

# Productive Provider Newsletter

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## M.P.E.C.S. Medical Professional Education and Consultation Services

Jim Meeks, P.A.-C.

Understanding Today's Healthcare,  
Serving Today's Patients,  
Meeting the Needs of Today's Practice.

**A**s we continue to grow, I welcome our expanding group of subscribers. Thank you for your interest.

It is my pleasure to bring to you another issue of the **Productive Provider Newsletter**. Through this publication, I attempt to bring you timely, thoughtful and valuable 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](http://www.mpecs.org). Also, feel free to forward this newsletter to anyone you feel may be interested in learning more about E&M coding.

Thanks, enjoy this newsletter and have a great day.

### **AT A GLANCE:** In today's Productive Provider Newsletter

**1. It's Worth More Than Pictures**

A letter from the CANP.

**2. Changes on the Horizon.**

Changes to CPT and ICD-9-CM coding. Sooner or later?

**3. The Value of Friends**

"A person is poor when he is friendless, but even poorer when he ceases being a friend."

Productive Provider Newsletter

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All material contained in this publication is the original work of Jim Meeks, P.A.-C. unless otherwise noted. Quotations from and references to this material are encouraged and authorized as long as credit is given to the author, this newsletter by name and reference to the MPECS web site is included.

## 1. Its Worth More Than Pictures

It is always a challenge to try to explain to someone what it is I do. It is often an immediate turn-off for some people when I tell them that I am a practice consultant, that I teach healthcare providers how to document their patient encounters and code at the correct level.

When I talk to people, I often hear them express their frustrations about the complexity of coding and how confusing it is for most providers practicing medicine.

Conversely, comments from those that attend an MPECS workshop are just the opposite. Their responses are often far different and very positive, especially after attending a workshop.

The larger challenge is to take the topic of documentation and coding and make a presentation on it interesting. That has been my goal since I first started teaching classes at the University of Utah back in 1995. Imagine, a bunch of students, trying to stay awake in a presentation on coding.

I am thrilled to be able to share with you a letter (posted at right) I recently received from the California Association for Nurse Practitioners.

What a great experience it was to be with them and the workshop was great. There was some really significant interaction going on. I hope they do ask me back.

Every workshop/presentation I do is so different. It is so exciting to meet great people everywhere. Best of all, I get to help docs, nurse practitioners, physician assistants, office manager, billing clerks and others clarify some really significant misconceptions about documentation and coding. It is a lot of fun.

If you haven't yet decided if you should attend an MPECS workshop, I recommend that you think about it. If it has been a while since you have attended one, consider attending again as a refresher. It can only improve your coding efficiency, no matter what practice setting you might be in.

Interestingly, I have a PA student working with me in my clinic today. I taught his class (UPAP Class XXXIV) about coding some months ago and have a follow-up lecture scheduled with his class in June. Students are always a harder group to teach. They don't have (for the most part) the same exposure to coding and billing, insurance company denials and discounts and such. Again, I love a challenge.

Hope to see you soon at an MPECS workshop. How about having one in your area?

Jim Meeks, PA-C



April 28, 2004

Jim Meeks  
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Dear Jim,

On behalf of the California Association for Nurse Practitioners (CANP), we want to extend our sincere gratitude for your presentation at our recent state educational conference in Monterey. We were honored to have you join us and share your expertise with some of the 550 registrants who attended this important meeting. Just over 95% of our audience rated the meeting overall as excellent or very good and 98% indicated they would return. Clearly, this is a tribute to the caliber of faculty we were honored to feature.

As you know, we did ask participants to evaluate all speaker presentations on a variety of parameters including adherence to objectives, use of audiovisuals, presentation style and appropriateness of content. We used a forced Likert scale where 1.0 represented excellent, 2.0 very good, 3.0 good, 4.0 fair and 5.0 poor. In aggregate, your presentation was rated as a 1.5 with people using anecdotal descriptors such as knowledgeable, concise, organized, interactive. Our moderator was particularly positive noting that she thought you made a difficult, potentially dry subject lively and interesting.

Again, we thank you for joining us and look forward to the opportunity to work with you again in the future. Continuing education is a priority of nurse practitioners everywhere, and we are proud that you lent us your time and talents in this endeavor.

Sincerely,

Laurie Scudder MS, NP  
Conference Manager

**ADVERTISEMENT:**

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? Unless you have immediate access to a current CPT book, you risk potential down coding in your daily practice. 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.mpeccs.org](http://www.mpeccs.org).

## 2. Changes on the Horizon

We have been using CPT and ICD-9-CM codes for years. Changes in both systems have been talked about for years. Most of us have been left waiting and wondering; some of us in fear of what the changes will bring.

At every workshop I teach, there always seems to be a question or two about when the new versions will be implemented. Frankly, we still don't know. However, I thought that I would try to shed some light on the subject today, with the thought of preparing us for the future.

The **Current Procedural Terminology 2004** (CPT) codes are those that we use to identify a service provided to a patient. This could be a patient visit in any number of settings (inpatient, outpatient, etc.), a surgical procedure, lab test, x-ray, etc. Each service we provide, for which we would bill a patient or their insurance, has an assigned CPT code. The American Medical Association (AMA) reviews, updates and publishes the list of some 8,000 CPT codes annually.

Briefly, CPT codes were implemented back in the 1960s. In 1995, Evaluation and Management (E&M) codes were upgraded and documentation guidelines were published requiring specific elements of documentation for each given level of E&M code. Documentation guidelines were further revised in 1997 which brought about the now all too familiar multi-system exam bullet lists. Currently, we use either the 1995 or 1997 documentation and coding guidelines for today's medical billings.

New E&M codes were proposed by the federal government in 2000, but opposed by the AMA and most specialty medical societies as being too complex. Government planners were hard a work on new guidelines when the Bush administration took office and ordered a halt to the project. There was a lot of concern about the direction the entire process was heading.

Currently, new E&M codes are again in the works. They are being developed by the AMA in conjunction with a number of specialty medical societies. Based on recent information, the AMA has no established deadline for completing the project. Reportedly, the new codes closely resemble the 1995 E&M criteria. Whatever form the new codes end up in, they will have to be approved by the government before implementation, whenever that is.

The **International Classification of Diseases 9th Clinical Modification** (ICD-9-CM) is the coding system currently used to identify disease states, injuries, circumstances, reasons for visits with healthcare providers and diagnosis in patients. ICD-9 was published by the World Health Organization (WHO) and then modified (hence "*Clinical Modification*") for use in the United States. The ICD-9 in one form or another, has been in use since 1978. The ICD coding system is owned, copyrighted and published by WHO.

The National Center for Health Statistics (NCHS) is the Federal agency that collects data and issues annual reports on the health of Americans. The ICD coding system (modified for use in the United States) is the basis upon which those statistics are gathered and subsequently reported. NCHS has been using ICD-10 (published by WHO in 1992) to code and classify mortality data from death certificates since January of 1999. However, NCHS determined that ICD-10 is not sufficiently detailed for use in the National health care information system without additional clinical modification. Preliminary work for ICD-10-CM has been done and field testing of ICD-10-CM was done by the American Health Information Management Association (AHIMA) in conjunction with the American Hospital Association (AHA) earlier this year. Reports of the field test results may be found at their respective web sites.

Efforts to implement ICD-10-CM are currently under way. The NCHS expects publication in 2005 with the new classifications going into effect in 2008. The draft version can be viewed at: [www.cdc.gov/nchs/about/](http://www.cdc.gov/nchs/about/)

otheract/icd9/icd10cm.htm.

The ICD-10 uses an alphanumeric coding system; all codes now beginning with an alphabetic character. Major revisions have been made leading to an overall increase of about 6,000 codes; from 7,000 in ICD-9 to 13,000 in ICD-10. The overall increase in codes is generally the result of adding 4th or 5th digits to further described diseases and to identify injuries and medical conditions by site of manifestation such as the anatomical site, etc.

What this means to you and me is that we need to be as descriptive as possible in our diagnosis. Without sufficient detail, coding staffs will either have to pester us for additional information or they will have to guess at the correct codes. Guessing is not good.

Additionally, all of our coding and billing software will have to be updated or worse, replaced to accommodate all to these changes. The cost of which will have to be born by our practice. Practice profitability becomes more important everyday. I suspect that within the next 5 years, we will be required to incorporate these new coding systems into our practices. Change is inevitable.

Our only option is to become aware of the changes that are coming and prepare ourselves for them. Maximizing our skills in documentation and coding now is essential in that preparation. Waiting until all these changes take place will lead to significant problems then.

If you are currently using or planning to purchase electronic billing/coding/charting software, ask your vendors about the cost and availability of upgrades. Factor those costs into your practice expense projections. Setting aside a portion of those costs now on an annual basis in anticipation of the proposed changes would be helpful.

In the mean time, remember not to stress over this stuff. If you are challenged by coding, let us help.

#### **PRACTICE PROFITABILITY WORKSHOPS:**

MPECS is dedicated to making your practice of medicine more productive, more profitable and ultimately more enjoyable. My comprehensive 4-hour PRACTICE PROFITABILITY workshop focuses on exactly what you need to know, 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 September 18, 2004**. The web site 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:

- Society of Urologic Nurses and Associates Conference, October 25, 2004, Orlando, Florida
- Association of Family Practice Physician Assistants Conference, Nov. 3-7, 2004, San Antonio, Texas

### **3: The Value of Friends:**

“When Robert Louis Stevenson was asked the secret of his radiant, useful life, he responded simply, ‘I had a friend.’

“A friend in the true sense is not a person who passively nods approval of our conduct or ignores improper behavior. A friend is a person who cares. When we lose someone who cares about us, we lose one of our most valuable assets. An Arabian proverb says, ‘A friend is one to whom one may pour out all the contents of ones heart, chaff and grain together, knowing that the gentlest of hands will take and sift it, keep what is worth keeping, and with the breath of kindness blow the rest away.’

“A friend is a priceless possession because a true friend is one who not only is willing to love us the way we are, but is able to leave us better than he found us. We are poor when we lose friends because generally they are willing to reprove, admonish, love, encourage, and guide us for our best good. A friend lifts the heavy heart, says the encouraging word, and assists in supplying our daily needs. As friends, we will make ourselves available without delay to those who need us.

“I hope that in the days ahead more and more of us will free ourselves from expressions of, ‘If you need me, let me know,’ or, ‘If I can be of help, call me,’ and replace them with the development of a sixth sense

that will let us know when and where our friendship is needed....

"A person is poor when he is friendless, but even poorer when he ceases being a friend. No matter what the conduct or negligence of others may be, we cannot afford to yield in our sincere efforts to be a friend. Very often our family members and friends need our friendship most when they least deserve it."

(Marvin J. Ashton, "It's No Fun Being Poor," *BYU Devotional*, March 30, 1982; see *Ensign*, Sept. 1982, p. 73)

#### **ADVERTISEMENT:**

WORKSHOPS: Do the E&M codes you are currently using actually reflect the level of care you provide? Attend an MPECS workshop where we focus on issues of documentation, physical exam criteria, medical decision making, chart auditing and other issues that are essential to maximizing your personal and practice success.

I will gladly bring a workshop to your community. Please contact me via my web site for more details. Also, please visit the web site often to check and see when and where workshops are being scheduled. Happy coding!

My comprehensive 4-hour PRACTICE PROFITABILITY workshops have been very successful. The comments and evaluations from participants are all very positive. Those in attendance have overwhelmingly appreciated the information presented.

If your local, state or national association is looking for CME activities, topics, lectures, workshops, I can help. Forward this newsletter to your State CME chair. Contact me via [www.mpecs.org](http://www.mpecs.org).

#### **PLEASE TELL SOMEONE ABOUT US**

If you like what you see, please recommend and forward this E-Zine to anyone that is interested in using Evaluation and Management codes more effectively, and in becoming more productive in his or her medical practice.

If you are receiving this as a forwarded message, and you want your own subscription, visit our web site and sign up on the "Site Mailing List."

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