PCC BILLING WEBLAB

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April 17, 2019 3pm, EST



April 2019 Agenda

- May MAYnia
- Incident To Billing
- April 2019 AAP Coding Newsletter
- V8.9 Highlights
- Billing Roundtable



Save the Date!

Registration open for

Users' Conference & PreConference 2019

Jul 16-19, 2019

Burlington, VT





Incident To

CMS' Incident To requirements:

- Staff member rendering services must be employed by clinician directing the care
- Clinician (QHCP) must have documented an order for the service rendered
 - No new patients
 - No new problems
- State regulations must include the service in staff member's scope of practice



AAP Coding Newsletters

Access via PCC EHR or Login to community.pcc.com

April 2019

- Office and Other Outpatient Evaluation and Management: Big Changes May Be Coming
- What Coding Might Look Like Under Centers for Medicare & Medicaid Services 2021 Proposals
- Subspecialty Coding News: Chimeric Antigen Receptor T-cell Therapy
- AAP Honored for Excellence in Coding Education



Evaluation and Management: Potential Changes CMS's Goal: <u>Reduce documentation burden of E&M</u> Eff 1/1/21 A single rate would be paid for codes 99202-99204 and 99212-99214

- Code selection will be based on "medical necessity **and** any of the following":
 - Current documentation guidelines (1995 or 1997)
 - Medical decision-making (MDM) only (as described by current guidelines)
 - Typical time (regardless of percent of time spent in counseling and/or coordination of care)

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Evaluation and Management: Potential Changes

Documentation:

- ...for codes 99202–99204 and 99212–99214 would be the same as that required for code 99202 or 99212 when selecting codes based on current guidelines or MDM alone.
- Level 1 (99201) and level 5 services (99205, 99215) would be selected as required by
 - o current guidelines
 - MDM only (see notation in Table 1 about MDM of code 99201)

OR

• the assigned typical time

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Evaluation and Management: Potential Changes

HCPCS

- CMS would create HCPCS codes that would be reported in addition to codes **99202– 99204** and **99212–99214** when reported for primary care or non-procedural subspecialty services
- The 2 codes are valued equally at approximately \$13

Time

- CMS would add a different extended visit code to would be reported when total face-to-face time for 99202-99204 and 99212-99214 is extended but not sufficient for reporting prolonged service
- Payment for the extended service would be approximately \$67 (paid in addition to the level 2-4 E/M service provided).

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Version 8.9 - Appointment Book

- Find appointment slot by visit type
- Find siblings while scheduling appointments
- Streamlined Day View shows only who is working that day

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Version 8.9 - Patient Portal

- Templates for patient to request:
 - Appointments
 - Rx Refills
 - Referrals
 - Custom message types
- Attach a document directly to a Portal message
- See attached documents in-line in messages
- Quick access button to "Create a Portal Message"
- See personal balance due for all, even if Privacy is Enabled

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Version 8.9

- Updates to latest LOINC, SNOMED, NDC Mapping, and GPCI & RVU code sets
- Support for multiple, simultaneous EHR windows with quick navigation features
- Quickly see the last 5 documents added or updated per patient



Version 8.9 - Reports

- Now feature sub-totals: **Deposit**
- Ability to report on appointment blocks as well as filter on the Provider's availability

What Billing Questions Do You Have?

How do you handle it when a carrier...? What do you do when an insurers requires...? How can I find a better source for...? Shouldn't our patients be addressing ... ? I have recently succeeded at ...



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Next Weblab:

Practice Management *Date Will Change-TBD*

(Thu, May 23, noon)

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