

# Understanding the Importance of E/M Codes in Risk Adjustment

Presented By:

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# Webinar Participant Tips

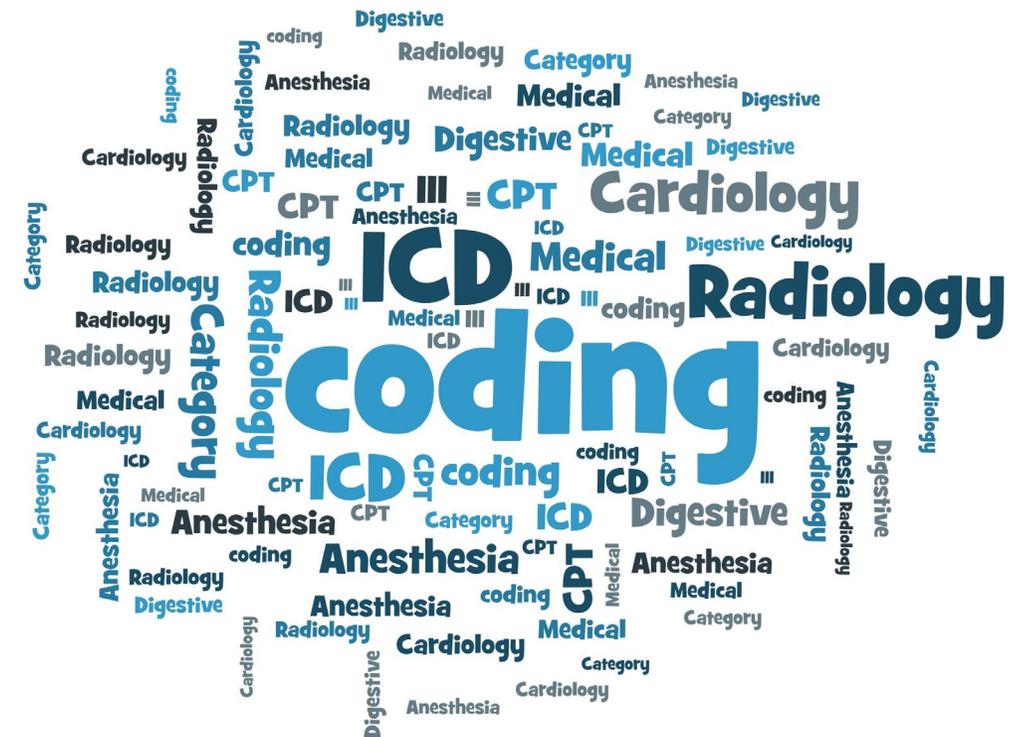
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# Objectives

- Overview of Retrospective Coding from a coding perspective
- Overview of Evaluation and Management codes
- The Importance of E/M Codes in Risk Adjustment
- Discuss ways to assist staff in getting up to speed on E/M

# Quick Snapshot of Risk Adjustment

- Management of a patient's chronic conditions
- The patient's population
- The models
  - Medicare (MA)
  - Commercial (ACA)
  - Medicaid (MCD)
- Prospectives or Retrospective



# Poll

What population do you serve?

- A. Medicare
- B. Commercial
- C. Medicaid
- D. A combination
- E. All
- F. Uncertain



# What is Evaluation and Management?

- Describes WHY the patient was seen
- The way providers and organizations are paid
- What all is included?
  - Office visits for new and established patients
  - Hospital Inpatient and Observation services
  - Consults – Inpatient and Outpatient
  - Emergency Visit Services
  - Nursing Facility Services
  - Home Visits

## EVALUATION AND MANAGEMENT



# More on Evaluation and Management

- CPT<sup>®</sup> – Current Procedural Terminology
  - Created and maintained by the American Medical Association (AMA)
  - Code Range - 98000-98016, 99202-99499
- Don't forget about HCPCS (Level II) – Healthcare Common Procedure Coding System
  - Medicare codes – The equivalence of CPT for non-Medicare patients
  - Codes – G0402, G0438 – G0439

# Why do E/M Codes matter in risk adjustment?

- Identifying valid face-to-face (F2F) encounters
  - Non-Valid Provider Types – 99211 (Nurse Visit)
  - Formats can vary
  - Psych Visits
- Selecting the correct diagnoses codes
- To identify if the service is eligible for Risk Adjustment

# Why do E/M Codes matter in risk adjustment?

- Time Based Services
  - Now considered for E/M so documentation may look different
  - May include time with non-valid providers, so be careful
- Determining the Provider who rendered the service
  - Split or Shared Visits
    - Which provider performed a substantive portion of the encounter when time is not a factor?
    - Which provider performed a substantive portion of the encounter when time is being used as a factor?
  - Students – They may document, but the teaching physician must perform or re-perform the Physical Exam (PE) and Medical Decision Making (MDM) activities. Not to be confused with PGY-1 and PGY-2 which are residents.

# Why do E/M Codes matter in risk adjustment?

- Identifying the correct code usage for the Medicare population
  - Welcome to Medicare- Initial Preventive Physical Exam (One-Time)
  - Annual Wellness Exam – Initial and Subsequent
  - Hospice
  - Sick visit and well visit
- Identifying the correct code usage for the Medicaid population
  - Wellness Exams – Age-appropriate counseling for diet, exercise, contraception, STD, contraception, smoking/tobacco use
  - Immunizations
  - Two visits in one

# Why do E/M Codes matter in risk adjustment?

- Other types of services for all populations
  - Dialysis visits
  - Follow-up visits for surgery and emergent conditions such as myocardial infarctions and pulmonary embolisms
  - Pre-Anesthesia
  - Radiology – Invasive vs non-Invasive



# Did you know?

- E/M codes help us to identify whether we have a valid encounter
  - Skilled Nursing Facility (SNFs)
  - Home Health vs Home Visits
  - Pathology reports
- Inpatient versus Outpatient – How to approach the documentation
- Telehealth – Audio, Video
- Various record formats
  - Can assist with the coding approach based on the E/M that would be submitted

# Understanding the Impact

- Modifiers – Can help determine if additional codes should be selected
- Medical Decision Making – Support, MEAT, TAMPER
  - Medication Management
  - Referrals
  - Management of Chronic Conditions
  - Reviewing of Outside Records
  - Social Determinants of Health (SDoH)

# Poll

Have you ever considered the impact of E/M codes in Risk Adjustment?

- A. Yes
- B. No



# I work in Risk Adjustment using ICD-10-CM!

- ICD-10-CM works in tandem with CPT<sup>®</sup> Codes
- Better understanding of the why helps with the what
- Better overall outcomes



# What can you do?

- Work with staff that has only worked in Risk Adjustment
- Refresher Courses
- Have your Encoder work for you
- Utilize your existing resources - STAFF
- Mini courses – many are FREE

# Resources

Find-A-Code

<https://www.findacode.com/index.html>

CMS Medicare Learning Network

<https://www.cms.gov/files/document/mln006764-evaluation-management-services.pdf>

American Medical Association

<https://www.ama-assn.org/practice-management/cpt>

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