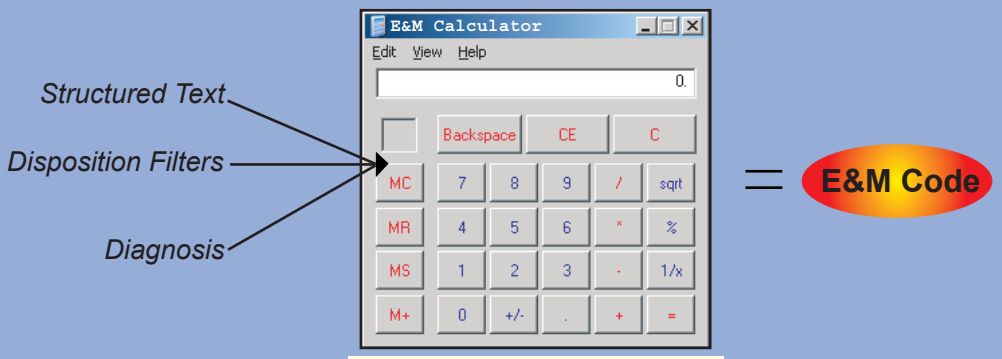
How Does AHLTA Assist with Coding?

Inputs to the E&M calculator include:

- Structured Text Used in S/O
- Diagnosis (A/P)
- Disposition Filters
  - Patient Status (New vs. Existing)
  - Service Type
  - 50% Time Spent Counseling

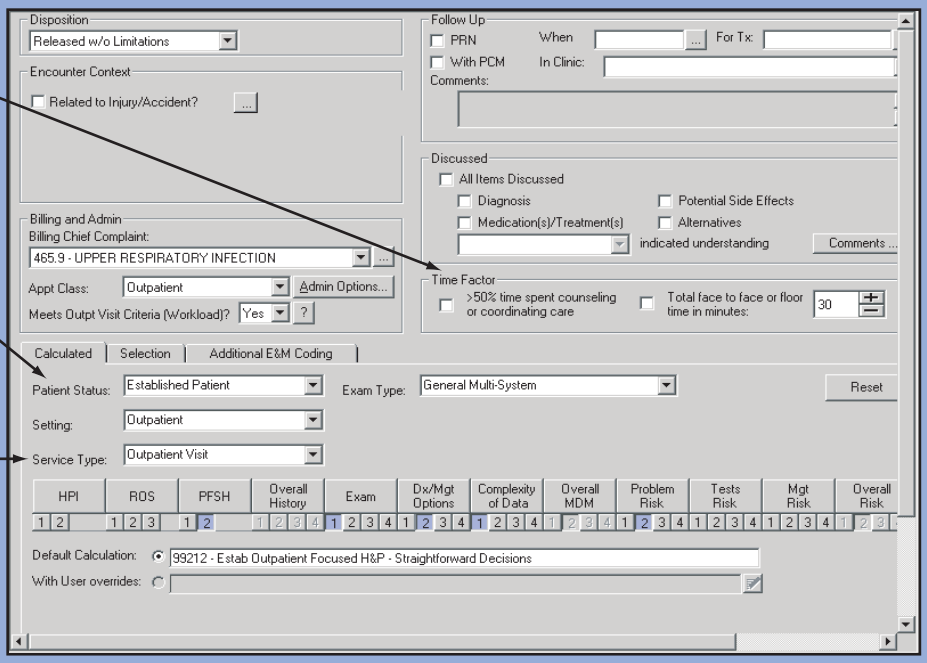


RVUs are also added by documented procedures, and other therapies

Counseling/Coordinating Care
Used only if greater than 50% time was spent counseling patient or coordinating care.

Patient status
Existing Patient: If seen in your clinic in the last 3 year
New Patient: If not seen in your clinic in the last 3 years

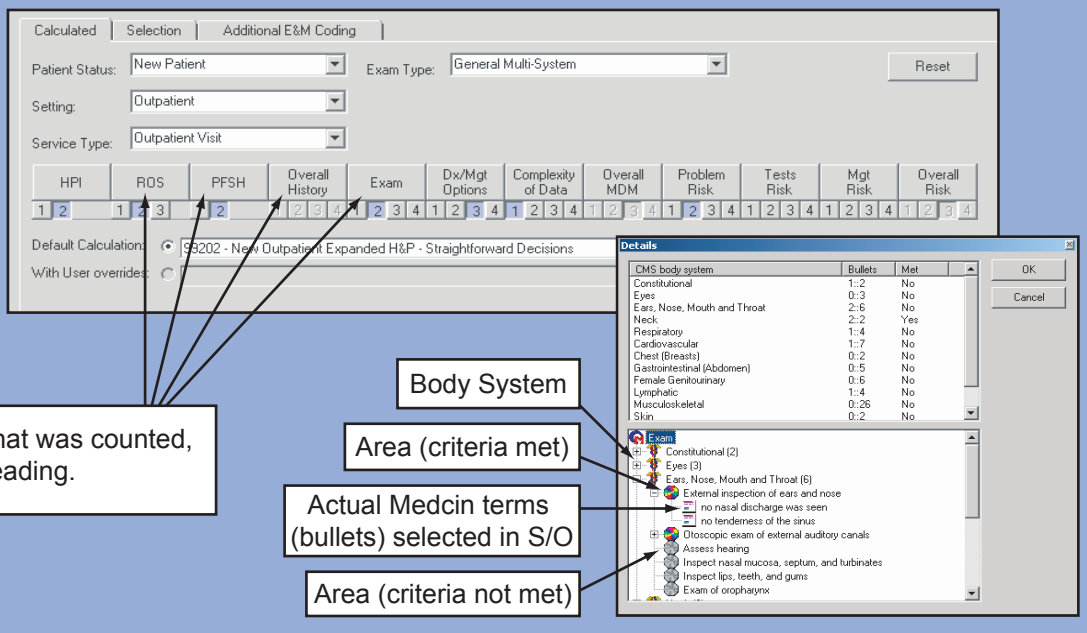
Service Type
Outpatient Visit: If a visit for a new or existing problem or problems
Prev Med Eval / Mgt: If the PRIMARY purpose of the visit was for annual/preventative visit. When preventative visit, v-code (preventative diagnosis) must be the primary diagnosis.
Consult: If patient was REFERRED to you for evaluation



Disposition Module

How can I tell what has been counted?

Users with access to the Disposition module BEFORE an encounter is signed, can review the items that were counted in the E&M code. Simply click on the header to review the bullets that were counted.



To see the details of what was counted, click the appropriate heading.

Body System

Area (criteria met)

Actual Medcin terms (bullets) selected in S/O

Area (criteria not met)

CODING TIPS

Impact of Templates and Forms on Coding

When encounters are audited and the coding is inaccurate, coders can assist providers in adding terms to personal and clinic templates to ensure correct coding. Coders can also create appropriate clinic favorite lists to assist in the selection of appropriate codes.

Immunizations and Coding

Immunizations to be given must be documented in the Immunizations module. CPT codes for the procedure are captured in the A/P module.

CPT Code Selection for Immunizations

Immunizations

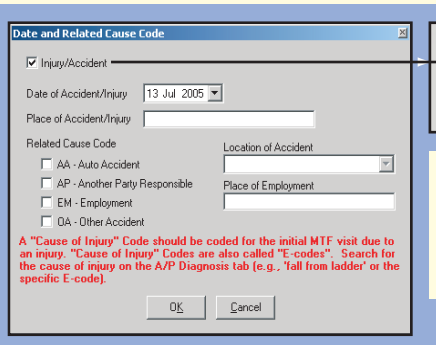
- Single Immunization – 90471
- Any additional Immunizations – 90472. If more than one immunization is given, select the procedure and enter the units of service

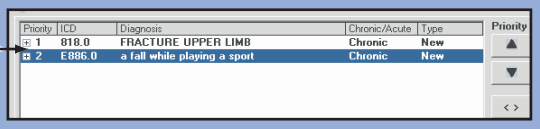
Injections

- Dr. Supervised Injection Intramuscular – 90772
- Dr. Supervised Injection Intramuscular Antibiotic – 90772
- Dr. Supervised Injection Subcutaneous – 90772

Common HCPCS for Medication

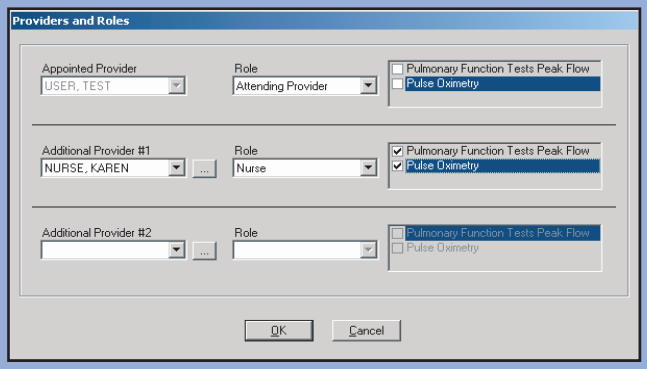
J1055: Medroxyprogesterone Acetate 150 mg (Depo-Provera)
J3420: Vitamin B-12 up to 1000 micrograms
J1070: Testosterone cypionate up to 100 mg
J1200: Diphenhydramine HCl up to 50 mg
J0170: Epinephrine up to 1 mL



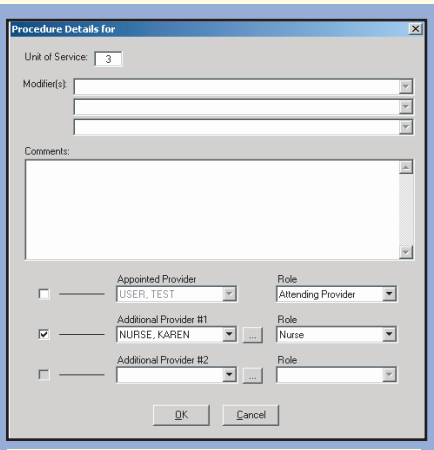


Injury or Accident

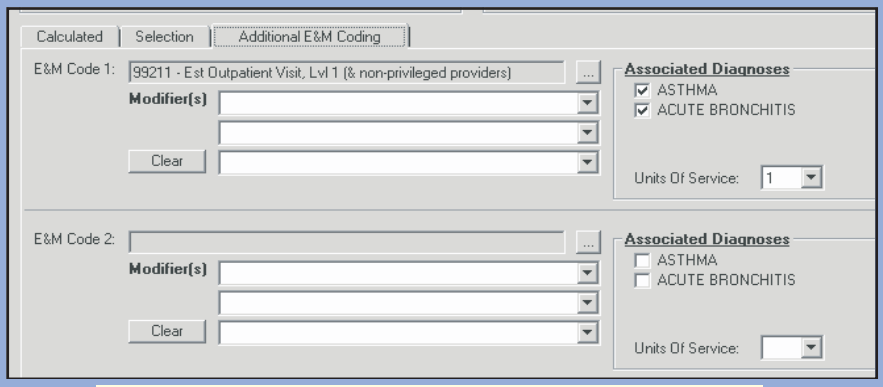
If appointment is related to an injury or accident, the Date and Related Cause Code window must be completed and the e-code must be documented in A/P.



Additional providers can be added to the encounter, as needed. If more than one clinical team member is assigned to an encounter, be sure to associate any procedures to the person who performed the procedure.



Assign CPT modifiers and units of service to procedures to generate appropriate workload credit



Assign E&M modifiers to support services performed under special conditions

HPI Elements • Location • Quality • Severity • Duration • Timing • Context • Modifying Factors • Associated Signs and Symptoms	**Brief** (1-3 Items)	**Brief** (1-3 Items)	**Extended** (4 or more items, or 3 or more chronic conditions addressed)	**Extended** (4 or more items, or 3 or more chronic conditions addressed)
ROS • Constitutional Symptoms (i.e., fever, weight loss) • Eyes • Ears, Nose, Mouth, Throat • Cardiovascular • Respiratory • Gastrointestinal • Genitourinary • Musculoskeletal • Integumentary (Skin and/or Breast) • Neurological • Psychiatric • Endocrine • Hematologic/ Lymphatic • Allergic/ Immunologic	**None**	**Pertinent** Related to CHIEF COMPLAINT (1 System)	**Extended** 2-9 Systems	**Complete** 10 Systems or some systems with all others negative
PFSH Areas • Past History (The Patient's Past Experiences with Illness, Operations, Injuries and Treatments) • Family History (A Review of Medical Events in the Patient's Family, Including Diseases, which may be Hereditary or Place the Patient at Risk) • Social History (An Age Appropriate Review of Past and Current Activities)	**None**	**Pertinent**	**Extended**	**Comprehensive**
Physical Examination • See Details Included in AHLTA Coding Reference Document, Appendix A	**Problem Focused Examination**	**Expanded Problem Focused Examination**	**Detailed Examination**	**Comprehensive Examination**
Medical Decision Making	**Straightforward**	**Low Complexity**	**Moderate Complexity**	**High Complexity**