Accurate Documentation and Billing

*Evaluation & Management Services*

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Documentation Requirements for E&M levels

• Apply in all U.S.A
• Are defined by the AMA in their “Current Procedural Terminology” (CPT) Manual
• Apply to ALL government (Medicare/Medicaid) and private payers (insurance companies)
• Improper documentation can lead to severe fines, criminal prosecution, and loss of privileges to see some groups of patients.
Evaluation and Management
Basic, Common Types

- **New patient**: a patient who is self-referred and has not been seen by any member of the Division or Group in the last 3 years.

- **Consult**: a patient, known or unknown to any member of the group, who you are asked to:
  1) Evaluate/ give opinion about a problem,
  2) You send report to requesting physician, and
  3) You have not agreed to assume total care for the patient before seeing him/her.

  *(documentation of the request for consult should be present in the medical record)*
Evaluation and Management
Basic, Common Types

• **Established patient**: Any patient who is not being seen in consultation and that has been seen by you or any member of the group, anywhere, within the last 3 years (includes open-access endoscopy or any other “face-to-face” procedure)

• **Initial hospital care**: admission work.

• **Subsequent hospital care**
Components of E&M Encounter

- **History** (requires all 4):
  - A) Chief complaint (may be implied) +
  - B) History of present illness +
  - C) Review of Systems +
  - D) Past Medical, Family, & Social History

- **Physical Exam**

- **Decision Making** (requires 2 of 3):
  - A) **Diagnosis/Management** options,
  - B) **Evaluation of data = Data Complexity**,  
  - C) **Risk of Disease/Test/Management** decision
Level of Care in E&M

• Determined by:
  1) The presence of “medical necessity”
      • Risk table “level” is the best determinant of billable “level of care”.
  2) The degree of documentation of the three components in the encounter note:
      – History +
      – Physical Exam +
      – Decision making (MOST IMPORTANT)
Payment for E&M Service

- Each type and each level of service has assigned an RVU or Relative Value Unit.
- Each payer gives a predetermined amount of money per each RVU (Medicare = $37.89)
- Examples:
  
  - Level 5 O/P New = 4.6 RVU x 37.89 = $ 174.29
  - Level 3 O/P New = 2.6 RVU x 37.89 = $ 98.51
  - Level 5 Established = 3.2 RVU x 37.89 = $ 121.25
  - Level 3 Established = 1.4 RVU x 37.89 = $ 53.05
  - Level 1 Established = 0.6 RVU x 37.89 = $ 22.73
<table>
<thead>
<tr>
<th>Year</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>36.69</td>
</tr>
<tr>
<td>2001</td>
<td>37.27</td>
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<tr>
<td>2003</td>
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</tr>
<tr>
<td>2004</td>
<td>37.33 (35.13)</td>
</tr>
<tr>
<td>2005</td>
<td>37.89</td>
</tr>
<tr>
<td>2006</td>
<td>37.89 (36.17)</td>
</tr>
<tr>
<td>2007</td>
<td>37.89</td>
</tr>
<tr>
<td>2008</td>
<td>38.08 (33.87)</td>
</tr>
<tr>
<td>2009</td>
<td>36.06</td>
</tr>
</tbody>
</table>
Doing It Right!

- Understand Documentation Guidelines
- Perform the Medical Service
- Document what you did (according to the guidelines)
- Bill what you documented
- Collect what you billed
# Myth

## Only Procedures Make Money

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>RVU = $ (Facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon + Bx</td>
<td>6.52 = 235</td>
</tr>
<tr>
<td>Critical Care 30’</td>
<td>5.48 = 197</td>
</tr>
<tr>
<td>Colon</td>
<td>5.46 = 197</td>
</tr>
<tr>
<td>I/P Consult L5</td>
<td>5.17 = 186</td>
</tr>
<tr>
<td>O/P Consult L5</td>
<td>4.87 = 175</td>
</tr>
<tr>
<td>EGD + Bx</td>
<td>4.28 = 154</td>
</tr>
<tr>
<td>Admission L3</td>
<td>4.15 = 149</td>
</tr>
<tr>
<td>EGD</td>
<td>3.60 = 129</td>
</tr>
</tbody>
</table>
Critical Care E&M
(critically ill or critically injured)

- Independent of Location (ICU, vs ER, vs Ward)
- Defined by TOTAL TIME OF “ATTENDING MD” FULL ATTENTION (if > 30 minutes)
- **TIME:**
  - A) Continuous or not (add all of them),
  - B) At bedside or elsewhere in the floor, *but* immediately available,
  - C) Time for “Separately Billable Procedure” can not be counted.
- **99291:** First 30 to 74 min (5.44 RVU vs 4.12 for Initial Care-3, and vs 2.09 for Subsequent Care-3)
- **99292:** Each additional 30 min or fraction over the initial 74 minutes (2.71 RVU, each)
Procedures Included in Critical Care Service
(do not bill separately)

- Cardiac output by dilution (93561-2)
- Chest X-Ray interpretation
- Pulse Oxymetry
- Interpretation of Data Stored in Computer (EKG, BP, CBC, ...)
- Temporary transcutaneous pacing
- Management of Ventilation (94656-62)
- Peripheral IV access, venipuncture, arterial puncture.
- Naso-gastric / oro-gastric tube placement.
Level of Care in E&M

- **New patient, Initial care, Consult:**
  Determined by the LOWEST OF THE THREE required components.

- **Established patient or Subsequent hospital care:**
  Determined by the LOWER OF THE TWO HIGHEST or REQUIRED components (only two components are required).
New Patient
Initial Hospital Care
Consult (In- or Out-Patient)

\{\text{lowest of the three components}\}

(History, Physical Exam, Decision Making)
Out-Patient RVU
New-Patient vs Clinic Consult

Level 1  Level 2  Level 3  Level 4  Level 5

0.94  2.41  2.54  4.54  4.59
1.5  2  3.2  3.61  5.88

1x  1.8x  2.6x  3.6x  4.7x

Legend:
- New O/P
- Consult O/P
In-Patient RVU

Initial Hospital Care vs Consult vs Critical Care >30’

<table>
<thead>
<tr>
<th>Level</th>
<th>Initial</th>
<th>Critical Care &gt;30'</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.44</td>
<td>1.27</td>
</tr>
<tr>
<td>2</td>
<td>2.96</td>
<td>2.37</td>
</tr>
<tr>
<td>3</td>
<td>2.96</td>
<td>2.37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Consult I/P</th>
<th>Critical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.44</td>
<td>1.27</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
<td>2.37</td>
</tr>
<tr>
<td>3</td>
<td>2.37</td>
<td>2.37</td>
</tr>
<tr>
<td>4</td>
<td>3.73</td>
<td>5.15</td>
</tr>
<tr>
<td>5</td>
<td>5.15</td>
<td>5.15</td>
</tr>
</tbody>
</table>

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<th>Consult I/P</th>
<th>Critical Care</th>
</tr>
</thead>
<tbody>
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<td>2.37</td>
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<tr>
<td>3</td>
<td>2.37</td>
<td>2.37</td>
</tr>
<tr>
<td>4</td>
<td>3.73</td>
<td>5.15</td>
</tr>
<tr>
<td>5</td>
<td>5.15</td>
<td>5.15</td>
</tr>
</tbody>
</table>
Level 5 New Patient, or
Level 5 In-/Out-patient Consult, or
Level 3 Initial Hospital Care

• History:
  A) 4 descriptors of a symptom or status of 3 diseases +
  B) 10 Review of systems +
  C) All 3: Past Medical, Social & Family History

• Physical Exam:
  At least 2 elements in 9 organ systems.

• Decision Making: (2 of 3)
  A) Diagnoses or Management options = 4 points,
  B) Data Complexity = 4 points,
  C) Risk of Disease(s)/Test/Management = HIGH (4 points)
History

• Chief Complaint (implied)
• **History of Present Illness**
  (4 descriptors or status of 3 diseases)
• Review of Symptoms (10)
• Past Medical, Family & Social Hx (3)
History of Present Illness

Recognized Descriptors of Symptoms

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifiers
- Associated signs and symptoms
INITIAL GASTROENTEROLOGY CLINIC NOTE

REASON:

PRESENT ILLNESS: Main sign/symptom (1/1/4/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)
Point to Remember
Clinical History

• If the clinical history cannot be obtained from the patient or other source (e.g.: patient in coma/expressive aphasia/intoxicated/confused/demented and alone), you should:

• Document the condition of the patient and other circumstances and receive full credit for a “comprehensive history” {complete present illness(4), ROS(10) and Past M,S&F Hx(3)}
History of Present Illness
Clinical Vignettes

• 4 descriptors: A) 38 y/o with chronic HCV, Dx 1998 at blood donation. Has fatigue for 3 y (duration), more severe over last 6 mo. (severity), better in the morning (timing), helped by mid-afternoon nap (modifier).

B) Adult male, mute and unable to write, brings note and labs showing that has chronic HCV.

• 3 status: Patient has heartburn worsening in last month. DM with glucose 160-220. Hepatitis C with persistent fatigue.
History

- Chief Complaint (implied)
- History of Present Illness
  (4 descriptors or status of 3 diseases)

- Review of Symptoms (10)
- Past Medical, Family & Social History (3)
Recognized Areas for R.O.S. (14)

- Constitutional
- Skin
- Eyes
- Ear/Nose/Throat
- Respiratory
- Cardiovascular
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Lymphatic
- Psychiatric
- Neurologic
- Endocrine
- Hemo/Immune
Points to Remember

ROS

• All positive findings in the ROS must be described.
Points to Remember
ROS and Past M,F&S Hx

- ROS and Past M,F&S Hx can be obtained by ancillary personnel but “a note by the physician should confirm or supplement the information”. Risk: “Positive” ROS
- You can obtain full credit for ROS and Past M,F&S Hx by actualizing previous one (s), or stating “no change” only if you describe the “date and location of previous ROS / Past M,F&S Hx note”
## MEDS - Vitamins

<table>
<thead>
<tr>
<th>ROS Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described (0/s/d/2/10/10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional</td>
</tr>
<tr>
<td>Neuro</td>
</tr>
<tr>
<td>History (0/0/13/3) DRUG ALLERGIES:</td>
</tr>
<tr>
<td>PATIENT</td>
</tr>
<tr>
<td>SOCIAL</td>
</tr>
<tr>
<td>FAMILY</td>
</tr>
</tbody>
</table>
Actualizing Past M,F&S history

ROS Checked areas (✓) were explored, but negative; areas numbered (✓) were positive as described (0/0/s.d.2/10)
Constitutional ___, Skin ___, Eyes ___, ENMT ___, Resp. ___, CV ___, GI ___, GU ___, Musculoskeletal ___, Lymph ___,
Neuro ___, Psych ___, Endocrine ___, Immune ___.

Positives (negatives optional):

<table>
<thead>
<tr>
<th>History (0/0/01/3)</th>
<th>Past</th>
<th>Family</th>
<th>Social</th>
<th>was unchanged from 01/24/05 when checked (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAST</strong></td>
<td>Meds</td>
<td>NEW Allergy</td>
<td>NEW Dx/Surg</td>
<td>NEW Vaccine</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
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<td></td>
<td>Listed</td>
<td>Listed</td>
<td>Listed</td>
<td>Listed</td>
</tr>
<tr>
<td><strong>SOCIAL</strong></td>
<td>ETOH</td>
<td>Tobacco</td>
<td>Rec. Drug</td>
<td>Abuse</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td>New Ds in Family</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

LIST:


ULH/723-006/10/04/F
Types of Physical Exam

- **General Multi-System (Recommended)**
- Cardiovascular
- Ophtalmologic
- Genito-Urinary
- Hematologic/Lymphatic/Immunologic
- Neurological
- Psychiatric
- Respiratory
- Dermatologic
- Musculoskeletal
- ENT
Recognized Areas for
General Multi-System Physical Exam (14)

- Constitutional
- Skin
- Eyes
- Ear/Nose/Throat
- Neck
- Breast
- Respiratory

- Cardiovascular
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Lymphatic
- Psychiatric
- Neurologic
# Physical Exam

## General Multi-System Exam

<table>
<thead>
<tr>
<th>Physical</th>
<th>BP</th>
<th>Pulse</th>
<th>Resps</th>
<th>Height</th>
<th>Weight</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>116/75</td>
<td>68</td>
<td></td>
<td>5'6&quot;</td>
<td>145</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL EXAM (1/6/2x6/2x9/2x9):** At minimum, checked areas (✓) were examined but non-contributory; areas crossed (X) were relevant as described #

1. ✓ Appearance ✓ > 3 V.S.
2. ✓ Skin/SQ inspec ✓ Palp
3. ✓ Conj/lids ✓ Pupils/iris
4. ✓ Ext eat/nose ✓ Otoscopy
   - Hearing ✓ Rhinoscopy
   - Lips/teeth/gum ✓ Gargynx
5. ✓ Breast insp B palp
6. ✓ Neck ✓ Thyroid
7. ✓ Resp effort ✓ Chest percru
   - Ch. palp ✓ Lung auscoul
8. ✓ Heart palp ✓ H. auscoul
   - Carotid P ✓ Femoral P
   - Pedal P ✓ Abd Ao
9. ✓ Abd palp ✓ Liver/spleen
   - Hernias ✓ Ano-rectal
   - Gualac (if indicated)
10. □ Scrotum/testes □ Penis
   - Prostate
11. □ Extr/vagina □ Urethra
    - Bladder □ Cervix
    - Uterus □ Adnexa
12. ✓ Daal/station ✓ Digits/nails
    - Insp/palp
    - ROM □ Stability
13. ✓ Neck LN ✓ Axillae LN
    - Groin LN □ LN
14. □ CN:
   - DTR/Babinski
   - Sensation
15. □ Judgement/insight
    - Orientation □ Memory
    - Mood/affect

*UMBILICAL HERNIA*
Points to Remember

Physical Exam

• Four levels (Multi-system Exam) (’97 vs. ’95)
  – 2 elements in 9 areas / (1 elem x 8 areas) (Comprehensive)
  – 12 elements / (all element in 1 area + 1) (Detailed)
  – 6 elements / (1 element x 2 areas) (Expanded Focused)
  – 1 element / (1 element) (Focused)

• All abnormal physical exam findings must be described.

• All “pertinent-negative physical exam findings” should be described (e.g.: no splenomegaly )
Most relevant 9x2 (+1)

1) 3 vital signs (RN)
2) General appearance
2) Skin inspection
2) Skin palpation
3) Conjunctiva
3) Pupils
4) Respiration effort
4) Lung auscultation
5) Heart auscultation
5) Edema
6) Abdomen palpation
6) Liver/spleen
7) Gait/station
7) Digits/nails
8) Lymph nodes Neck
8) Lymph nodes Axillae
9) Insight/judgment
9) Mood/affect
(Male breast inspection)
(Male breast palpation)
Decision Making
(need only two)

- Data Complexity
- Diagnosis / Management Options
- Risk (Disease/ Test/ Treatment)
Points to Remember

Complexity of Data

• Four levels (counted by adding total points):
  – 4 points (Extensive),
  – 3 points (Moderate),
  – 2 points (Limited),
  – 1 point (Minimal or None).

• Relevant findings from old records or additional history must be documented (“old records reviewed” is not enough). (2 points)
## Amount & Complexity of Data
(Cabot Marsh Corp & Marshfield Clinic)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review/order Laboratory or Pathology test</td>
<td>1</td>
</tr>
<tr>
<td>Review/order Radiology Test</td>
<td>1</td>
</tr>
<tr>
<td>Review/order Medicine Test</td>
<td>1</td>
</tr>
<tr>
<td>Discuss test result with performing MD: radiology, pathology, medicine</td>
<td>1</td>
</tr>
<tr>
<td>(each)</td>
<td></td>
</tr>
<tr>
<td>Request old Record or Plan more History from other</td>
<td>1</td>
</tr>
<tr>
<td>Summarize old Record or Obtain History from other</td>
<td>2</td>
</tr>
<tr>
<td>Independent Review: image, tracing, biopsy (each)</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
Points to Remember

Complexity of Data

• Document your decision to obtain:
  – a) more “History” from family/care-taker (1 point), or
  – b) old records (1 point)

• Results of discussion with MD who performed test must be documented (image, laboratory or diagnostic test) (1 point)

• Direct visualization & interpretation of test must be documented (image, tracing, specimen) (describe your interpretation) (2 points).
## Data Complexity

**DATA**: Diagnostic studies evaluated by type; comments are given if needed (O=ordered; R=reviewed; D=discussed; V=visualized) Circle or check (√) indicates work done; only very relevant data was written below (1/1/2/3/4 points):

<table>
<thead>
<tr>
<th>Labs/Path</th>
<th>O/R</th>
<th>Radiol</th>
<th>O/R</th>
<th>D</th>
<th>V (2)</th>
<th>Med test/Endo</th>
<th>O/R,D,V (2)</th>
<th>Path</th>
<th>D,V (2)</th>
<th>Old Records Reviewed (2)</th>
<th>Requested</th>
<th>Da=4</th>
</tr>
</thead>
</table>

*CXR (by me): mild cardiomegaly; no infiltrates*
Diagnosis and Management Options

• There are Four Levels (counted by adding total points):
  – 4 points  (Extensive),
  – 3 points  (Multiple),
  – 2 points  (Limited),
  – 1 point  (Minimal)
# Number of Diagnoses or Management Options
## (Cabot Marsh Corp & Marshfield Clinic)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>#</th>
<th>X</th>
<th>Points/each</th>
<th>=</th>
<th>ADD</th>
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<tbody>
<tr>
<td>Self limited</td>
<td>(MAX=2)</td>
<td>X</td>
<td>1</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Establish, stable/ better</td>
<td></td>
<td>X</td>
<td>1</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Establish, worse</td>
<td></td>
<td>X</td>
<td>2</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>New Dx, no w/u</td>
<td>(MAX=1)</td>
<td>X</td>
<td>3</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>New Dx &amp; w/u</td>
<td></td>
<td>X</td>
<td>4</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
Point to Remember

Number of Diagnoses

• A) By differential diagnosis:
  – **Epigastric pain**: PUD, vs GB dz., vs Pancreatitis, vs gastritis. (4)

• B) By multiple problems:
  – 1) **Hepatitis C**: responding to therapy (1)
  – 2) **GERD**: symptoms worsening (2)
  – 3) **DM**: good control (1)
RISK
of Complication, Morbidity or Mortality from
Disease Severity, Testing, or Management

- Points given by the single highest risk (non-additive).
  - High Risk = 4 points
  - Moderate Risk = 3 points
  - Low Risk = 2 points
  - Minimal Risk = 1 point
High Risk of Disease/Treatment/Management (only one) (4 points)

- Ac/Ch illness w threat to life/body function
- Drug w risk & monitoring
- Parenteral narcotic
- Chronic illness w severe exacerbation
- Emergency endoscopy surgery, angio, or Bx
- Severe side effect
- Dx Endoscopy / cardiac cath. w risk
- DNR decision
- Abrupt neuro change
- Elective major surgery
1. Cirrhosis; stable  
2. Chronic HCV: on therapy  
3. Leukopenia: worse/ due to interferon  
4. Esophageal varices (s/p banding) stable  
5. PSE: controlled

**Assessment/Plan:**

1. Continue Peg-IFN/RBV  
2. Continue Neupogen for neutropenia  
3. Check HCV-RNA  
4. CBC + diff q 2 weeks  
5. Continue Lactulose  
6. On liver Transplant list.
Point to Understand in In-Patients

Initial Hospital Care L3 or In-patient Consult L5 vs Critical Care L1

• Some “Initial Hospital Care L3” or “In-Patient Consult L5” may be “Critical Care L1” if:
  – The patient is “Critically ill”, and
  – The Attending expends more than 30 minutes taking care of the patient

• Initial Hospital Care L3 = 4.12 RVU,
• In-Patient Consult L5 = 5.15 RVU, and
• Critical Care L1 = 5.44 RVU
• Critical Care L2 = 2.71 RVU each
Level 5 New Patient, or
Level 5 In-/Out-patient Consult, or
Level 3 Initial Hospital Care

(4-10-3 / 9x2 / 4-4)

• History:
  A) 4 descriptors of a symptom or status of 3 diseases +
  B) 10 Review of systems +
  C) All 3: Past Medical, Social & Family History

• Physical Exam:
  At least 2 elements in 9 organ systems.

• Decision Making: (2 of 3)
  A) Diagnoses or Management options = 4 points,
  B) Data Complexity = 4 points,
  C) Risk of Disease(s)/Test/Management = HIGH
     (4 points)
High Risk of Disease/Treatment/Management (only one) (4 points)

- Ac/Ch illness w threat to life/body function
- Drug w risk & monitoring
- Parenteral narcotic
- Chronic illness w severe exacerbation

- Emergency endoscopy surgery, angio, or Bx
- Severe side effect
- Dx Endoscopy / cardiac cath. w risk
- DNR decision
- Abrupt neuro change
- Elective major surgery
Level 4 New Patient, or Level 4 In-/Out-patient Consult, or Level 2 Initial Hospital Care

- **History:** (4-10-3 / 9x2 / 3-3)
  - A) 4 descriptors of symptom, or status of 3 diseases +
  - B) 10 Review of systems +
  - C) All 3: Past Medical, Social & Family History

- **Physical Exam:**
  At least 2 elements in 9 organ systems.

- **Decision Making:** (2 of 3)
  - A) Diagnoses or Management options = 3 points,
  - B) Data Complexity = 3 points,
  - C) Risk of Disease(s)/Test/Management = MODERATE (3 points)
Moderate Risk of Complication
(3 points)

- Prescription drug
- Acute illness w systemic symptoms.
- 2 Chronic Stable illness
- Chronic illness w mild exacerbation
- Undiagnosed problem w. uncertain prognosis
- Liver Bx
- Obtain fluid from cavity
- Dx. Endoscopy/cardiac cath w/o risk
- Cardiac Stress Test
- Elective major surgery
- Minor surgery w risk
- IV fluids + additives
Level 3 New Patient, or
Level 3 In-/Out-patient Consult, or
Level 1 Initial Hospital Care

- **History:**
  - A) 4 descriptors of symptom, or status of 3 diseases +
  - B) 2-9 Review of systems +
  - C) 1 of 3: Past Medical, Social, or Family History

- **Physical Exam:**
  - At least 12 elements total or, 2 elements in 6 organ systems

- **Decision Making:** (2 of 3)
  - A) Diagnoses or Management options = 2 points,
  - B) Data Complexity = 2 points,
  - C) Risk of Disease(s)/Test/Management = LOW (2 points)
Low Risk of Complication (2 points)

- OTC drugs
- Diet
- One stable Ch. Illness
- Acute uncomplicated illness
- Two or more self-limited illness

- IV fluids w/o additives
- Pulmonary Function test
- Arterial puncture
- Radiographies w contrast
- Physical/Occupational therapy.
**Level 2 New Patient, or Level 2 In-/Out-patient Consult**

\[(1-1-0 / 6 / 1-1)\]

- **History:**
  A) 1-3 descriptors of symptom +
  B) 1 system directed ROS

- **Physical Exam:**
  At least 6 elements total

- **Decision Making:** (2 of 3)
  A) Diagnoses or Management options = 1 point,
  B) Data Complexity = 1 point,
  C) Risk of Disease(s)/Test/Management = MINIMAL (1 point)
Minimal Risk of Complication (1 point)

- Venipuncture (laboratory tests)
- Rest
- Urine analysis
- Self limited or minor problem
- X-Ray without contrast
- Ultrasound
- EKG, EEG, Gargle, dressing, ...
Level 1 New Patient, or Level 1 In-/Out-patient Consult

(1-0-0 / 1 /1-1)

- **History:**
  - A) 1-3 descriptors of symptom

- **Physical Exam:**
  - At least 1-5 elements total

- **Decision Making:** (2 of 3)
  - A) Diagnoses or Management options = 1 point,
  - B) Data Complexity = 1 point,
  - C) Risk of Disease(s)/Test/Management = MINIMAL (1 point)
Minimal Risk of Complication
(1 point)

- Venipuncture (laboratory test)
- Rest
- Urine analysis.
- Self limited or minor problem
- X-Ray without contrast
- Ultrasound
- EKG, EEG, Gargle, dressing, …
Established Patient
Subsequent Hospital Care

\{lower of the TWO HIGHER components\}
(History, Physical Exam, Decision Making)
\[only two components are required\]
Subsequent Hospital Care vs Critical Care

In-patient RVU

- Level 1: 0.89
- Level 2: 1.46
- Level 3: 2.09

Critical Care >30'
Level 5 Established Patient
(Needs only 2 of 3 components)

\[ \frac{2}{3} \times (4-10-3 / 9 \times 2 / 4-4) \]

- **History:**
  A) 4 descriptors of symptom, or status of 3 diseases +
  B) 10 Review of systems +
  C) All 3: Past Medical, Social & Family History

- **Physical Exam**
  At least 2 elements in 9 organ systems.

- **Decision Making:** *(2 of 3)*
  A) Diagnoses or Management options = 4 points,
  B) Data Complexity = 4 points,
  C) Risk of Disease(s)/Test/Management = HIGH
    *(4 points)*
High Risk of Disease/Treatment/Management (only one) (4 points)

- Ac/Ch illness w threat to life/body function
- Drug w risk & monitoring
- Parenteral narcotic
- Chronic illness w severe exacerbation
- Emergency endoscopy surgery, angio, or Bx
- Severe side effect
- Dx Endoscopy / cardiac cath. w risk
- DNR decision
- Abrupt neuro change
- Elective major surgery
Level 3 Subsequent Hospital Care
(Needs only 2 of 3 components) \( \frac{2}{3} \times (4-2-1 / 12 / 4-4) \)

- **History:**
  A) 4 descriptors of symptom, or status of 3 diseases +
  B) 2-9 Review of systems +
  C) 1 of 3: Past Medical, Social & Family Hx. (*)

- **Physical Exam:** at least 12 elements total, or 2 elements in 6 organ systems.

- **Decision Making:** (2 of 3)
  A) Diagnoses or Management options = 4 points,
  B) Data Complexity = 4 points,
  C) Risk of Disease(s)/Test/Management = HIGH (4 points)
Actualizing Past M,F&S Hx (*)
Subsequent Hospital Care

- Daily changes in Family and/or Social Hx are extremely unlikely.
- You can describe changing events in Past Hx (which are not clinical hx nor physical exam):
  - Fluid input/output
  - Weight change
  - Number of bowel movements
  - Day # post-op, or day # of X-drug
  - New allergic reaction/ adverse drug event
12 most clinically valuable

- 3 vital signs (RN)
- Gnrl. appearance
- Conjunctiva
- Respiration effort
- Lung auscultation
- Heart auscultation
- Edema
- Abdomen palpation
- Liver/spleen
- Orientation
- Insight/judgment
- Mood/affect
Subsequent L3 vs Critical Care L1

- Remember, some “Subsequent Hospital Care L3”, may be “Critical Care L1” if:
  - The patient is “Critically ill”, and
  - The Attending expends more than 30 minutes taking care of the patient

- Subsequent Hospital Care L3 = 2.09 RVU,
- Critical Care L1 = 5.44 RVU
- Critical Care L2 = 2.71 RVU each
**Level 4 Established Patient, or**
(Needs only 2 of 3 components) \( 2/3x(4-2-1 / 12 / 3-3) \)

- **History:**
  A) 4 descriptors of symptom, or status of 3 diseases +
  B) 2-9 Review of systems +
  C) 1 of 3: Past Medical, Social & Family Hx. (*)

- **Physical Exam:** at least 12 elements total, or 2 elements in 6 organ systems.

- **Decision Making:** (2 of 3)
  A) Diagnoses or Management options = 3 points,
  B) Data Complexity = 3 points,
  C) Risk of Disease(s)/Test/Management = MODERATE (3 points)
Moderate Risk of Complication (3 points)

- Prescription drug
- Acute illness with systemic symptoms.
- 2 Chronic Stable illness
- Chronic illness with mild exacerbation
- Undiagnosed problem with uncertain prognosis

- Liver Bx
- Obtain fluid from cavity
- Dx. Endoscopy/cardiac cath w/o risk
- Cardiac Stress Test
- Elective major surgery
- Minor surgery with risk
- IV fluids + additives
Level 2 Subsequent Hospital Care
(Needs only 2 of 3 components) 2/3x(1-1-0 / 6 / 3-3)

• History:
  A) 1-3 descriptors of symptom +
  B) 1 system related ROS

• Physical Exam:
  At least 6 elements total

• Decision Making: (2 of 3)
  A) Diagnoses or Management options = 3 points,
  B) Data Complexity = 3 points,
  C) Risk of Disease(s)/Test/Management = MODERATE (3 points)
Level 3 Established Patient
(Needs only 2 of 3 components) \( \frac{2}{3}x(1-1-0 \ / \ 6 \ / \ 2-2) \)

- **History:**
  A) 1-3 descriptors of symptom +
  B) 1 system related ROS

- **Physical Exam:**
  At least 6 elements total

- **Decision Making:** (2 of 3)
  A) Diagnoses or Management options = 2 points,
  B) Data Complexity = 2 points,
  C) Risk of Disease(s)/Test/Management = LOW (2 points)
Low Risk of Complication (2 points)

- OTC drugs
- Diet
- One stable Ch. Illness
- Acute uncomplicated illness
- Two or more self-limited illness

- IV fluids w/o additives
- Pulmonary Function test
- Arterial puncture
- Radiographies w contrast
- Physical/Occupational therapy.
Level 2 Established Patient, or
Level 1 Subsequent Hospital Care
(Needs only 2 of 3 components) $\frac{2}{3} \times (1-0-0 / 1 / 1-1)$

- **History:**
  A) 1-3 descriptors of symptom

- **Physical Exam:**
  At least 1 element total

- **Decision Making:** *(2 of 3)*
  A) Diagnoses or Management options = 1 point,
  B) Data Complexity = 1 point,
  C) Risk of Disease(s)/Test/Management = MINIMAL (1 point)
Level 1 Established Patient
(done by RN when MD in premises)

- History:
  A) 0-1 descriptors of symptom

- Physical Exam:
  At least 0-1 elements total

- Decision Making: (2 of 3)
  A) Diagnoses /Management options = 0-1 point,
  B) Data Complexity = 0-1 point,
  C) Risk of Disease(s)/Test/Management = NONE to MINIMAL (0-1 point)
E&M with Counseling Predominance

• If more than 50% of the “face-to-face” time was utilized for counseling, you can bill by time.

• The “bill by time” scale is very low and, unless your documentation of other aspects of the encounter is limited, you should not bill by time.

• Only “ATTENDING PHYSICIAN” TIME can be counted (Fellow, Resident, Intern, P.A., A.R.N.P., or Student time does not count)

• Payment: a) Facility = 3.6 RVU/h ($134)
  b) Non-Facility = 5.1 RVU/h ($190)
Out-Patients
E&M Level by Time (minutes)
In-Patients

E&M Levels by Time (minutes)
RECOMMENDATIONS

• INPATIENT CARE:
  – **Consults**: be sure your documentation supports “level 4 & 5”, according to “risk table”; 1/3 are level 5. (Level 2 & 3 when re-consulted for a different problem in a patient already being followed)
  – **Subsequent Care**: be sure you offer **daily** visits with documentation for “level 2 & 3”, according to “risk table” (use templates; 1/4 are level 3).
  – **Critical Care**: if patient is critically ill and attending expends more than 30 minutes caring for the patient, bill “Critical Care L1”, instead of “Consult L5” or “Subsequent L3”.
RECOMMENDATIONS

• OUTPATIENT CARE:
  – **Consults & New patients**: be sure your documentation supports “level 4 & 5”, according to “risk table”; (1/3 are level 5)
  – **Established patients**: be sure that your documentation supports “level 4” (level 4 when giving “prescription drug”, and level 5 for “drug with risk or side-effect”)
Billing Diagnosis
Procedure + E/M on same day
Billing in Endoscopy
Billing Diagnosis
Billing Diagnosis

• **Outpatient Visits:**
  - The reason that prompted the visit (sign/symptom/diagnosis)

• **Hospital care:**
  - The final diagnosis;
  - If final diagnosis is not known, then use the reason of the admission (sign/symptom)

• **Diagnostic study/surgery:**
  - 1) Requires valid indication/reason *(necessity)*
  - 2) The final diagnosis;
  - 3) If exam is normal, then bill under: Sign or symptom/reason that prompted the study/surgery.
Billing Diagnosis Code

- Do not code “rule out”, “suspected”, “probable”, “questionable”.
- Must be at the highest level of specificity (XYZ.AB)
- **Hepatitis X**: a) Acute, b) Chronic, c) With hepatic coma
- **Ulcerative Colitis**: a) Proctitis, b) Proctosigmoiditis, c) Left sided, d) Universal
- **Crohn’s**: a) Colitis, b) Ileitis, c) Ileo-colitis
- **Varices**: a) Esophagus, b) Stomach;
  - i) w. bleed ii) w/o bleed
- **Ulcer**: a) Duodenal, b) Gastric, c) Gastro-jejunal;
  - i) Acute, ii) Chronic
    - j) w. hemorrhage, jj) w. hemorrhage & perforation,
      - k) w/o obstruction, kk) w. obstruction
E&M Service in the same day of a Procedure

Modifier - 25
**Significant E&M on “Global Procedure Period”: MODIFIER 25**

- E&M in day of procedure is for "significant, separately identifiable E&M beyond the pre-operative and post-operative work of the procedure"
- If billing "inpatient dialysis code" (90935, 90337, 90945, 90947) you must document that "service was unrelated and could not be performed during dialysis procedure"
MODIFIER - 25

• The E&M service may be prompted by the same symptom or condition that prompted the procedure. e.g.: “melena” for
  – Consult level 4 and
  – EGD on same day)
• The same diagnosis can be used for both, E&M and Procedure on the same date.
• The “25 – modifier” is added to the E&M code to “protect it”. (e.g.: 99254-25)
MODIFIER - 25

- E&M visit on the same day of endoscopy or minor surgery (e.g.: cardiac cath) is payable if “significant, and separately identifiable” (separate notes are needed).

- Example: Patient admitted for “Unstable angina”; next day has normal cardiac cath; patient is discharged in view of cath findings: *Bill for “cardiac cath” and “E&M discharge service” on same day (with 25- modifier for E&M).*
BILLING IN ENDOSCOPY
Billing in Endoscopy

• **Pre-approval required:**
  – Obtain pre-approval for procedure giving clinical information that clearly explains why is needed (ASGE guidelines).
  – Be sure procedure is done within the approved period.

• **No pre-approval required:**
  – Be sure that the indication of the procedure is consistent with ASGE guidelines and in the list of “IDC-9 which support Medical Necessity” from Medicare Policy.

• **If the Indication/Medical Necessity is not valid, you will not be paid** *(Is considered Fraud)*
Billing for Endoscopy

• Document all what you do:
  – All endoscopic activities (Bx, Hot Bx, Snare, ..)
  – Non-Endoscopic activities (aspiration, pH, lavage, achalasia dilation, ..)
  – Fluoroscopy / Ultrasound w/o radiologist interpretation
  – If you do a “significant, separately identifiable “E&M service” beyond the pre-operative and post-operative work of the procedure”, add 25 modifier to “E&M service” and bill it.
Endoscopy Billing

• All normal diagnostic or screening exams are billed under:
  – Primary ICD-9: The indication of the procedure.
  – Copayments waived for normal “screening procedures”

• All exams with abnormal findings related to the “indication” or which require intervention (eg. Bx, removal, dilat.) are billed under:
  – Primary ICD-9: Final diagnosis
  – Secondary ICD-9: The indication of the procedure
Endoscopy Billing

• All exams with abnormal findings not related to the “Indication/Medical Necessity” (INCIDENTAL FINDING), are billed under:
  – Primary IDC-9: The indication of the procedure.
  – Secondary ICD-9: The incidental finding (s)

• All SCREENING exams with normal or only incidental findings, should be billed under:
  – Primary ICD-9: Screening V-code
Exception to Endoscopy Billing
(MLN Matters # SE0746)

• All SCREENING colonoscopy/FS with abnormal findings that prompt an intervention (Bx., polypectomy, dilation, …), should be billed as follows:
  – 1) Primary Diagnosis: ICD-9 for the Screening Examination (V-code) (V76.51 Special Screening malignant Colon neoplasm)
  – 2) Secondary Diagnosis: ICD-9 for the “Final Diagnosis” (211.3 benign neoplasm of colon).

• Copayment will not be waived in this case.
• The CPT code will be the one for the therapeutic procedure which was done (Not the “Screening” G0105 nor G0121)
Endoscopy Billing
Extent of Exam – Code Family

• YOU SHOULD ALWAYS DOCUMENT THE MOST DISTANT POINT REACHED.
• Colonoscopy: if the splenic flexure is passed (45378-45387).
• Screening Colonoscopy: if the splenic flexure is passed (G0105-high risk & G0121-average risk)
• Sigmoidoscopy: beyond the rectum and up to the splenic flexure (45330-45345).
• Screening Sigmoidoscopy: beyond the rectum and up to the splenic flexure (G0104)
• Proctosigmoidoscopy: Rectum + sigmoid only (45300-45305).
• Anoscopy: anus only (46600-46606).
• Colonoscopy via stoma (44388-44397).
Endoscopy Billing
Extent of Exam – Code Family

- **Esophagoscopy**: to E-G junction (43200-43232)
- **Upper Endoscopy Simple**: only esophagus + stomach without any maneuver (43234).
- **EGD**: (43235-43259)
  - A) esophagus + stomach + duodenum (up to 2\textsuperscript{nd} portion), or jejunum (in gastro-jejunostomy);
  - B) Esophagus & stomach only + maneuver
- **Enteroscopy without ileum**: beyond 2\textsuperscript{nd} portion of duodenum + “medically indicated” (44360-44372)
- **Enteroscopy including ileum**: beyond 2\textsuperscript{nd} portion of duodenum & including ileum (44376).
- **Enteroscopy via stoma** (44380-44386)
Computer Generated Report

• **G-MED**
  - Has list of “valid indications”
  - Reports all areas not described as: normal.
  - Most distant point reached is in “introduction”
  - Attending presence chosen at end of report

• **PROVATION**
  - You need to know which “indications” are valid.
  - Areas not chosen will not be described.
  - Most distant point described when you describe the area
  - “Attending presence” needs you to close “report flow” and go above.
Endoscopy Billing

- Ask Coder to “clean out” bundled codes by following the “Correct Coding Initiative-CCI”.
- Ask Coder to add all appropriate modifiers according to your documentation.
- Do not forget to document “Attending Presence” during all viewing part.
- Appeal all inappropriate rejections.
Payment for Endoscopy
One procedure with several components

- Example: EGD + Savary dilat + Bx + PEG
  - Pays in full highest paying code (EGD+PEG)
  - Pays in addition the “differentials” of all other codes minus the “mother code” (Dx EGD)
    - EGD w PEG, has highest RVU value
    - EGD w Bx – Dx EGD = A
    - EGD w Savary dil. – Dx EGD = B
  - PAYMENT = EGD w PEG + A + B
Payment for Endoscopy
Several Procedures with Multiple Components

• EGD + PEG + Savary dil + Bx \textit{plus} Colonoscopy + Snare polypect + Hot Bx
  
  – Full amount of highest procedure (Colonoscopy w snare polypect + differential of Hot Bx) = A
  
  – Half of all other procedures: (EGD w PEG + differential of Savary + differential of Bx) = B
  
  – \textit{PAYMENT} = A + \frac{1}{2} B
Payment for Endoscopy
Polypectomy & Lesion-Ablation Techniques

- You are paid by the technique(s) used, and not for the number of polyps removed.
- Ablation of Polyp/lesion (e.g.: APC, Laser, alcohol injection): 45383= 3.07 over colon RVU
- Snare Polypectomy (Hot or Cold): 45385= 2.28 RVU over colon RVU
- Hot Biopsy or Bipolar Polypectomy: 45384= 1.41 RVU over colon RVU
- With submucosal “pillow” injection or tattoo: 45381= add 0.49 RVU over polypectomy/ablation
- Polyp removal by Cold Biopsy: is a BIOPSY (NOT POLYPECTOMY): 45380= 1.03 RVU over colon RVU
Payment for Endoscopy
Variceal Banding VS Sclerotherapy VS Hemostasis

• If the lesion was bleeding BEFORE you started your treatment, BILL FOR HEMOSTASIS /BLEEDING CONTROL (any method)
• If varices were not bleeding and you BAND them: bill for BANDING (43244=3.69 RVU over EGD)
• If varices were not bleeding and you do sclerotherapy: bill for SCLEROTHERAPY (43243=3.03 RVU over EGD).
• If varices were bleeding, bill for “Hemostasis, any method” (43255=3.24 RVU over EGD).
Payment for Endoscopy
Non-Endoscopic

• Non-Endoscopic “second” procedures done at time of endoscopy are paid at 50% of their full value (eg: pH, Urease, aspiration, bougie dilation, fluoro, S-B tube, …)

• Third to Fifth procedures are paid at 25% of their full value
Payment for Endoscopy
Non-Endoscopic

• **DILATION**: You should describe which technique you used (different codes):
  
  – **Bougie** dilation (43450= 2.08 RVU): Maloney, Hurst, Optical without guidewire
  
  – **Dilation over guidewire before** endoscope passed stricture [usually guidewire placed with fluoro guidance] (43453= 2.08 RVU): Savary, Bard-American, Optical over guidewire.
  
  – **Dilation over guidewire after** endoscope passed stricture (43248= 1.04 RVU over EGD): Savary, Bard-American, Optical over wire.
  
  – **Balloon < 30 mm** (43220=0.44 RVU over EGD)
  
  – **Balloon =/> 30 mm** (Achalasia balloon) (43458= 4.49 RVU)
  
  – With FLUOROSCOPY guidance (74360= 0.75 RVU); *make 1 picture for documentation.*
Payment for Endoscopy
Non-Endoscopic Component

- **Moderate Sedation/Analgesia:**
  - Is intrinsic part of EGD, ERCP, Enteroscopy, & Colonoscopy;
  - Should be BILLED APPART for Flex. Sigm., Liver Bx, Bougie dilation, Paracentesis, etc (99141= 1.23 RVU)

- **Gastric Lavage:**
  - Should be documented and billed; 91105= 0.49 RVU

- **Duodenal Intubation & Aspiration (with catheter):**
  - Should be documented & billed; 89100= 0.85 RVU

- **Gastric Urease Test:** 87077 QW can be billed only if you
  - A) Purchase the “test kit”,
  - B) Read it, and
  - C) Keep a book documenting results (somewhere in the book should be documentation that you were tested for “color blindness”, and were OK)
Payment for Endoscopy
Non-Endoscopic Component

- **Gastric pH**: 83986 QW; should be documented in the endoscopy note and billed (your own pH tape).
- **Change of Gastrostomy tube** (non-endoscopic): (43760= 1.64 RVU) should be clearly worded and documented in a note.
- **Minnesota tube placement**: should be clearly documented, and billed (43460= 5.59 RVU)
- **PDT**: total therapy time should be documented; billed by initial 30’ (96570= 1.52 RVU), and then each additional 15’ (96571= 0.77 RVU).
- **Celiac Plexus Block** (under EUS or fluoro guidance): document & bill; (64530= 2.04 RVU)
Payment for Endoscopy
Non-Endoscopic Component

• **Botox for Anal Fissure**: document & bill; (46999= make your charge)

• **Dilation of Rectal Stricture**: document & bill; (45910= 4.06 RVU)

• **Banding of Internal Hemorrhoids**: document & bill; single band (46945= 4.16 RVU); multiple bands (46946= 5.25 RVU); has **90-day global fee**.

• **Biopsy ano-rectal wall** (non-endoscopic): document & bill; (45100= 6.5 RVU)
**Non-Endoscopic Component**

**Fluoro – U/S guidance (1 hard copy needed)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>RVU</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>F - Dilation</td>
<td>74360</td>
<td>0.75</td>
<td>Bougie, Savary, Balloon</td>
</tr>
<tr>
<td>F - Jejunal tube</td>
<td>74355</td>
<td>1.05</td>
<td>PEJ</td>
</tr>
<tr>
<td>F - PEG/J</td>
<td>74350</td>
<td>1.06</td>
<td>Conversion PEG to PEG/J</td>
</tr>
<tr>
<td>F &lt; than 1 hour</td>
<td>76000</td>
<td>0.25</td>
<td>Colonoscopy, stent without dilation, Push enteroscopy</td>
</tr>
<tr>
<td>F - placement Long GI tube</td>
<td>74340</td>
<td>0.75</td>
<td>Colon decompression tube, sonde enteroscopy</td>
</tr>
<tr>
<td>F - Esophageal Foreign Body Removal</td>
<td>74235</td>
<td>1.65</td>
<td>Esophageal Foreign body removal</td>
</tr>
<tr>
<td>F – Change of PEG WITH CONTRAST</td>
<td>75984</td>
<td>1.0</td>
<td>Infuse contrast to document changed PEG site.</td>
</tr>
</tbody>
</table>
## Non-Endoscopic Component

**Fluoro – U/S guidance (1 hard copy needed)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>RVU</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>F – Percutaneous Pseudocyst drainage</td>
<td>75989</td>
<td>1.66</td>
<td>Endoscopic Drainage of Pseudocyst</td>
</tr>
<tr>
<td>F – Biliary ductal S</td>
<td>74328</td>
<td>0.97</td>
<td>ERC without Radiologist</td>
</tr>
<tr>
<td>F – Pancreatic duct</td>
<td>74329</td>
<td>0.97</td>
<td>ERP without Radiologist</td>
</tr>
<tr>
<td>F – Biliary &amp; Pancreatic duct</td>
<td>74330</td>
<td>1.25</td>
<td>ERCP without Radiologist</td>
</tr>
<tr>
<td>F – Liver Bx</td>
<td>76003</td>
<td></td>
<td>Liver Bx under Fluoro</td>
</tr>
<tr>
<td>U/S – Transrectal Blind Probe</td>
<td>79872</td>
<td>0.96</td>
<td>Blind Ano-Rectal Probe</td>
</tr>
<tr>
<td>U/S - Liver Bx or Paracentesis</td>
<td>76942</td>
<td>0.94</td>
<td>Liver Bx, Paracentesis without Radiologist</td>
</tr>
</tbody>
</table>
QUESTIONS ?
Effect of RVU Value in [# Patients] vs [% Income]
GI Types of Services (%) National Medicare 2003

- O/P New: 0%
- O/P Established: 38%
- O/P Consult: 12%
- I/P Consult: 12%
- Initial Hospital: 2%
- Subsequent Hospital: 35%
- Critical Care: 12%
<table>
<thead>
<tr>
<th>GI Types of Services (%)</th>
<th>Visits (%)</th>
<th>Mean RVU</th>
<th>RVU (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established O/P</td>
<td>38</td>
<td>1.60</td>
<td>30</td>
</tr>
<tr>
<td>Subseq Hosp</td>
<td>35</td>
<td>1.31</td>
<td>23</td>
</tr>
<tr>
<td>Consult O/P</td>
<td>12</td>
<td>3.86</td>
<td>22</td>
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<tr>
<td>Consult I/P</td>
<td>12</td>
<td>3.35</td>
<td>20</td>
</tr>
<tr>
<td>New O/P</td>
<td>2</td>
<td>3.86</td>
<td>3</td>
</tr>
<tr>
<td>Initial Hosp</td>
<td>1</td>
<td>3.54</td>
<td>2</td>
</tr>
</tbody>
</table>
GI Established Outpatient Visits
(38% of visits & 30% of RVU)
Medicare 2003

% level of care

RVU
Source of Established O/P RVU ($)

![Bar chart showing the source of established O/P RVU in dollars for different years.]

- **Number**
- **Established O/P RVU**
GI Subsequent Hospital Care Visits
(35% of visits & 23% of RVU)
Medicare 2003

% level of care

RVU

[Charts showing % level of care and RVU for different codes and levels]
Source of Subsequent Hospital Care RVU ($)

- Number
- Subsequent Hospital RVU
GI Office Consult Visits
(12% of visits & 22% of RVU)
Medicare 2003

% level of care

RVU
Source of Office Consult RVU ($)
GI Inpatient Consult Visits
(12% of visits & 20% of RVU)
Medicare 2003

% level of care

RVU
GI New Outpatient Visits
(2% visits & 3 % RVU)
Medicare 2003

% level of care

RVU

NEW Outpatient

Level 1 Level 2 Level 3 Level 4 Level 5

0.94 1.7 2.54 3.61 4.59

99201 99202 99203 99204 99205
Source of New O/P RVU ($)

![Bar Chart]

- **Number**
- **New O/P RVU**
GI Initial Hospital Care Visits
(1% of visits & 2% of RVU)
Medicare 2003

% level of care

RVU

<table>
<thead>
<tr>
<th>% level of care</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>1.78</td>
</tr>
<tr>
<td>Level 2</td>
<td>2.96</td>
</tr>
<tr>
<td>Level 3</td>
<td>4.12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>99221</td>
</tr>
<tr>
<td>99222</td>
</tr>
<tr>
<td>99223</td>
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</table>

<table>
<thead>
<tr>
<th>Critical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>30</td>
</tr>
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<td>40</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>70</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>90</td>
</tr>
</tbody>
</table>
Source of Initial Hospital Care RVU ($)

- Number
- Initial Hospital RVU

- 99221
- 99222
- 99223
GI Critical Care
(< 1% of E&M RVU)
Medicare 2003

% level of care

RVU

Critical Care

0 10 20 30 40 50 60 70 80 90 100

Level 1

Level 2

99291 99292

5.44

2.09

1 2 3 4 5 6
Mean GI RVU
Medicare 2003

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>New O/P</td>
<td>3.013</td>
</tr>
<tr>
<td>Established O/P</td>
<td>1.602</td>
</tr>
<tr>
<td>O/P Consult</td>
<td>3.86</td>
</tr>
<tr>
<td>I/P Consult</td>
<td>3.349</td>
</tr>
<tr>
<td>Initial Hospital</td>
<td>3.54</td>
</tr>
<tr>
<td>Subsequent Hospital</td>
<td>1.31</td>
</tr>
</tbody>
</table>
Source of GI RVU ($)
Medicare 2003
Effect of RVU on Source of Income

Visits (%)

- O/P New: 35%
- O/P Established: 38%
- O/P Consult: 12%
- I/P Consult: 12%
- Initial Hospital: 0%
- Subsequent Hospital: 1%
- Critical Care: 1%

RVU origin (%)

- O/P New: 30%
- O/P Established: 22%
- O/P Consult: 20%
- I/P Consult: 23%
- Initial Hospital: 3%
- Subsequent Hospital: 22%
- Critical Care: 30%
Recognized Systems for ROS or PE
1- constitutional (VS) 8- Genitourinary
2- Skin 9- Musculoskeletal
3- Eyes 10- Lymphatic
4- Ears/Nose/Throat 11- Psychiatric
5- Respiratory 12- Neurologic
6- Cardiovascular ADDITIONAL FOR ROS ONLY
7- Gastrointestinal 1- Endocrine
2- Immune/Hematological

O/R
- Immunization
- Allergy testing
- Injection test (PPD, etc.)
- Test with IV drug supervised by M.D. (Tensilon, secretin)
- Electroconvulsion
- Hypnotherapy
- Biofeedback
- Dialysis
- Parenteral chemotherapy
- Photochemo therapy
- Therapeutic phlebotomy
- Pentamidine aerosol
- Tonometry
- “centesis” (para-, thora-, etc.)

O/R, D, V
- Endoscopy (GI, bronch, ENT)
- Manometry (esophageal, rectal, biliary
- 24 hour pH
- Gonioscopy
- Visual field measurement
- Ophthalmoscopy by ophthalmologist
- Fluorescein angiography
- Audiometry
- ECG
- 24 hour ECG
- Stress test
- Echocardiogram
- Cardiac catheterization
- EPS
- Duplex/Doppler with full report
- Spirometry
- Sleep testing
- Psychometric testing
- Evoked potentials
- EEG
- EMG
- Nerve conduction study
INITIAL HOSPITAL CARE

1. **Order/review test (1p/e) +**
2. **Discuss test (1p/e) +**
3. **Visualize test (2p/e) +**
4. **Review old record (2p)+**
5. **Request old record (1p)**

**Level I**
(3 of 3 columns)
2.01 RVU
30 min.

**Hx (4 descriptors)**
or status of 3 chronic/inactive dz) +
ROS (2-9) +
P-F-S Hx (1)

**Physical Exam**
≥12 E in ≥ 2 OS
or
≥ 2 E in each of ≥ 6 OS

**and/or**

1. 1 worsening problem; or
2. 2 problems stable/ improved/ self-limited

2 pts

1) **Order/review test (1p/e) +**
2) **Discuss test (1p/e) +**
3) **Visualize test (2p/e) +**
4) **Review old record (2p)+**
5) **Request old record (1p)**

**Risk**

1. OTC drug, or
2. Diet, or
3. Stable chronic disease, or
4. Acute, uncomplicated disease, or
5. ≥ 2 minor problems
6. IV fluid without additives, or
7. Contrast X-ray, or
8. Arterial puncture, or
9. Minor surgery - no risks

2 pts

and/or

1/98 rules
INITIAL HOSPITAL CARE

Level II
(3 of 3 columns)
3.27 RVU
50 min

Hx (4 descriptors or status of 3 chronic/inactive dz) +
ROS (10) +
P-F-S Hx (3)

Physical Exam ≥ 2 E in each of ≥ 9 OS

1) Order/review test (1p/e) +
2) Discuss test (1p/e) +
3) visualize test (2p/e) +
4) review old record (2p) +
5) request old record (1p)

and/or

1 new problem, no work-up; or
1 worsening problem + 1 other problem; or
3 problems stable/improved/ ≤ 2 self limited
and/or

3 pts
1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

Prescription drug
Chronic dz (1); mild exacerbation
Chronic dz (>2); stable
Acute dz with systemic symptoms
Endoscopy - no risk, or
Liver biopsy - no risk, or
Paracentesis (25), or
Elective surgery (25) - no risk
Angiogram, or
IV fluid with additive
INITIAL HOSPITAL CARE

Level III
(3 of 3 columns)
4.20 RVU
70 min

Hx (4 descriptors or status of 3 chronic/inactive dz) +
ROS (10) +
P-F-S Hx (3)

Physical Exam ≥ 2 E in each of ≥ 9 OS

1) Order/review test (1p/e) +
2) Discuss test (1p/e) +
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

Dx

1) 1 new problem with work-up; or
2) 1 new problem, no work-up + 1 not new problem; or
3) 2 worsening problems; or
4) 1 worsening problem + 2 stable/improved/self-limited; or
5) 4 problems stable/improved/ ≤ 2 self-limited

Data

4 pts

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

Risk

- Dz threatening body function/life, or
- Therapy with toxicity risk + monitoring, or
- Parenteral narcotic, or
- Severe exacerbation of chronic dz, or
- Severe side effect of therapy, or
- Emergency Endoscopy/Liver Bx (25), or
- Emergency surgery, or
- Endoscopy/liver biopsy with risk (25), or
- Surgery with risk (25), or
- Abrupt neurological change, or
- DNR order

Recognized Systems for ROS or PE
1- constitutional (VS) 8- Genitourinary
2- Skin 9- Musculoskeletal
3- Eyes 10- Lymphatic
4- Ears/Nose/Throat 11- Psychiatric
5- Respiratory 12- Neurologic
6- Cardiovascular 1- Endocrine
7- Gastrointestinal 2- Immune/Hematological ADDITIONAL FOR ROS ONLY
SUBSEQUENT HOSPITAL CARE

Level I
(2 of 3 columns)
1.05 RVU
15 min.

Hx (1-3 descriptors)

Physical Exam
≥ 1 E in ≥ 1 OS

2/3 boxes

1 worsening problem; or
2 problems stable/improved/self-limited

and/or

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

• Self-limited or minor problem
• Labs
• Plain X-ray or U/S
• Rest
• Superficial dressing

Risk
SUBSEQUENT HOSPITAL CARE

Level II
(2 of 3 columns)
2.16 RVU
25 min

Hx (1-3 descriptors) +
ROS (system only)

Physical Exam
≥ 6 E in ≥ 1 OS

1) Order/review test (1p/e) +
2) Discuss test (1p/e) +
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

Dx 1

and/or

Data 3 pts

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) +
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

1 new problem, no work-up; or
• 1 worsening problem + 1 other problem; or
• 3 problems stable/improved/ <2 self-limited

and/or

Risk 1

• Prescription drug, or
• Chronic dz (1); mild exacerbation, or
• Chronic dz (≥2); stable, or
• Acute dz with systemic symptoms, or
• Endoscopy (25) - no risk, or
• Liver biopsy (25) - no risk, or
• Paracentesis (25), or
• Elective surgery - no risk (25), or
• Undiagnosed new problem, or
• Angiogram, or
• IV fluid with additive

and/or

• Prescription drug, or
• Chronic dz (1); mild exacerbation, or
• Chronic dz (≥2); stable, or
• Acute dz with systemic symptoms, or
• Endoscopy (25) - no risk, or
• Liver biopsy (25) - no risk, or
• Paracentesis (25), or
• Elective surgery - no risk (25), or
• Undiagnosed new problem, or
• Angiogram, or
• IV fluid with additive
# Subsequent Hospital Care

### Level III

- **3.30 RVU**
- **35 min**

**Hx (4 descriptors or status of 3 chronic/inactive)**
- dz
- ROS (2-9)
- P-F-S Hx (1)

**Physical Exam**
- \( \geq 12 \text{ E in } \geq 2 \text{ OS} \)
- or
- \( \geq 2 \text{ E in each of } \geq 6 \text{ OS} \)

### Recognized Systems for ROS or PE

<table>
<thead>
<tr>
<th>1. Constitutional (VS)</th>
<th>7. Gastrointestinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Skin</td>
<td>8. Genitourinary</td>
</tr>
<tr>
<td>3. Eyes</td>
<td>9. Musculoskeletal</td>
</tr>
<tr>
<td>4. Ears/Nose/Throat</td>
<td>10. Lymphatic</td>
</tr>
<tr>
<td>5. Respiratory</td>
<td>11. Psychiatric</td>
</tr>
<tr>
<td>6. Cardiovascular</td>
<td>12. Neurologic</td>
</tr>
</tbody>
</table>

**ADDITIONAL FOR ROS ONLY**

| 1- Endocrine | 2- Immune/Hematological |

### Dx

1. new problem with work-up; or
2. worsening problems; or
3. threatening body function/life, or
4. severe exacerbation of chronic dz, or
5. DNR order

### Data

1. Order/review test (1p/e) +
2. Discuss test (1p/e) ±
3. visualize test (2p/e) ±
4. review old record (2p) ±
5. request old record (1p)

### Risk

- Dz threatening body function/life, or
- Potentially toxic drug with monitoring, or
- Parenteral narcotic, or
- Severe exacerbation of chronic dz, or
- Severe side effect of therapy, or
- Endoscopy/liver biopsy with risk (25), or
- Emergency surgery (25), or
- Emergency Endoscopy/Liver Bx (25), or
- Surgery with risk (25), or
- Abrupt neurological change, or
- DNR order
### Initial Gastroenterology Clinic Note

**Information From**
- [ ] PATIENT
- [ ] FAMILY
- [ ] CAREGIVER

**Reason:** Hep C

**Illness**
Main sign/symptom (1/1/4/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)

<table>
<thead>
<tr>
<th>Date</th>
<th>Date of Birth</th>
<th>CONSULT</th>
<th>NEW</th>
<th>FOLLOW-UP</th>
<th>Requested By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dr Oldfriend</td>
</tr>
</tbody>
</table>


B  48 yo w/g with Dx of HCV on 2/98 while donating blood. Has fatigue with energy 3/10, which has worsened over the last 9 months, worse in the mornings and mid afternoon; afternoon nap helps. Has not been treated. Has also mild anemia.

C  Patient, adult, mute and unable to write. Brings lab results that show HCV RNA 700,000 IU/ml and ALT of 93 on 8/15/2001. He is alone and I am not able to get additional information.
R.O.S. & Past M,F&S history

<table>
<thead>
<tr>
<th>MEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

ROS Checked areas (√) were explored, but negative; areas numbered (#) were positive as described (0/5/2/10/10)

Positives:

Past History (0/0/1/3/3) DRUG ALLERGENES:

MEDICAL

SOCIAL

FAMILY
Multi-system Physical Exam

| PHYSICAL EXAM (1/6/12/2x9/2x9): At a minimum, areas checked (✓) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #: |
|---|---|---|---|---|---|
| 1. Appearance | BP | Pulse | Resps | Height | Weight | Temp |
| 2. Skin/SQ inspec | Pupils/iris | Fundus | | | | |
| 3. Conj/lids | | | | | | |
| 4. Ext ear/nose | Otoscopy | Hearing | Rhinoscopy | Lipseeth/gum | Oropharynx | |
| 5. Breast inap | B. palp | | | | | |
| 6. Neck | Thyroid | | | | | |
| 7. Resp effort | Chest percu | Ch. palp | Lung auscult | | | |
| 8. Heart palp | H. auscul | Carotid P | Femoral P | Pedal P | | |
| 9. Abd palp | Liver/spleen | Hernias | Ano-rectal | | | |
| 10. Scrotum/testes | Penis | Prostate | | | | |
| 11. Ext/vagina | Urethra | Bladder | Cervix | Uterus | Adnexa | |
| 12. Gait/station | Digits/nails | Insppulp | ROM | | | |
| 13. Neck LN | Axillae LN | Groin LN | LN | | | |
| 14. CN | | | | | | |
| 15. Judgement/insight | Orientation | Memory | Mood/affect | | | |

DATA Diagnostic studies evaluated by type; comments are given if needed (O=ordered; R=reviewed; D=discussed; V=visualized) - Circle or check (✓) indicates work done; only very relevant data was written below (1/1/2/3/4 points):

Labs/Path: O/R; Radiol: O/R, D, V(2); Med test/Endo: O/R, D, V(2); Path: D, V(2); Old Records Reviewed (2) ______ Requested ______  □ Da=}
- HCV RNA 700,000 IU/ml - ALT 493
- Old records: ANA E, Liver Bx(g): L=2, P=2, S=2, anti-HAV( ), anti-HBs( )
- HBsAg ( )

IMPRESSION/DX: (R/O, New, Stable, Improved, Worsened, Resolved, S/P):
1. Chronic HCV - Symptomatic
2. Diabetes Mellitus, Symptomatic
3. Hx Severe depression - Risk factor
4. Umbilical hernia

TREATMENT: A) Education:
- Risk of liver failure IFN + RBV
B) Medication:
- Hepatitis A and B vaccine

Work-up: Studies:
- HCV genotype
- CBC + CMP
- HB Auto
- TSH

Consults/Procedures:
- Psych consult: ?can tolerate IFN

HISTORY/PHYSICAL/PROGRESS NOTES
HCV RNA 700,000 IU/ml - ALT 93

- Old Records: ANA(+) Liver (6/20) L=2, D=2, S=2, anti-HAV(+) anti-HB(+) HBsAg(+) IMPLICATIONS/DX: (R/O, New, Stable, Improved, Worsened, Resolved, SI/P):

- Chronic HCV - Symptomatic
- Diabetic Mellitus, Symptomatic
- Hx Severe depression-risk of suicide
- Umbilical hernia

TREATMENT: A) Education: - Risk/ Benefits of IFN or RBV

B) Medication: - Hepatitis A & B vaccine

Work-up: Studies: - HCV genotype - CBC & CMP - HB A1C - TSH

Consults/Procedures: - Psych consult: can tolerate IFN

HISTORY/PHYSICAL/PROGRESS NOTES
HISTORY/PHYSICAL/PROGRESS NOTES
Louisville, KY 40202

Date
Date of Birth
Requesting MD

GASTROENTEROLOGY FOLLOW-UP CLINIC NOTE

Information From
☑ Patient ☐ Family ☐ Caregiver

REASON:

PRESENT ILLNESS Main sign/symptom (0/1/2/A/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)
### Physical Examination (01/16/12/9x2):

At a minimum, areas checked (√) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #:

<table>
<thead>
<tr>
<th>1. Appearance</th>
<th>&gt; 3 V.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Skin/SQ insp</td>
<td>Palp</td>
</tr>
<tr>
<td>3. Conj/lids</td>
<td>Pupils/iris</td>
</tr>
<tr>
<td>Fundus</td>
<td></td>
</tr>
<tr>
<td>4. Ext ear/nose</td>
<td>Otoscopy</td>
</tr>
<tr>
<td>Hearing</td>
<td>Rhinoscopy</td>
</tr>
<tr>
<td>Lips/teeth/gum</td>
<td>Oropharynx</td>
</tr>
<tr>
<td>5. Breast insp</td>
<td>B. palp</td>
</tr>
<tr>
<td>6. Neck</td>
<td>Thyroid</td>
</tr>
<tr>
<td>7. Resp effort</td>
<td>Chest percu</td>
</tr>
<tr>
<td>Ch. palp</td>
<td>Lung auscul</td>
</tr>
<tr>
<td>8. Heart palp</td>
<td>H. auscul</td>
</tr>
<tr>
<td>Carotid P</td>
<td>Femoral P</td>
</tr>
<tr>
<td>Pedal P</td>
<td>Abd Ao</td>
</tr>
<tr>
<td>Edema/varices</td>
<td></td>
</tr>
<tr>
<td>9. Abd palp</td>
<td>Liver/spleen</td>
</tr>
<tr>
<td>Hemias</td>
<td>Ano-rectal</td>
</tr>
<tr>
<td>Guaiac (if indicated)</td>
<td></td>
</tr>
</tbody>
</table>

10. Scrotum/testes | Penis |
| Prostate |
| 11. Ext/vagina | Urethra |
| Bladder | Cervix |
| Uterus | Adnexa |
| 12. Gait/station | Digits/nails |
| Ins/palp | ROM |
| Musc. strength/tone |
| Stability |
| 13. Neck LN | Axillae LN |
| Groin LN | LN |
| 14. CN: | DTR/Babinski |
| Sensation |
| 15. Judgement/insight | Orientation |
| Memory | Mood/affect |

**Data**

Diagnostic studies evaluated by type; comments are given if needed (O=ordered; R=reviewed; D=discussed; V=visualized) - Circle or check (√) indicates work done; only very relevant data was written below (0/1/2/3/4 points):

**Labs/Path:** O/R; Radiol: O/R, D, V(2); Med test/Endo: O/R, D, V(2); Path: D, V(2); Old Records Reviewed (2) Requested 0 Da=
Assessment/Plan:

Risk (0/1/2/3/4)

1. Venous lab
2. EKG, EEG
3. OTC drug
4. Diet
5. Prescr. drug
7. Dz threat function/ille
8. Rx w/ risk/monitoring
9. Urine test
10. U/S. Plain X-ray
11. Contrast X-ray
12. Arterial puncture
13. Elective surg./Bx
14. Acute systemic dz
15. Mid exac. ch. dz
16. 2 stable ch. dz
17. Emergency procedure
18. Procedure w/risk
19. Severe exac. ch. dz
20. Parenteral narcotic

☐ COUNSELING > 50% OF (5/10/15/25/40) MIN SESSION. Old records requested: Obtain Hx from family:

HISTORY PHYSICAL PROGRESS NOTES

Physician Signature M.D.
**Diagnoses/Management Options**

<table>
<thead>
<tr>
<th>IMPRESSION/DX: (1/1/2/3/4): [(New+W/U (4); New (3), Worsened (2), Stable (1), Improved (1), Self-limited (1)] Dx=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan:</td>
</tr>
</tbody>
</table>
## Risk of Disease/Treatment/Management

### Risk (1/1/2/3/4)
- □ venous lab □ urine test
- □ EKG, EEG □ U/S, Plain X-ray □ Rest
- □ OTC drug □ Diet
- □ Contrast □ Arterial X-ray □ puncture
- □ Elective surg. □ Acute systemic dz
- □ Mild exc. ch. dz □ 2 ch. dz
- □ Severe exc. ch. dz □ Parenteral narcotic

- □ COUNSEL > 50% OF (20/40/55/80/110) __________ MIN SESSION.

- □ Rx w/ risk/monitoring

- □ Emergency procedure □ Procedure w/ risk

- □ Parenteral narcotic

- □ Dz threat function/life

- □ Acute systemic dz

Old records requested: ______
Obtain Hx from family: ______

Signature: __________________________
History of Present Illness
Clinical Vignettes

• **4 descriptors**: Patient is very anxious after he had a fight and broke up with his gipsy-girlfriend, who then cursed him. Has developed *severe* (severity) alopecia over the last *2 weeks* (duration). Topical *minoxidil did not help* (modifier). Has developed *itchy dandruff* around (association) his last 5 hair follicles.

• **3 status**: Has heartburn worsening in last month. DM with glucose 160-220. HBP asymptomatic.
Problems with Hepatitis C Therapy

Why you should bill properly and aim to improve treatment compliance

- Good compliance improves outcomes
- Long visits, to discuss medical issues, improve compliance but are time consuming
- Frequent calls to help with side-effects management facilitate compliance (take time)
- Drugs are much more costly than medical visits
- Drugs for side-effects increase the cost further
- Low reimbursement, which does not cover the Physician’s effort cost, may force to close the practice or avoid patients with HCV.
## Cost of 28 days of Interferon

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pegasys 180 a week</th>
<th>Peg-Intron 50 a week</th>
<th>Peg-Intron 80 a week</th>
<th>Peg-Intron 120 a week</th>
<th>Peg-Intron 150 a week</th>
<th>Infergen 15 a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>1316</td>
<td>1273</td>
<td>1324</td>
<td>1308</td>
<td>1372</td>
<td>2141</td>
</tr>
</tbody>
</table>
## Cost of 28 days of Ribavirin

<table>
<thead>
<tr>
<th>Drug /Dose</th>
<th>800 mg/day</th>
<th>1000 mg/day</th>
<th>1200 mg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebetol</td>
<td>1035</td>
<td>1294</td>
<td>1553</td>
</tr>
<tr>
<td>Copegus</td>
<td>784</td>
<td>980</td>
<td>1176</td>
</tr>
<tr>
<td>Ribavirin</td>
<td>485</td>
<td>607</td>
<td>728</td>
</tr>
</tbody>
</table>
## Cost of “Support” Drugs
28 days supply

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neupogen 300 mcg BIW</td>
<td>1490</td>
</tr>
<tr>
<td>Neupogen 480 mcg BIW</td>
<td>2375</td>
</tr>
<tr>
<td>Procrit 40000 U/week</td>
<td>2074</td>
</tr>
<tr>
<td>Provigil 200 mg/day</td>
<td>168</td>
</tr>
</tbody>
</table>
Keeping a Financially Balanced Practice While Helping Those in Need

- Obtain proper reimbursement from patients with insurance.
- Waive fees from those in need
- Use Industry sponsored “nurse support programs”
- Use “patient support groups”
- Use Physician-extenders (PA, ARNP)
- Use teaching clinics.
- Enroll patients in clinical trials
- Obtain medications through “Patient Assistance Programs”
## Patient Assistance Programs

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>Hoffman-LaRoche</th>
<th>Schering Plough</th>
<th>InterMune</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM</td>
<td>Patient Assistance</td>
<td>Commitment to Care</td>
<td>Patient Assistance</td>
</tr>
<tr>
<td>Drugs</td>
<td>Pegasys Copegus</td>
<td>Peg-Intron Rebetol</td>
<td>Infergen</td>
</tr>
<tr>
<td>Phone</td>
<td>1-800-443-6676</td>
<td>1-800-521-7157</td>
<td>1-888-668-3393 Ext 3</td>
</tr>
<tr>
<td>Guideline</td>
<td>US citizen &lt; 300% FPL</td>
<td>US resident “Financial need”</td>
<td>“Financial need”</td>
</tr>
<tr>
<td>Amount</td>
<td>Not stated</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>Re-Application</td>
<td>90 days</td>
<td>1 year</td>
<td>1 year</td>
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### 300% Federal Poverty Level

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Alaska</th>
<th>Hawaii</th>
<th>All others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34890</td>
<td>32100</td>
<td>27930</td>
</tr>
<tr>
<td>2</td>
<td>46830</td>
<td>43080</td>
<td>37470</td>
</tr>
<tr>
<td>3</td>
<td>58770</td>
<td>54060</td>
<td>47010</td>
</tr>
<tr>
<td>4</td>
<td>70710</td>
<td>65040</td>
<td>56550</td>
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<tr>
<td>5</td>
<td>82650</td>
<td>76020</td>
<td>66090</td>
</tr>
<tr>
<td>6</td>
<td>94590</td>
<td>87000</td>
<td>75630</td>
</tr>
<tr>
<td>7</td>
<td>106530</td>
<td>97980</td>
<td>85170</td>
</tr>
<tr>
<td>8</td>
<td>118470</td>
<td>108960</td>
<td>94710</td>
</tr>
<tr>
<td>Each additional</td>
<td>11940</td>
<td>10980</td>
<td>9540</td>
</tr>
</tbody>
</table>
How can I bill properly, to be adequately reimbursed, for the work done?

Understanding proper documentation and billing for the level of care that corresponds to the effort.
Questions ?
Questions ?
Hepatitis C Patient History

• Do not forget to describe length, course, symptoms + severity + timing, and associated manifestations of Hepatitis C.
• Describe status of co-morbidities.
Hepatitis C Patient Data

- You are likely to have:
  - Old records (abnormal LFT’s) (2 points)
  - U/S report (from old w/u) (1 point)
  - Liver Bx report, or you may request one (1 pt)
  - New labs ordered (genotype/ load) (1 point)
Hepatitis C Patient
Management Options & Diagnosis Type

• **Diagnosis type:**
  – A) When you see the patient for 1st time, the Diagnosis is NEW to you (review data to confirm Dx)
  – B) If you order Biopsy, that shows additional work up.

• **Management options:**
  – Treat if favorable genotype
  – Treat if symptomatic
  – Treat if aggressive histology
  – Treat independently of other factors
  – Do not treat because of co-morbidities
Hepatitis C Patient
Risk from Illness or Treatment

• If patient has advanced fibrosis (F3-F4), that indicates “chronic disease with threat to life or body function”.

• If you decide to treat with Interferon & Ribavirin, that indicates “drug with risk requiring monitoring”; (you can use diagnosis “management of chemotherapy”)
Hepatitis C Patient

Number of Diagnosis & Risk

- Co-morbidities add to number of diagnosis.
- Complications of therapy add to number of diagnosis (neutropenia, anemia, thrombocytopenia, depression, skin rash, cough, etc)
- Risk is always “high”, while the patient is on Interferon + Ribavirin.
Initial Hospital Care
In-patient RVU
Consults
In-Patient RVU

![Bar Chart]

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

Legend:
- Consult I/P
Level 5 New Patient or In-/Out-patient Consult or Level 3 Initial Hospital Care

Level 5 NEW (3 of 3 columns)

<table>
<thead>
<tr>
<th>Min</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=60</td>
<td>3.72</td>
</tr>
<tr>
<td>OC=80</td>
<td>5.28</td>
</tr>
<tr>
<td>IP=110</td>
<td>5.36</td>
</tr>
</tbody>
</table>

- Hx (4 descriptors or status of 3 chronic/inactive dz)
- ROS (10)
- P-F-S Hx (3)
- Physical Exam ≥ 2 E in each ≥ 9 OS
- + 2/3 boxes

Min RVU
N=60 3.72
OC=80 5.28
IP=110 5.36

4 pts
1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

- Dz threatening body function/life, or
- Therapy with toxicity risk+monitoring, or
- Parenteral narcotic
- Severe exacerbation of chronic dz, or
- Severe side effect of therapy, or
- Emergency Endoscopy /Liver Bx (25), or
- Emergency angiography , or
- Emergency surgery, or
- Endoscopy with risk (25), or
- Surgery with risk, or
- Abrupt neurological change

and/or

1 new problem with work-up; or
1 new problem, no work-up + 1 not new problem; or
2 worsening problems; or
1 worsening problem + 2 stable/improved/self-limited; or
4 problems stable/improved ≤ 2 self-limited
Level 4 New Patient or In-/Out-patient Consult or Level 2 Initial Hospital Care

**Level 4 NEW**
(3 of 3 columns)

<table>
<thead>
<tr>
<th>Min</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=45</td>
<td>2.96</td>
</tr>
<tr>
<td>OC=60</td>
<td>3.92</td>
</tr>
<tr>
<td>IP=80</td>
<td>3.95</td>
</tr>
</tbody>
</table>

**Hx (4 descriptors or status of 3 chronic/inactive dz)**

- ROS (10)
- P-F-S Hx (3)

**Physical Exam**

- ≥ 2 E in each ≥ 9 OS

**2/3 boxes**

1. **1 new problem, no work-up; or**
2. **1 worsening problem + 1 other problem; or**
3. **3 problems stable/improved/ ≤ 2 self-limited**

**and/or**

1. 1) Order/review test (1p/e) ±
2. 2) Discuss test (1p/e) ±
3. 3) visualize test (2p/e) ±
4. 4) review old record (2p) ±
5. 5) request old record (1p)

**3 pts**

1. **Prescription drug, or**
2. **Chronic dz (1); mild exacerbation, or**
3. **Chronic dz (≥2); stable, or**
4. **Acute dz with systemic symptoms, or**
5. **Endoscopy - no risk, or**
6. **Liver biopsy - no risk, or**
7. **Paracentesis, or**
8. **Elective surgery - no risk**
Level 3 New Patient or In-/Out-patient Consult or Level 1 Initial Hospital Care

1/98 rules

IN/OUTPT CONSULTS AND NEW OUTPT VISITS

Level 3 NEW (3 of 3 columns)

<table>
<thead>
<tr>
<th>Min</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=30</td>
<td>1.99</td>
</tr>
<tr>
<td>OC=40</td>
<td>2.79</td>
</tr>
<tr>
<td>IP=55</td>
<td>2.87</td>
</tr>
</tbody>
</table>

Hx (4 descriptors or status of 3 chronic/inactive dz) +
ROS (2-9) +
P-F-S Hx (1)

Physical Exam
≥12 E in ≥ 2 OS or
≥ 2 E in each ≥ 6 OS

- 1) Order/review test (1p/e) +
- 2) Discuss test (1p/e) ±
- 3) visualize test (2p/e) ±
- 4) review old record (2p) ±
- 5) request old record (1p)

and/or

1 worsening problem; or
2 problems stable/improved/self-limited

and/or

- OTC drug, or
- Diet, or
- Stable chronic disease, or
- Acute, uncomplicated disease, or
- ≥ 2 self-limited problems
- Contrast X-ray, or
- Arterial puncture, or
Level 2 New Patient or
Level 2 In-/Out-patient Consult

Level 2 NEW
(3 of 3 columns)
Min        RVU
N=20        1.44
OC=30       2.15
IC=40       2.17

Hx (1-3 descriptors) +
ROS (system directed)

Physical Exam
≥ 6 E in ≥ 1 OS

1·1 problem stable/improved/self-limited
and/or
1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or
0-1 pt

• Self-limited/minor problem
• Labs, U/A
• EKG, EEG
• Echo, U/S
• Rest, gargle, superficial dressing

Risk

2/3 boxes
Level 1 New Patient or Level 1 In-/Out-patient Consult

1/98 rules

IN/OUTPT CONSULTS AND NEW OUTPT VISITS

Level I NEW (3 of 3 columns)

<table>
<thead>
<tr>
<th>Min</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=10</td>
<td>0.94</td>
</tr>
<tr>
<td>OC=15</td>
<td>1.36</td>
</tr>
<tr>
<td>IP=20</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Hx (1-3 descriptors) + Physical Exam ≥ 1 E in ≥ 1 OS + 2/3 boxes

Dx

1° problem stable/improved/self-limited and/or

0-1 Data pt

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p)+
5) request old record (1p)

and/or

Risk

• Self-limited/minor problem
• Labs, U/A
• EKG, EEG
• Echo, U/S
• Rest, gargle, superficial dressing
Level 4 Established or
Level 3 Subsequent Hospital Care

Level 4 F/U (2 of 3 columns)
1.71 RVU
25 min

Hx (4 descriptors or status of 3 chronic/inactive dz) +
ROS (2-9) +
P-F-S Hx (1)

Physical Exam
≥12 E in ≥2 OS
or
≥ 2 E in each ≥ 6 OS

±

± 2/3 boxes

1
1. new problem, no workup; or
1. worsening problem + 1 other problem; or
3. problems stable/improved ≤ 2 self-limited

and/or

3 pts
1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

1
• Prescription drug, or
• chronic dz (1); mild exacerbation, or
• Chronic dz (≥ 2); stable, or
• Acute dz with systemic symptoms, or
• Endoscopy - no risk, or
• Liver biopsy - no risk, or
• Paracentesis, or
• Elective surgery - no risk
Level 5 Established

Hx (4 descriptors or status of 3 chronic/inactive dz) + ROS (10) + P-F-S Hx (3)

Physical Exam ≥ 2 E in each ≥ 9 OS

Recognized Systems for ROS or PE
1. constitutional (VS) 8. Genitourinary
2. Skin 9. Musculoskeletal
3. Eyes 10. Lymphatic
4. Ears/Nose/Throat 11. Psychiatric
5. Respiratory 12. Neurologic
6. Cardiovascular 13. ADDITIONAL FOR ROS ONLY
7. Gastrointestinal 1-1. Endocrine
             2. Immune/Hematological

1 new problem with work-up; or
1 new problem, no work-up + 1 not new problem; or
2 worsening problems; or
1 worsening problem + 2 stable/improved/self-limited; or
4 problems stable/improved/≤ 2 self-limited

and/or

1. Order/review test (1p/e) +
2. Discuss test (1p/e) +
3. visualize test (2p/e) –
4. review old record (2p) +
5. request old record (1p) –

1 new problem with work-up; or
1 new problem, no work-up + 1 not new problem; or
2 worsening problems; or
1 worsening problem + 2 stable/improved/self-limited; or
4 problems stable/improved/≤ 2 self-limited

and/or

• Dz threatening body function/life, or
• Therapy with toxicity risk+monitoring, or
• Parenteral narcotic
• Severe exacerbation of chronic dz, or
• Severe side effect of therapy, or
1. Emergency Endoscopy/Liver Bx (25), or
• Emergency angiography, or
• Emergency surgery, or
• Endoscopy with risk (25), or
• Surgery with risk, or
• Abrupt neurological change

and/or

4 pts 1) Order/review test (1p/e) +
2) Discuss test (1p/e) +
3) visualize test (2p/e) –
4) review old record (2p) +
5) request old record (1p) –
Level 3 Established or Level 2 Subsequent Hospital Care
1/98 rules

ESTABLISHED PATIENT - CLINIC

Level 3 F/U
(2 of 3 columns)
1.13 RVU
15 min

Hx (1-3 descriptors) +
ROS (GI related) +
P-F-S Hx: NO

Physical Exam ≥ 6E in ≥ 1 OS

+ 2/3 boxes

1 worsening problem; or
2 problems stable/improved/self-limited

and/or

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

and/or

• OTC drug, or
• Diet, or
• Stable chronic disease, or
• Acute, uncomplicated disease, or
• > 2 self-limited problems
• Contrast X-ray, or
• Arterial puncture, or
Level 2 Established or Level 1 Subsequent Hospital Care

Level 2 F/U (2 of 3 columns) 0.79 RVU 10 min

Hx (1-3 descriptors) +

Physical Exam ≥ 1 E in ≥ 1 OS + 2/3 boxes

Medical Tests

O/R

- Immunization
- Allergy testing
- Injection test (PPD, etc.)
- Test with IV drug supervised by M.D. (Tensilon, secretin)
- Electroconvulsion
- Hypnotherapy
- Biofeedback
- Dialysis
- Parenteral chemotherapy
- Photochemo therapy
- Therapeutic phlebotomy
- Pentamidine aerosol
- Tonometry
- "centesis" (para-, thora-, etc.)

O/R, D, V

- Endoscopy (GI, bronch, ENT)
- Manometry (esophageal, rectal, biliary)
- 24 hour pH
- Gonioscopy
- Visual field measurement
- Ophthalmoscopy by ophthalmologist
- Fluorescein angiography
- Audiometry
- ECG
- 24 hour ECG
- Stress test
- Echocardiogram
- Cardiac catheterization
- EPS
- Duplex/Doppler with full report
- Spirometry
- Sleep testing
- Psychometric testing
- Evoked potentials
- EEG
- EMG
- Nerve conduction study

Dx 1st problem stable/improved/ self-limited

and/or

0-1 pt

1) Order/review test (1p/e) ±
2) Discuss test (1p/e) ±
3) visualize test (2p/e) ±
4) review old record (2p) ±
5) request old record (1p)

Risk

- Self-limited/minor problem
- Labs, U/A
- EKG, EEG
- Echo, U/S
- Rest, gargle, superficial dressing

Data

Hx (1-3 descriptors)

Physical Exam ≥ 1 E in ≥ 1 OS
Level 1 Established Patient
(done by RN when MD in premises)
1/98 rules

ESTABLISHED PATIENT - CLINIC

Level 1 F/U
(2 of 3 columns)
0.40 RVU
5 min

Hx (0)  +  Physical Exam (0)  +  2/3 boxes

Decision Making (0)

****NURSE VISIT ONLY****
Source of Established O/P RVU (%) (30% of E&M RVU)
Source of Subsequent Hospital Care RVU
(23% of E&M RVU)
Source of Office Consult RVU (%) (22% of E&M RVU)
Source of I/P Consult RVU (%) (20% of E&M RVU)
Source of New O/P RVU (%) (3% of E&M RVU)
Source of Initial Hospital Care RVU (%) (2% of E&M RVU)
**Myth**  
Only Procedures Make Money

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>RVU (Facility)</th>
<th>E &amp; M</th>
<th>RVU (Facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon + snare</td>
<td>7.76</td>
<td>Critical Care 30’</td>
<td>5.48</td>
</tr>
<tr>
<td>Colon + Bx</td>
<td>6.52</td>
<td>I/P Consult L5</td>
<td>5.17</td>
</tr>
<tr>
<td>Colon</td>
<td>5.46</td>
<td>O/P Consult L5</td>
<td>4.87</td>
</tr>
<tr>
<td>EGD + Bx</td>
<td>4.28</td>
<td>Admission L3</td>
<td>4.15</td>
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<tr>
<td>EGD</td>
<td>3.60</td>
<td>Clinic F/U L5</td>
<td>2.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsequent L3</td>
<td>2.09</td>
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</table>
## Transplant RVUs

<table>
<thead>
<tr>
<th>CODE</th>
<th>PROCEDURE</th>
<th>RVU</th>
<th>$</th>
<th>Global T</th>
</tr>
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<tbody>
<tr>
<td>47133</td>
<td>CD Hepatectomy</td>
<td>0.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>47135</td>
<td>OLTx</td>
<td>81.40</td>
<td>3084.25</td>
<td>90 d</td>
</tr>
<tr>
<td>47140</td>
<td>LD Hepatectomy</td>
<td>54.92</td>
<td>2080.92</td>
<td>90 d</td>
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<tr>
<td>48550</td>
<td>CD Pancreatectomy</td>
<td>0.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>48551</td>
<td>Backbench P Standard</td>
<td>0.00</td>
<td>0</td>
<td></td>
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<tr>
<td>48552</td>
<td>Backbench P. venous</td>
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<td>162.92</td>
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<tr>
<td>48554</td>
<td>Pancreas Tx</td>
<td>34.12</td>
<td>1292.80</td>
<td>90 d</td>
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</table>
## Transplant RVUs

<table>
<thead>
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<th>PROCEDURE</th>
<th>RVU</th>
<th>$</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>50300</td>
<td>CD Nephrectomy</td>
<td>0.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50320</td>
<td>LD Nephrectomy</td>
<td>22.18</td>
<td>840.40</td>
<td>90 d</td>
</tr>
<tr>
<td>50323</td>
<td>Backbench CD Kidney</td>
<td>0.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50325</td>
<td>Backbench LD Kidney</td>
<td>0.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50360</td>
<td>KT without Nephrectomy</td>
<td>31.48</td>
<td>1192.77</td>
<td>90 d</td>
</tr>
<tr>
<td>50365</td>
<td>KT with Nephrectomy</td>
<td>36.75</td>
<td>1392.45</td>
<td>90 d</td>
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# Immunosuppression Management

<table>
<thead>
<tr>
<th>O/P</th>
<th>#</th>
<th>RVU/each</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cons L5</td>
<td>2</td>
<td>5.88</td>
<td>11.76</td>
</tr>
<tr>
<td>Estab L4</td>
<td>10</td>
<td>3.2</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I/P</th>
<th>#</th>
<th>RVU/each</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critic 30’</td>
<td>2</td>
<td>5.44</td>
<td>10.88</td>
</tr>
<tr>
<td>Subs L3</td>
<td>6</td>
<td>2.09</td>
<td>12.54</td>
</tr>
</tbody>
</table>

1 clinic = 0.54 OLTx

7 days = 164 RVU = 2 OLTx
Typical Distribution of GI Patients and Effect of RVU on Source of Income

GI Visits (%)

GI RVU origin (%)