Improving Your Reimbursement: Coding Tips and Tricks

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Topics to Cover

• Types of CPT codes and global period
• Reduce denials / get paid fairly by properly using modifiers
  – Modifiers for global surgery codes
  – Modifiers for E/M services with global surgery codes
  – Dictation or typed additions to typical op reports and notes
• New CPT coding documentation for office / outpatient codes
Types of CPT Codes

• XXX codes- E/M codes, out-patient procedures, radiology and other diagnostic studies
  – No global period for XXX codes
  – Includes pre-service, face-to-face or service time, and post-service work

• Global period codes
  – Modifiers for use with procedures
  – Modifiers for use of E/M services during global period
Global Period

• Zero, 10 or 90 days
• 000, 010, 090 days
• Includes all components of care:
  – Preoperative / pre-visit
  – Intraoperative / face to face
  – Postoperative / post-visit
• Proper use of modifiers for surgery and E/M services is important to get paid
Proper Use of Modifiers With Global Surgery Procedures

– 22: used for increased / difficult services (yes, it is being paid)
– 51: multiple procedures- do not use with “(separate procedure)” codes
– 58: staged, or related procedure (e.g., planned take-back)
– 59: separate procedure (separate site, different times, etc.)
– 76: repeat procedure by same physician (50% reduction)
– 77: repeat procedure by another physician
– 78: unplanned return to the OR by same physician (50% reduction)
– 79: unrelated procedure by same physician
Reduce Down-Coding and Denials

• Pay attention to CCI edits
• Dictate CPT codes and modifiers into the operative note header
  – Helps coders in your office / hospital get coding correctly submitted
  – Helps you learn and know proper CPT terminology
  – Avoids insurance company reviewers coming up with their own opinion on how to code a complex group of procedures
Proper Use of E/M Modifiers With Global Surgery Procedures

• Modifier:
  – 24: unrelated E/M service in post-operative global period-use different diagnosis code than for procedure
  – 25: significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care delivered on the day of the procedure. Use for decision to operate for 000 and 010 day global procedures
  – 57: decision to operate- 090 day global (major) procedures
Reduce Down-Coding and Denials

• Include dictation in E/M note on why the E/M service is not part of the surgical global package
  – Ex- prolonged ileus post colon resection
• Unusual or non-typical post-operative course (-24 modifier)
• Break note into two parts: post-op care and E/M-24 care
• Remember: payment is calculated only for the “typical” patient but not for complications / difficult conditions
• Decision to operate (-25 for 000 / 010 days global or -57 modifier for 090 day global)
• Using a different diagnosis for the E/M service, than work included in the “typical” procedure will help reduce denials
New method of documentation guidelines for outpatient and office E/M codes- 2021

  – History- bullets for CC, past and present history, ROS
  – Physical exam- bullets for organ systems or areas of body
  – Medical Decision Making (MDM)- level of risk and decision-making

• E/M codes: 2017 to 2020 CMS/AMA/ Specialty Societies
  – Reduce documentation and administrative burden
  – Outpatient / office – changing January 2021
  – Hospital, ED, Nursing home, etc. – unchanged for now
Old Documentation Guideline “Bullets” E/M Note
Documentation Guideline “Bullets” E/M Note
New reporting guidelines and code selection for **office/outpatient** E/M services will be based on:

- Medically Appropriate History and/or Examination
- Medical Decision Making
- Total Time on the Day of Encounter

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<th>Patient Type</th>
<th>CPT code 99201</th>
<th>99202</th>
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<tr>
<td>Established patient</td>
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</tbody>
</table>

CPT 99201 - deleted,
CPT 99211 - low level, non-MD encounter
New method of documentation guidelines for outpatient and office E/M codes - MDM

Need only 2 out of the 3
Help Is Out There

- [https://www.facs.org/advocacy/practmanagment/cpt](https://www.facs.org/advocacy/practmanagment/cpt)
Help Is Out There

- https://www.facs.org/advocacy/practmanagement/em-education
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- [https://www.facs.org/advocacy/practmanagement](https://www.facs.org/advocacy/practmanagement)
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- [https://www.facs.org/advocacy/practice-protection](https://www.facs.org/advocacy/practice-protection)
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Questions?

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