style="list-style-type: none"> <li>• Orientation to time, place and person</li> <li>• Recent and remote memory</li> <li>• Mood and affect <i>e.g. depression, anxiety, agitation</i></li> </ul> </li> </ul>

# Established Patient Office Visit

<b>HISTORY</b>		<b>PF</b>	<b>EPF</b> 	<b>D</b>	<b>C</b>
<b>EXAMINATION</b>	Not requiring provider presence	<b>PF</b>	<b>EPF</b> 	<b>D</b>	<b>C</b>
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	<b>99211</b>	<b>99212</b>	<b>99213</b>	<b>99214</b>	<b>99215</b>

# Assessment & Plan

- HTN
  - Continue medication. Refill Lisinopril
  - Order BMP
- HL
  - Order Lipid Panel
  - Refill Atorvastatin
- DM Type II
  - Order HgbA1C
  - Refill Glucophage (Metformin)
  - Weight reduction strategies

# Medical Decision-Making

- **Number of Diagnoses or Treatment Options**

- Self-limiting or minor (stable, improved or worsening) (1)
- Established Problem (stable, improved) (1) ←
- Established Problem (worsening) (2)
- New Problem; no additional work-up (3)
- New Problem; additional work-up required (4)

3 points  
3 problems

- **Amount and Complexity of Data to be Reviewed**

- Review and/or order lab tests (1) ←
- Review and/or order radiology tests (1)
- Review and/or order medicine tests (1)
- Discussion of test results with performing provider (1)
- Decision to obtain old records and/or history from someone other than pt (1)
- Review and summarize old records and/or obtain info other than pt, or discuss case with other HCP (2)
- Independent review of image, test, tracing or specimen (not just read the report) (2)

1 point labs



Anytime you order medication.....

- Level of Risk is Moderate

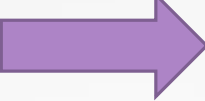
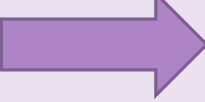

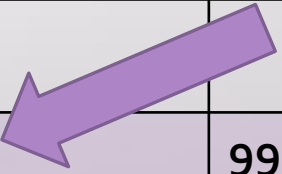
# Medical Decision Making

## FINAL RESULTS

A	Number of Dx or Tx options	< or= 1 minimal	2 Limited	3 Multiple	>4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount & Complexity of data	< or= 1 Minimal or low	2 Limited	3 Multiple	>4 Extensive
	TYPE OF DECISION MAKING	Straightforward	Low Complexity	Moderate Complexity	High Complexity

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# Established Patient Office Visit 99214

<b>HISTORY</b>		<b>PF</b>	<b>EPF</b> 	<b>D</b>	<b>C</b>
<b>EXAMINATION</b>	<b>Not requiring provider presence</b>	<b>PF</b>	<b>EPF</b> 	<b>D</b>	<b>C</b>
<b>MEDICAL-DECISION MAKING</b>		<b>SF</b>	<b>L</b> 	<b>M</b>	<b>H</b>
<b>TIME</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>40</b>
<b>LEVEL</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	
	<b>99211</b>	<b>99212</b>	<b>99213</b>	<b>99214</b> 	<b>99215</b>

# Value in Payment Models

## *Cherry on Top*

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# Rendering vs Billing In the Eye of the Payer



Rendering provider

Performing  
the service



Billing Provider

Authorized to  
be paid

# “ Incident to...”

- Medicare Patients
- NP Bills with MD Provider #
- Reimbursed at 100% MD Rate
  
- **TOO GOOD TO BE TRUE!!**
- **IT IS!!!!!!**

# “ Incident to...”

- **Specific Criteria to Bill**
  - **Direct Supervision** by MD
  - MD Needs to be **Accessible**
  - NP **MUST** be **Employed by MD**
  - MD **MUST** Perform the **Initial Service**
  - MD **MUST** have **Active Participation** in Patient Care
  - Patient **CANNOT** have a **New Problem**

# How to identify incident to?

- Ask how you will bill for my services?
- Ramifications of billing incident to

# MedPAC Game Changer

<https://www.medpagetoday.com/publichealthpolicy/medicare/77528>

- Recommended retiring incident to billing for NPs and PAs
- Allowing to bill under own NPI receiving 85% reimbursement
- Rendering provider will be billing provider
- Savings from \$50- \$250 million annually

# Office of the Inspector General/ DHHS

- Billing for minor surgical procedures the next day when they offered on the same day
- Use of an MD signature on home care forms by a NP
- Billing for services not rendered
- Billing all visits at the same level
- Overbilling

# MACRA

## Quality Payment Program (QPP)

- **Two paths to payment**
- Merit-Based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMS)

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/macra-mips-and-apms/macra-mips-and-apms.html>

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# Goals of Quality Payment Program

- Measure
- Report
- Reward
- Excellence in delivering health care

# Goals of Quality Payment Program

- Resulting in:
- Reduced cost
- Focusing on preventing illness
- Improving health for patients

# Who is eligible to participate in MIPS?

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Modernizing Medicare to provide better care and smarter spending for a healthier America.



Check your participation  
status

Enter your National Provider Identifier (NPI)  
number

Check NPI >

## What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most – making patients healthier.

# Medicare Shared Savings

- Shared Savings Program
- Medicare
- ACA: Affordable Care Act
- Improve quality of care to Medicare beneficiaries
- Cost reduction
- Eligible providers, hospitals, suppliers
- Must create an ACO

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram>

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# Can NPS Participate in Shared Savings & ACOs?

- Section 3022 of the Patient Protection Affordable Care Act (PPACA) authorizes us to be ACO professionals
- NP practices meet criteria for patient centered care
- Unfortunately... a last minute change in the statute
- Limits the assignment of patients being cared for to primary care physicians.

# What does this mean?

- Patients who are assigned to this program cannot be counted as beneficiaries
- If they choose a nurse practitioner for their primary care provider.
- Does not prevent nurse practitioners from joining an ACO
- Does prevent their patients from being assigned to a Medicare ACO
- Prevents any subsequent benefits that result from participation.

- <https://www.aanp.org/legislation-regulation/federal-legislation/medicare/68-articles/343-accountable-care-organizations/>  
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# NP is a key player

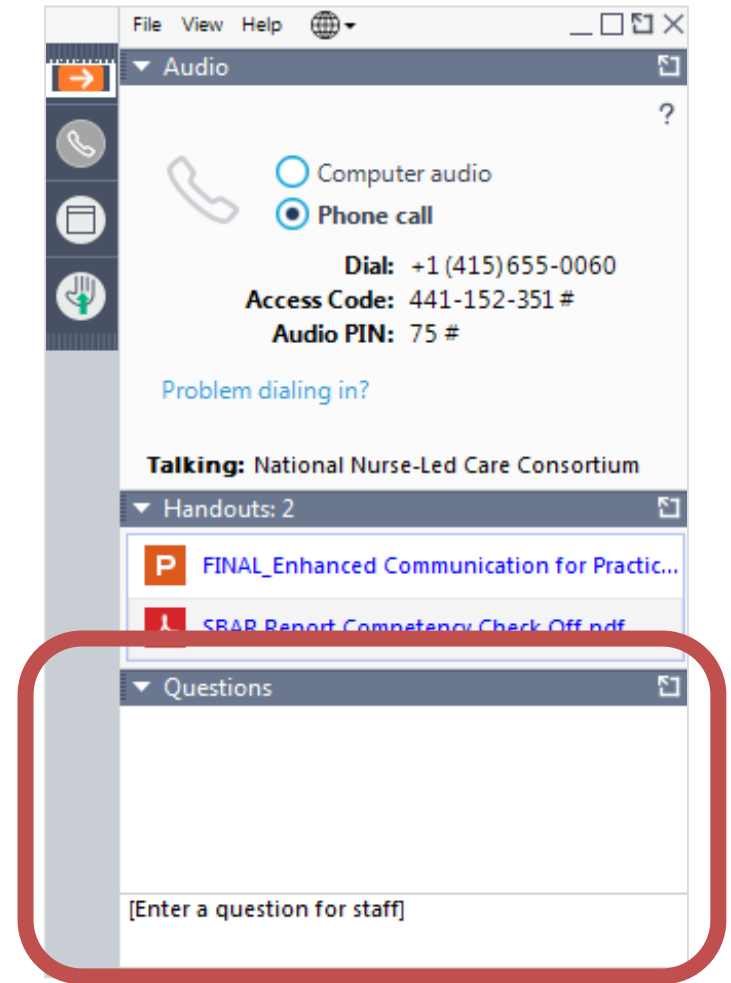
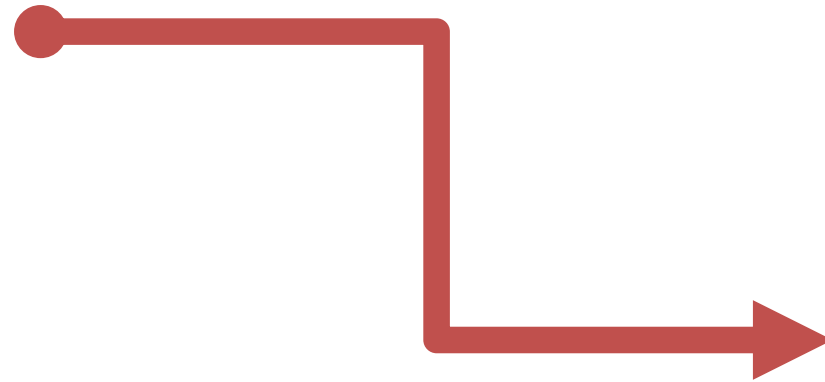
- Let's get credit for the work we are already doing!
- We do matter in the reimbursement world!
- We will be the health care providers of the future!
- Understanding our role in reimbursement = power
- Sustainability is key to our success!
- **KNOWLEDGE is POWER!!!**

# QUESTIONS?

- Lynn Rapsilber DNP APRN ANP-BC FAANP
- [lrapsilber@optonline.net](mailto:lrapsilber@optonline.net)

# Any Questions??

Please **submit questions** via the question pane in your GoToWebinar control panel or raise your hand to ask a question.



# Other QPP or NP SAN Questions?

For more information on the **QPP** or the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Joseph Reyes** at [jreyes@aanp.org](mailto:jreyes@aanp.org)
- Email **Cheryl Fattibene** at [cfattibene@nncc.us](mailto:cfattibene@nncc.us)
- Visit us **online** at <https://www.aanp.org/practice/np-san>
- **Stay up to date** on the latest CE opportunities:  
[http://bit.ly/NPSAN\\_subscribe](http://bit.ly/NPSAN_subscribe)

# Coming Up

## Full Practice Authority: What Every NP Needs to Know

Beth Haney, DNP, FNP-BC, FAANP

May 21, 2019, 1 pm EST



[Register Here](#)



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