

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



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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



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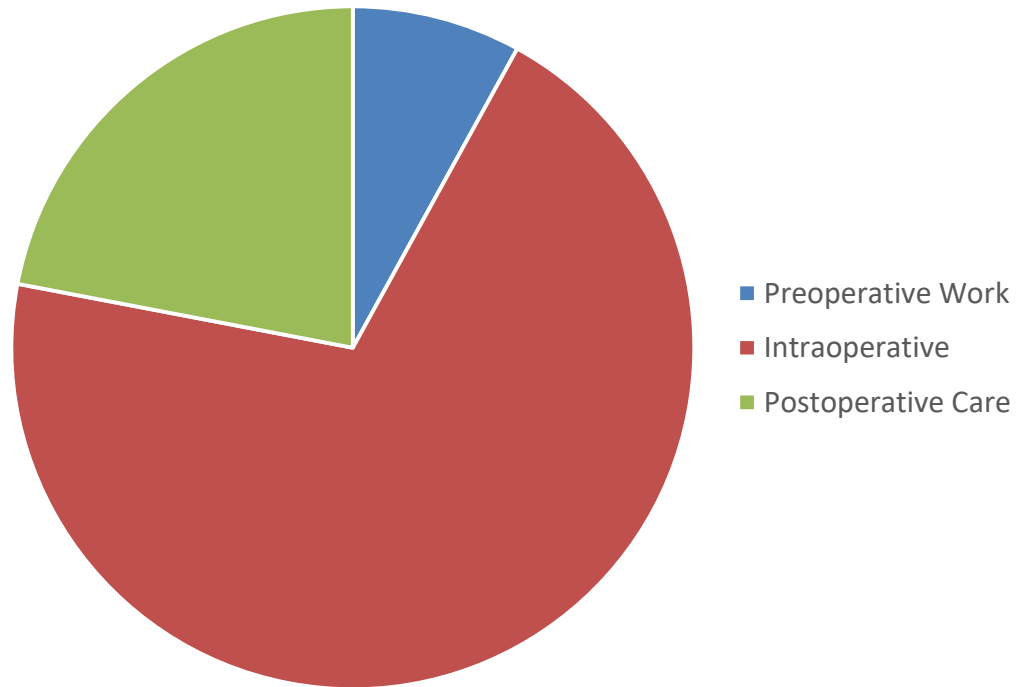
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Global Period

- 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

Typical Division of Surgeon Work
Major Surgery CPT Codes



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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



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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



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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



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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



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New method of documentation guidelines for outpatient and office E/M codes- 2021

- Documentation guidelines- current (1992 /1995 / 1997)
 - 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



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Old Documentation Guideline “Bullets” E/M Note

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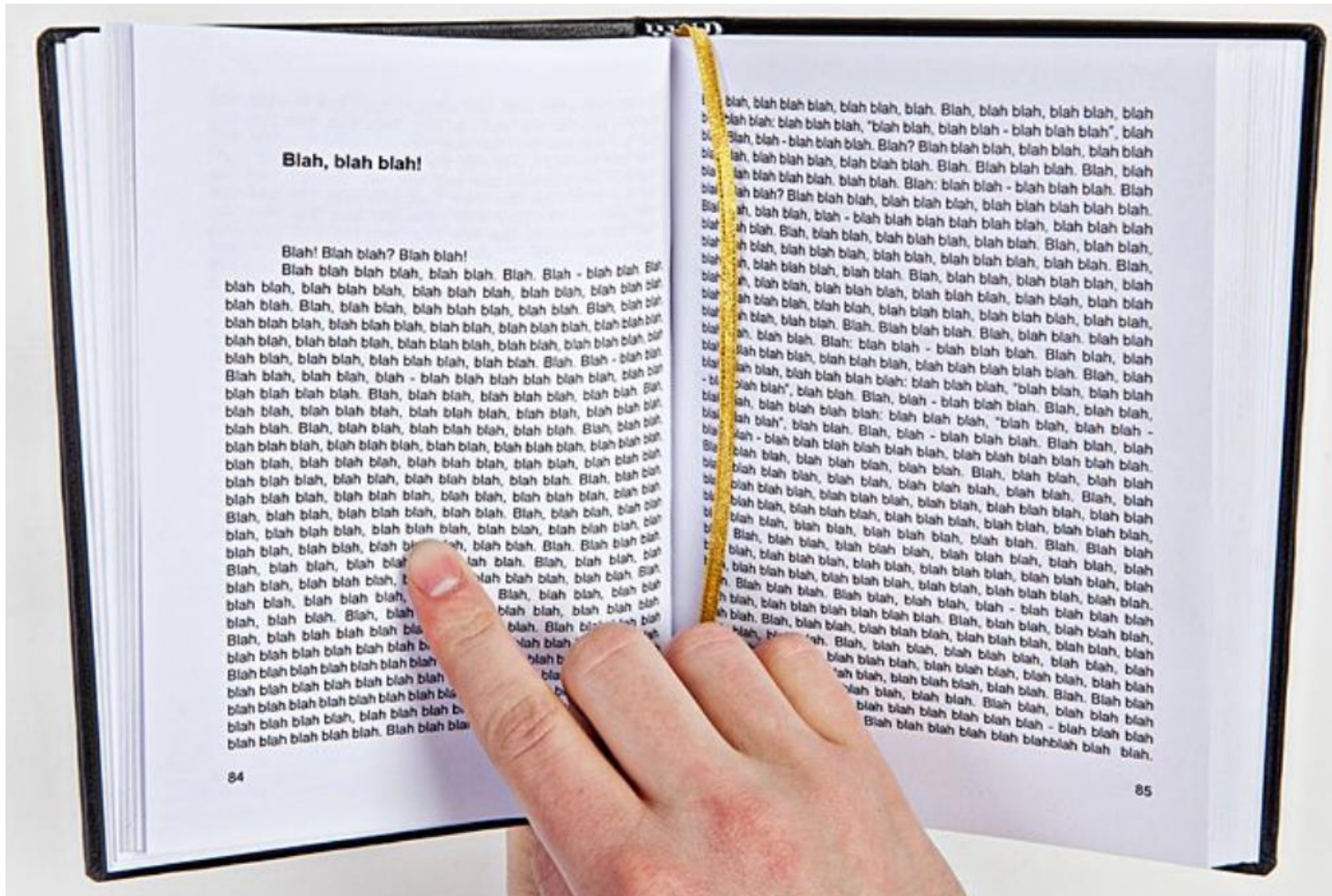


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Documentation Guideline “Bullets” E/M Note

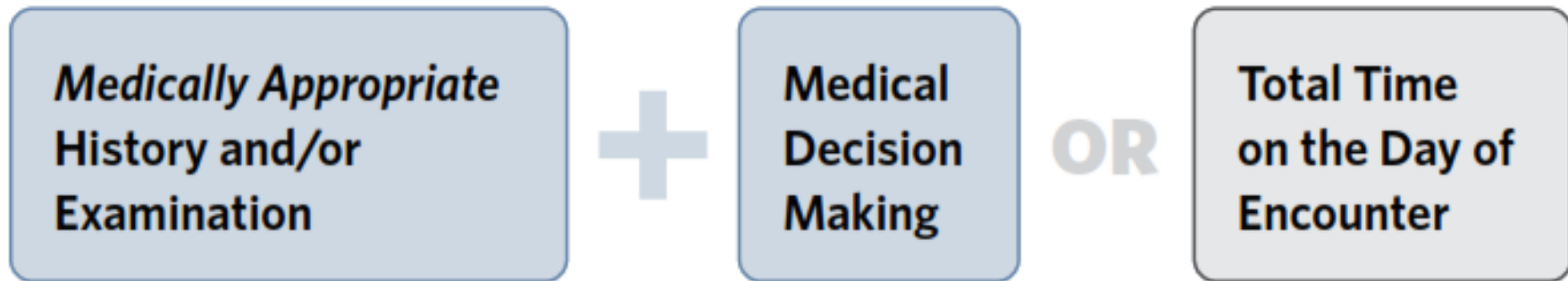


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New reporting guidelines and code selection for **office/outpatient** E/M services will be based on:



	CPT code				
New patient	99201	99202	99203	99204	99205
Established patient	99211	99212	99213	99214	99215

CPT 99201- deleted,
CPT 99211- low level, non-MD encounter



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New method of documentation guidelines for outpatient and office E/M codes- MDM

Element 1:
Problems
Addressed



Element 2:
Data Reviewed
and Analyzed



Element 3:
Risk



Need only 2 out of the 3



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Help Is Out There

- <https://www.facs.org/advocacy/practmanagement/cpt>

The screenshot displays the American College of Surgeons (ACS) website. At the top left is the ACS logo with the text "100+ years" and the tagline "Inspiring Quality: Highest Standards, Better Outcomes". To the right are links for "Become a Member" and "Member Login", and a search bar with "Search Options" and "Enter Keyword". A dark teal navigation bar contains the following menu items: "COVID-19", "Member Services", "Quality Programs", "Education", "Advocacy" (highlighted with a red box), "Publications", and "About ACS". Below the navigation bar is a breadcrumb trail: "American College of Surgeons > Advocacy > Practice Management > CPT Coding Bulletin Articles". The main content area is titled "CPT Coding Bulletin Articles" and includes an introductory paragraph: "Over the years, many Bulletin articles have been written about changes in CPT codes and how to correctly code clinical scenarios. These articles are a great resource for surgeons and their billing staff and have been organized in the below tabs by topic for easy access." Below this text is a list of topic tabs: "Abdomen, Stomach, Liver, Gallbladder", "Hernia", "Intestines, Rectum, Anus", "Breast", "Lymphatic System", "Skin, Integumentary System", "Trauma and Critical Care", "Vascular System", "Modifiers", and "Evaluation and Management". A sidebar on the left also lists these same topics under the heading "CPT Coding Bulletin Articles".

Help Is Out There

- <https://www.facs.org/advocacy/practmanagement/em-education>

2021 Office/Outpatient E/M Visit Coding Changes

E/M Codes

Guidelines for E/M Reporting

History and Examination

Time

Medical Decision Making

Regulatory History and Advocacy

Be prepared for 2021...

Office E/M Coding Changes

...learn how to navigate new CPT guidelines



2021 Office/Outpatient E/M Visit Coding Changes

Help Is Out There

- <https://www.facs.org/advocacy/practmanagement>

Practice Management

CPT Coding Bulletin Articles

On-Demand CPT Coding Courses

COVID-19 Practice Management Resources

2021 Office/Outpatient E/M Visit Coding Changes

ICD-10 Coding

2020 Physicians as Assistants at Surgery Report

ACS Coding Hotline

Webinars

Primers and Compendiums

Quality Payment Program

CPT Coding Bulletin Articles

Abdomen, Stomach, Liver, Gallbladder

Hernia

Intestines, Rectum, Anus

Breast

Lymphatic System

Skin, Integumentary System

Trauma and Critical Care

Vascular System

Modifiers

Evaluation and Management

ICD-10

Practice Management

On-Demand CPT Coding Courses

Office Procedure and E/M Coding

Successful Surgical Coding

Trauma and Critical Care Coding

Register Online

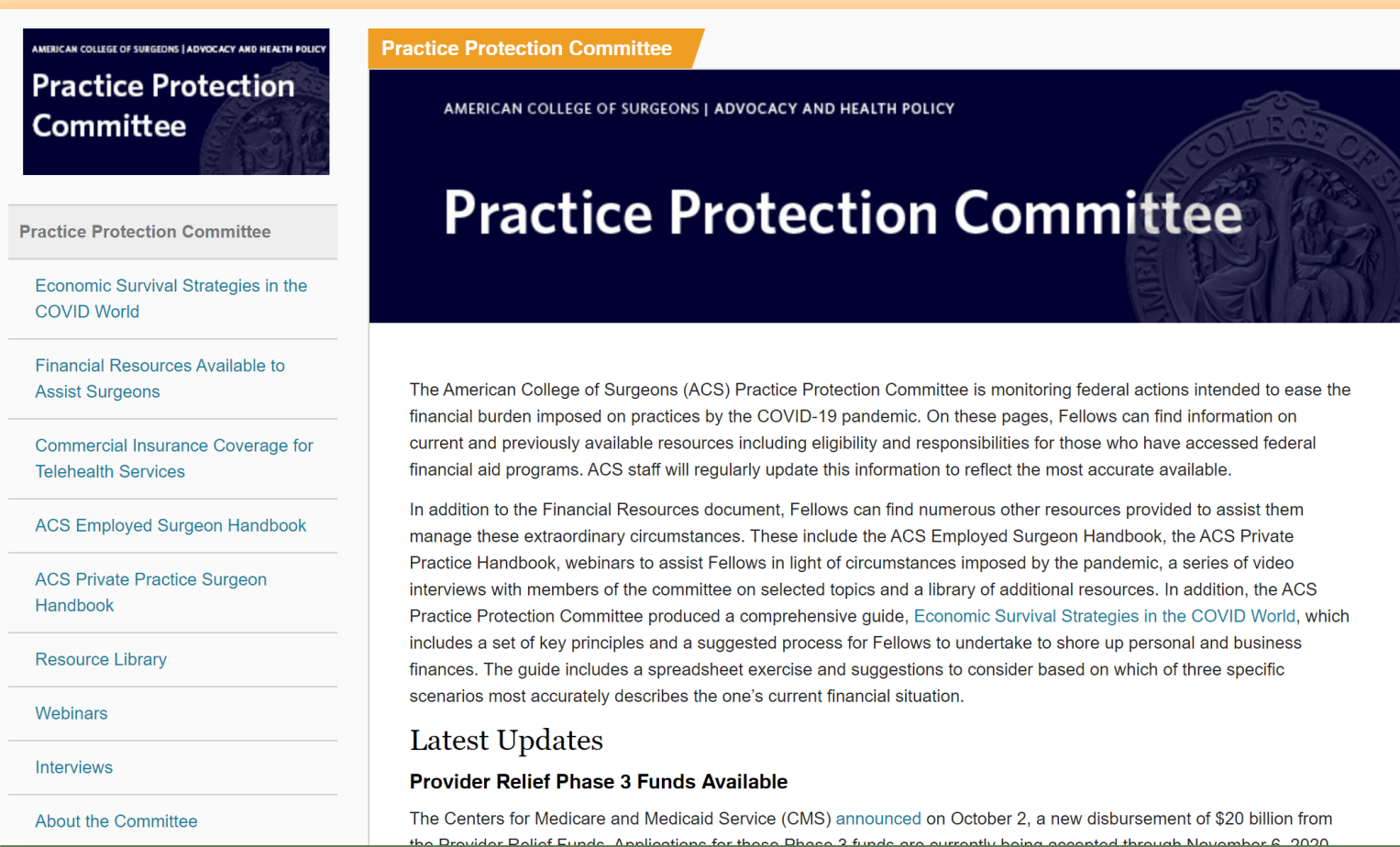


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Help Is Out There

- <https://www.facs.org/advocacy/practice-protection>



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Practice Protection Committee

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Practice Protection Committee

The American College of Surgeons (ACS) Practice Protection Committee is monitoring federal actions intended to ease the financial burden imposed on practices by the COVID-19 pandemic. On these pages, Fellows can find information on current and previously available resources including eligibility and responsibilities for those who have accessed federal financial aid programs. ACS staff will regularly update this information to reflect the most accurate available.

In addition to the Financial Resources document, Fellows can find numerous other resources provided to assist them manage these extraordinary circumstances. These include the ACS Employed Surgeon Handbook, the ACS Private Practice Handbook, webinars to assist Fellows in light of circumstances imposed by the pandemic, a series of video interviews with members of the committee on selected topics and a library of additional resources. In addition, the ACS Practice Protection Committee produced a comprehensive guide, [Economic Survival Strategies in the COVID World](#), which includes a set of key principles and a suggested process for Fellows to undertake to shore up personal and business finances. The guide includes a spreadsheet exercise and suggestions to consider based on which of three specific scenarios most accurately describes the one's current financial situation.

Latest Updates

Provider Relief Phase 3 Funds Available

The Centers for Medicare and Medicaid Service (CMS) [announced](#) on October 2, a new disbursement of \$20 billion from the Provider Relief Funds. Applications for these Phase 3 funds are currently being accepted through November 6, 2020.

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Questions?

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