

PRODUCTIVE PROVIDER NEWSLETTER

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M.P.E.C.S.

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**Understanding Today's Healthcare,  
Serving Today's Patients,  
Meeting the needs of Today's Practice.**  
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Welcome to our expanding group of E-Zine subscribers who have signed up through www.mpecs.org

It is **my pleasure** to again bring to you this free E-Zine called the **Productive Provider Newsletter**. Dedicated to bringing you thoughtful information on the confusing topic of **Evaluation and Management (E&M)** coding.

Please **feel free to respond, comment and suggest** on the content of this newsletter. For more information about me and on what I am doing, please visit me at www.mpecs.org. Also, **feel free to forward this E-Zine** to anyone you feel may be interested in learning more about E&M coding.

Thanks, enjoy this newsletter and have an absolutely wonderful day.

AT A GLANCE: In today's newsletter

1. It's Just *MY* Opinion

Commentary. Today's *personal opinion* is on the use of the word used all too often in today's medical practice "REIMBURSEMENT". There has to be a better word or phrase to describe what we do correctly.

2. Time

The question of time with a patient always seems to come up. When is it appropriate to consider time as the criteria for selection of a CPT code after a patient encounter? I answer the question in today's article.

1. Its Just *MY* Opinion

Last month, I had the extreme pleasure of attending the **Association of Family Practice Physician Assistants (AFPPA)** national conference in San Antonio, Texas. What a great conference. It was an absolutely wonderful few days. The weather was great as was the city, the food and certainly, the people. I was able to visit with some wonderful old friends and best of all; I was able to make some new friends.

I think that this has to be the best part of what I do. I get to meet and work with some of the most wonderful people anyone could want to associate with.

This was my **fourth year** as a presenter at the AFPPA conference. This year, on Saturday morning (November 22), I presented my four-hour **PRACTICE PROFITABILITY** workshop. Once again, those in attendance had many excellent questions about **Evaluation and Management** coding which we were able to discuss and clarify for them. I am continually amazed at how much confusion there is about proper coding for patient services.

It is very satisfying for me to see the response from those attending these workshops. They often **ask me why they haven't been taught this stuff before**. Frankly, I don't think anyone does teach what I do the way that I do, and that makes all the difference.

One question that always seems to come up and require some extended conversation centers around **time** in connection with patient encounters. I will address that in today's newsletter. Another interesting subject is that of reimbursement.

I hear this word over and over when I am at conferences and workshops, "REIMBURSEMENT". What does it mean? I looked it up in the dictionary. Here is what it had to say: "**Pay back money to somebody**: to pay somebody back money spent for an official or approved reason or taken as a loan, or give somebody money as compensation for loss or damage."

I'm sorry folks; **I don't "REIMBURSEMENT" is the term we should be using**. I believe that the term came into use many years ago when insurance companies used to reimburse their subscribers for expenses incurred for medical care. Do any of you remember when you used to

have to pay the doctor first *and then* submit a claim form to the insurance company for reimbursement? That was a long time ago.

Might I be so bold as to suggest we **stop using this word**? I mean really, are we being paid back for something or being compensated for "loss or damage?" I hope not. Let's face it. Most health care providers practice medicine because they want to. Personally, I do because I really love to be around people. I love to see them, visit with them, and get to know them. It's great.

However, we have to operate our medical practices as a business. Sometimes the crossover between medicine and business is uncomfortable, but if we don't learn how to be **PROFITABLE**, we will fail. The word **REIMBURSEMENT** is absolutely wrong when applied to what we do.

We provide a vital service; we should expect to **GET PAID**. You don't reimburse the grocery store for your groceries or the gas station for your gasoline. Why do we talk about reimbursement as if we are servants of the insurance companies? We just hope that they will send us a check someday.

There is much more I can say on this subject, but for now, I would like all of you to just think about changing the way we talk about getting paid and think in that direction for a while. It's just *MY* opinion, but I believe that what we do is think in terms of **payment for services rendered**, not reimbursement. That is how we should be conducting the business end of medicine. If we don't get paid, we should know why.

Let me know what you think.

Jim Meeks, PA-C

A PERSONAL REQUEST:

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I would like to take just a moment and thank all of you for your support and encouragement. For those of you who have attended my **PRACTICE PROFITABILITY** workshops, I am particularly thankful. I thoroughly enjoy these workshops and the discussions we have there.

I often get inquiries from interested parties asking what responses I have had from previous workshops and such. I need your help. If the workshops and/or products you have received from **MPECS** have been helpful to you or your practice of medicine in any way, **I would like to know about it**. Would you please take a minute **today** to sign in on the MPECS website and make a few comments in the Guestbook section.

Please visit me at [www.mpecs.org](http://www.mpecs.org). I thank you in advance for your time and effort as I attempt to collect comments and feedback. It will be most helpful.

#### ADVERTISEMENT:

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Unless you have immediate access to a current CPT book, you risk potential **down coding** in your daily practice. How often do you struggle with the choice between which **levels of service** to bill for? Is it a 99213 or is it a 99214? Do you know the specific **elements of exam** that determine which level to choose? **Are you confident in your selection**? Wouldn't it be great to have a quick reference that you could easily refer to in the exam room, the hospital, care center or where ever you are seeing patients?

The **POCKET CODER**© is the answer! It is perfect for your daily practice. It will solve your E&M code questions and eliminate down coding from your practice. **Order yours today** on line at www.mpecs.org.

2. TIME

There always seem to be a lot of questions about **using time** as a determining factor for patient encounters. At every workshop I teach, the question comes up. Let's discuss it today.

First of all, **when is the element of time appropriate to use**? The answer is that you should at least be thinking about time any time you spend a significant amount of your visit time **counseling and/or coordinating care**.

You should consider the time element in any patient encounter in which you spend a **majority of time** (> 50%) counseling with the patient, a parent, caregiver, family member(s) or other individual(s) about the current medical situation of the patient.

Lets look at an example. You saw a patient two weeks ago for depression or anxiety, provided some sample medications, ordered lab work, and referred them to your favorite counselor. Today, they have returned for follow-up as you instructed. They have been scheduled for a **15-minute time slot** and brought their best friend with them for support.

In **talking to your patient**, you discover that they didn't start the medication because their next-door neighbor is on something else and it works really well, they never went to the lab for the blood draw and they haven't called to make an appointment with the therapist yet (This sounds all too familiar). You spend several minutes explaining why you prescribed the medication you did and review the correct dosing and potential side effects of the drug. You explain (again) the importance of laboratory work to evaluate correct bodily functions and chemistry, etc. And finally, you outline your reasons for referring the patient to the counselor to deal with their issues of depression, stress, and anxiety. Before you know it, you have been in the exam room with the patient and friend for **35 minuets** and you haven't even touched the patient in

the way of an exam.

What level of billing does this qualify for? Before we can answer that question, we need to be sure that the documentation will support the level we select. I will assume that the patient chart has a current history sheet with past medical, family and social histories documented during the last patient encounter.

You have to document the amount of time spent with the patient. I **strongly recommend** that you document in the patient chart the **start time** and the **stop time** of the patient encounter. This isn't required, but if you only document the total number of minutes, someone may question how you arrived at the number of minutes you claim. I opt for the safest route, document the times and eliminate any questions.

Within your note, you need to describe each of the **key points discussed** while counseling with the patient (and the friend). This doesn't need to be a word for word transcription, but should include enough detail to substantiate the amount of time. You should state in the note that the **counseling occupied more than 50% of the encounter**.

Because this is an established patient and the majority (>50%) of the visit was spent counseling the patient, using **time as the selection criteria** is absolutely appropriate. Based on current guidelines of *Current Procedural Terminology 2003*, 25 minutes is a Level 4, and 40 minutes would be a Level 5. Since our example was 35 minutes, Level 4 would be the correct choice.

Other examples where the consideration of time is also appropriate to use could be in a surgical (or many other types) practice where a diagnosis has been made and the provider spends a **significant amount of time explaining options** for surgery, risks and benefits and so on. If that counseling occupies more than 50% of the patient encounter, time can be used to select the level of care. The criteria are always the same. Document the start and stop time and the items discussed.

If a lot of time is spent **coordinating care**, the same considerations for time also apply. For example, a patient that needs to be referred to a specialist, admitted to a care facility, needs home IV infusions or whatever. All the time you spend **on the phone coordinating that care** can be considered as part of the visit. I again recommend that start and stop times be documented to eliminate someone coming back to question the amount of time claimed.

Let discuss **one more issue** regarding time that frequently comes up during practice consults and workshops. I am often asked, "What if I only spend 12 minutes with a patient, but Level 4 requires 25 minutes?" Our **first mistake** here is in assuming that any level **requires** a certain amount of time.

I must emphasize that the criteria for selecting a correct **evaluation and management (E&M)** code for any patient encounter is primarily based on **history, exam and medical decision making**. Time has nothing to do with it, except in the circumstance of counseling and coordination of care. We need to be sure we understand the distinction.

There is **no stated requirement** that to bill a given E&M level, you have to spend a *minimum amount of time* with the patient. If you meet the criteria for **history, exam and/or medical decision making**, these are what are to be considered in selection of the correct code, not the time spent with the patient except in the circumstance of counseling and coordination of care as I have discussed today.

I hope that this will clarify some questions for you. If you have any questions, please send them to me and I will be happy to discuss them here in next month's issue.

Happy Holidays!

PRACTICE PROFITABILITY WORKSHOPS:

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**MPECS** is dedicated to making your practice of medicine **more productive, more profitable and ultimately more enjoyable**. I have developed a comprehensive 4-hour **PRACTICE PROFITABILITY** workshop that focuses on the specifics of documentation and coding. If you ever find yourself questioning which E&M code you should use, **you need this workshop!**

The next **MPECS** workshop is scheduled in Salt Lake City on February 28, 2004. The website has the current details. Mark your calendars and register early! Please visit [www.mpecs.org](http://www.mpecs.org) for more information.

**Other conferences** where I will be speaking:

- California Association for Nurse Practitioners Conference, March 25, 2004, Monterey, California
- Society of Urologic Nurses and Associates Conference, October 25, 2004, Orlando, Florida

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