

**99212 or 99213? It's All Greek
To Me!
Teaching Coding and Billing to
Advanced Practice Nursing
Students.**

Robin Arends, MS, CNP
South Dakota State University
April 13, 2013



Objective



- After this presentation, the participants will be able to:
 - describe the process of teaching coding and billing to Advanced Practice Nursing Students to enhance their understanding of the process.

Coding and Clinical Practice



- How do clinics use coding in clinical practice?
 - The E & M code is directly related to reimbursement from patients and third party payers.
 - Inaccurate billing can cause the clinic to over or under charge patients for services provided.
 - Productivity measures may be linked to the E & M code used by providers for each clinic visit.

Coding and Clinical Practice



- Under and over coding can be prosecuted.
- There are a lot of gray areas in the coding world.
- How a provider documents can change the E & M code either higher or lower by the inclusion or exclusion of 1 item.

Coding and the Advanced Practice Student



- Why do our students need to learn this information?
 - Will be expected to code patient visits correctly upon graduation
 - Usually not a part of orientation to the clinic setting
 - Need to understand how charting directly relates to patient visits and charges associated with the visit

Coding and Billing Presentation and Assignment



- Faculty decided that students in the second practicum were ready for coding and billing lecture.
 - This allowed for comfort in the clinic setting and a readiness for the critical thinking coding requires.
 - It was usually in this semester that students were ready to ask questions about coding.

Coding and Billing Presentation and Assignment



- Previous years utilized a presentation by a coder and a 10 point, 10 question quiz.
 - Students identified that this was not helpful in the clinic setting, and they felt that they did not understand coding.
 - Felt the coder did not understand the provider standpoint.

Coding and Billing Presentation and Assignment



- It was felt that coding needed to be more hands on and taught by a provider that uses coding in the clinic setting.
 - Allowed for students to see the critical thinking that a provider does in concerns for coding a patient visit.

Coding and Billing Presentation



- Faculty created a presentation that was posted in the course focused on coding and billing
 - Separate presentations were focused on coding:
 - Subjective information (HPI, PMH, SH, FH)
 - Physical exam
 - Plan (diagnosis, diagnostics, and treatment)

Coding and Billing Presentation

- Each PowerPoint focused on how to code each section.
 - Details and examples are provided.
- At the end, how to code the entire patient visit was identified.

An Example

- In concerns for Subjective information:
 - For problems focused: at least 1 in HPI, 0 ROS, 0 FH, SH, PMH
 - For Expanded Problem focused: at least 1 in HPI, at least 1 in ROS, 0 FH, SH, PMH
 - For Detailed: at least 4 in HPI or at least 3 chronic disease, at least 2 in ROS, at least 1 in FH, SH, PMH
 - For comprehensive: at least 4 in HPI or at least 3 chronic diseases, at least 10 in ROS, at least 2 in FH, SH, PMH

The lowest amount of data determines level of coding for history so if you have 2 HPI, 0 ROS, and 3 FH, you would still be at problem focused.

An Example

- In concerns for Exam:
 - For problems focused: at least 1 exam in any system
 - For Expanded Problem focused: at least 6 exams from any systems
 - For Detailed: at least 12 exams from at least 2 systems
 - For comprehensive: at least 18 exams from at least 9 system

An Example



- In concerns for Plan:
 - For problems focused: Need at least 1 points for diagnoses, need at least 1 points for Complexity of data, minimal risk
 - For Expanded Problem focused: Need at least 2 points for diagnoses, need at least 2 points for complexity of data, low risk
 - For Detailed: Need at least 3 points for medical diagnoses, need at least 3 points for complexity of data, moderate risk
 - For comprehensive: Need at least 4 points for medical diagnosis, need at least 4 points for complexity of data, high risk

The lowest level of the 3 areas determine the level of the code. So if you have 2 points for diagnoses, 3 points for complexity of data, and high risk decision making, you will bill at expanded problem of focus

A prescription medication will increase the plan section to a Low Complexity code for this section automatically.

An Example



- For established patients, 2 of 3 sections must meet criteria for that code
 - If history is a 99214, Exam is a 99212, and Plan is a 99213, the encounter is billed as a 99213
 - If history if a 99213, Exam is a 99213, and plan is a 99214, the encounter is a 99213
- For new patients, 3 of 3 sections must meet criteria for that code
 - If history is a 99204, Exam is a 99202, and Plan is a 99203, the encounter is billed as a 99202
 - If history if a 99203, Exam is a 99203, and plan is a 99204, the encounter is a 99203

Coding and Billing Presentation



- Using these PowerPoints as background, faculty collaborated with a Coder from a clinic.
- 5 Episodic visits utilizing a variety of charting was created and coded.
 - Undercharting
 - Charting by exception
 - Overcharting
 - Putting ROS in the HPI
 - Golden example

Coding and Billing Presentation



- Using the presentations as a guideline, faculty and students worked through each H & P
 - How would we code the HPI? The PMH? The FH/SH?
 - What is our total code for this section?
 - What is our code for the physical exam?
 - What is our code for the diagnosis? Diagnostics? Plan?
 - What is our total code for this section?
 - What is our total code for the visit?

Coding and Billing Presentation




- After the code is decided, the faculty led class discussion on if the visit was charted differently, how would this change the E & M code?
- Discussion pertaining to relevance of performing examination that was not needed for the patient visit and how this affects coding was also held.

Coding and Billing Assignment




- After the presentation, faculty posted a H & P from a patient visit in the course
- Using the class presentation and PowerPoints, students needed to code the visit and provide rationale for their E & M code.
- Feedback regarding each student's decision was provided.

Coding and Billing Assignment




- Students then selected a patient from the clinic setting and submitted their charting for the patient visit.
 - All patient identifying information was removed prior to submission.
- The students coded the visit and provided rationale for the code.
- Feedback was given to each student.

Grading Rubric



- 5 points were given to the 1st H & P code and another 5 points were given to the 2nd H & P code
- Students earned 2 points for having the correct E & M code and 3 points for the appropriate rationale.
 - Previously a 10 point quiz was used to evaluate students.

Student Feedback



- Here is my first coding assignment. Your presentation really helped! Thank you!
- Coding might not be the most fun part of my new job some day but you did a great job of explaining it. Thx! ;-)
- I wish this presentation was given in the 1st practicum because I could have used it in the clinical setting.

Questions?



- Contact information
- Robin Arends, MS, CNP
 - Robin.Arends@sdstate.edu
