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.

• 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.

• 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