CODING and RVU's: What CHCS II Can Do For You (and what it can't)

AMEDD

August 2005

Brief Overview

- Relative Value Units (RVU)—"points" you generate by taking care of patients
- Measures complexity of patient care not just visits
- MHS looks at work RVUs
  - Patient complexity
  - Type of visit
  - Procedures

Why are they important?

- Military - Current and Future Resource Allocation is determined in part by RVU's (Will play greater role in near future)

- Civilian life – It determines your paycheck

Brief Overview (con't)

- A provider's RVUs are determined primarily by 2 components
  - Evaluation and Management Code (E&M)
  - Procedures (CPT and HCPCS codes)
- UCAPERS data determines number of FTE but does not influence your RVUs.

How an E&M Code Is Determined—The Basics of an Outpatient Visit

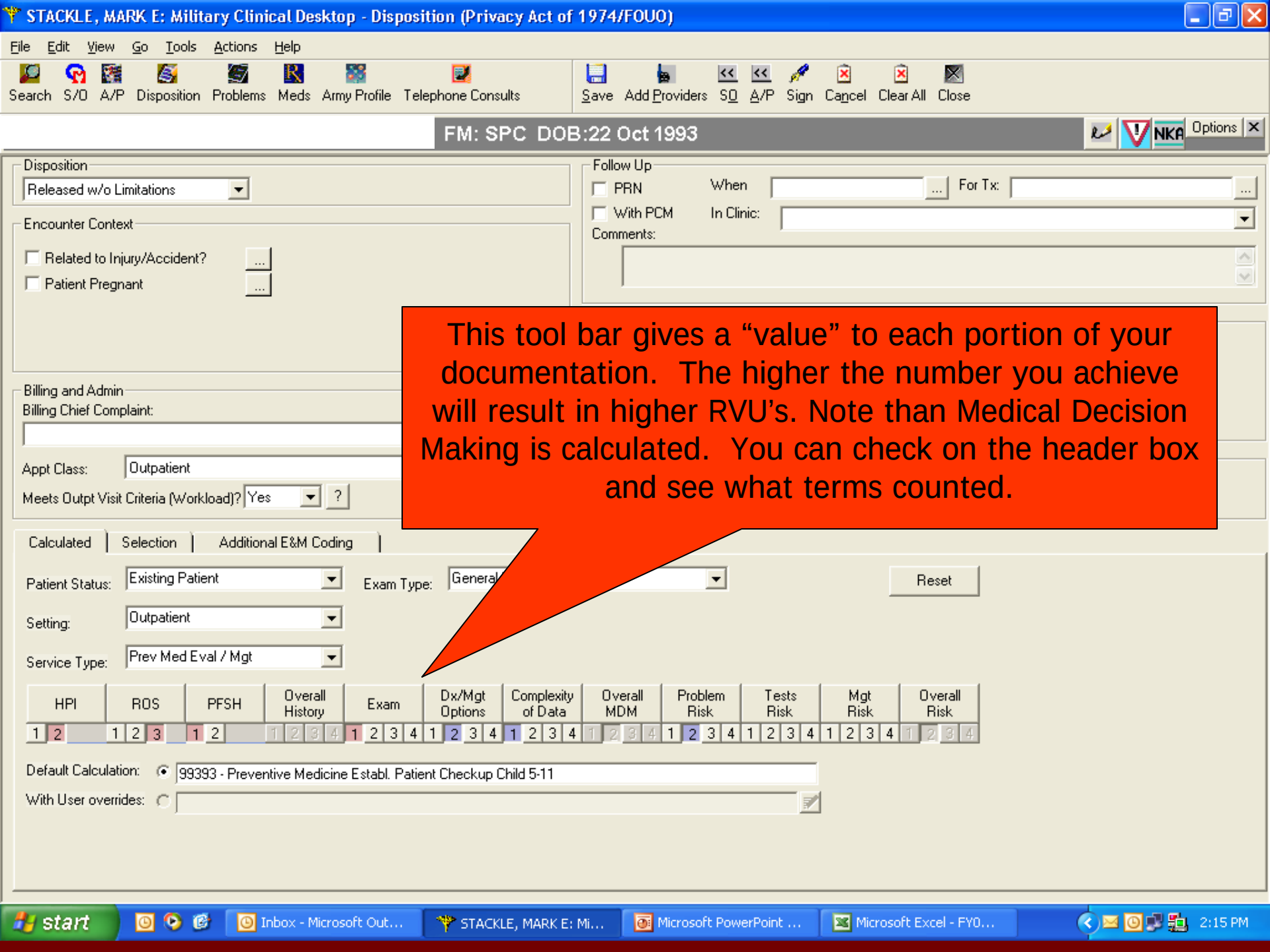
- A typical visit is made up of 3 parts:
  - 1) ***Patient History – Directly Counted from ALHTA Note***
    - History of Present Illness (HPI)
    - Review of Systems (ROS)
    - Past Family Social History (PFSH)
  - 2) ***Physical Examination -Directly Counted from ALHTA Note***
  - 3) ***Medical Decision Making – Currently based on weighted algorithm based upon diagnosis***
    - Diagnosis/Management Risk
    - Complexity of Data
    - Problem Risk
    - Test Risk
    - Management Risk

E&M Coding (con't)

- Each part earns "value" separately. For an established patients the two highest values are used and for a new patient all three values are used. Coding algorithm define the elements that the system is counts. In short the more elements, the more value

- Items to be aware of:
  - The Medcin Chief Complaint should not be used as it give no HPI count.
  - Under ROS – Full count for the system review is given even if only the system term is checked.
  - Under Exam – The system term under exam give NO value. You must check items that indicate specific portions of the exam was done.
  - ALHTA can not count free text so free test should be used after structured terms to add clarity and specification.
  - Most providers list too much in HPI and most of this should be in ROS (ROS should include pertinent positives and negatives).

- CHCS II automatically calculates your E&M codes based on your input.


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
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NKA
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Comments:
Encounter Context
Related to Injury/Accident?
Patient Pregnant
This tool bar gives a "value" to each portion of your documentation. The higher the number you achieve will result in higher RVU's. Note than Medical Decision Making is calculated. You can check on the header box and see what terms counted.
Billing and Admin
Billing Chief Complaint:
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Yes
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Exam Type:
General
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Setting:
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Service Type:
Prev Med Eval / Mgt
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99393 - Preventive Medicine Establ. Patient Checkup Child 5-11
With User overrides:
start
Inbox - Microsoft Out...
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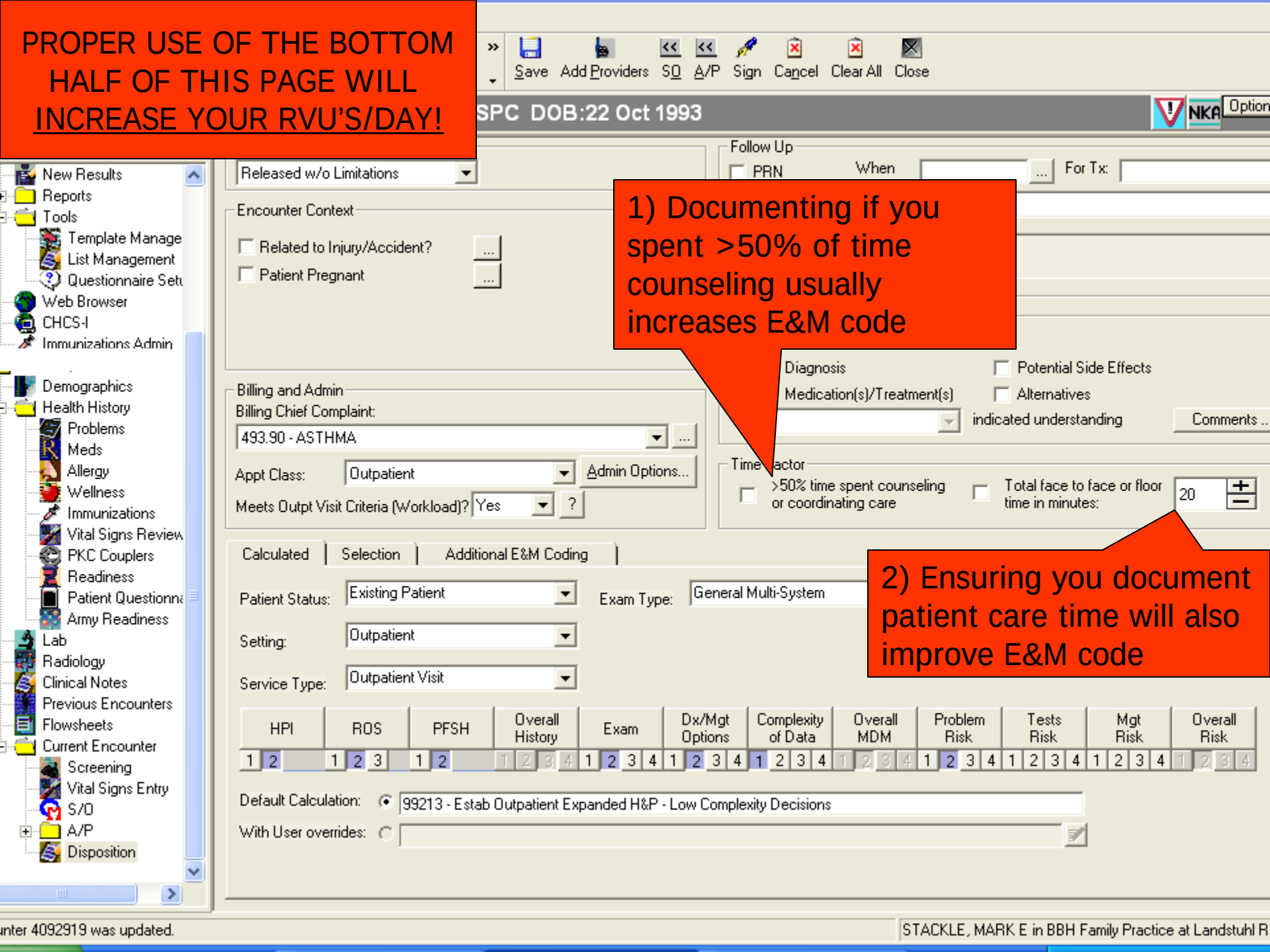
Microsoft PowerPoint ...
Microsoft Excel - FYO...
2:15 PM

Other impacts on E&M code

- Time spent in counseling, coordinating care (this includes all time providing counseling, education or talking with consultants). If this time is greater than 50% of total appointment time, the E&M code is usually increased
- CHCS II allows you to enter this data easily on the Disposition page.


PROPER USE OF THE BOTTOM HALF OF THIS PAGE WILL INCREASE YOUR RVU'S/DAY!
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Army Readiness
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Previous Encounters
Flowsheets
Current Encounter
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Vital Signs Entry
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Disposition
Released w/o Limitations
Follow Up
PRN
When
For Tx:
Encounter Context
Related to Injury/Accident?
Patient Pregnant
1) Documenting if you spent >50% of time counseling usually increases E&M code
Diagnosis
Medication(s)/Treatment(s)
Potential Side Effects
Alternatives
indicated understanding
Comments ..
Billing and Admin
Billing Chief Complaint:
493.90 - ASTHMA
Appt Class:
Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)?
Yes
Time Factor
>50% time spent counseling or coordinating care
Total face to face or floor time in minutes:
20
2) Ensuring you document patient care time will also improve E&M code
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Exam Type:
General Multi-System
Setting:
Outpatient
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
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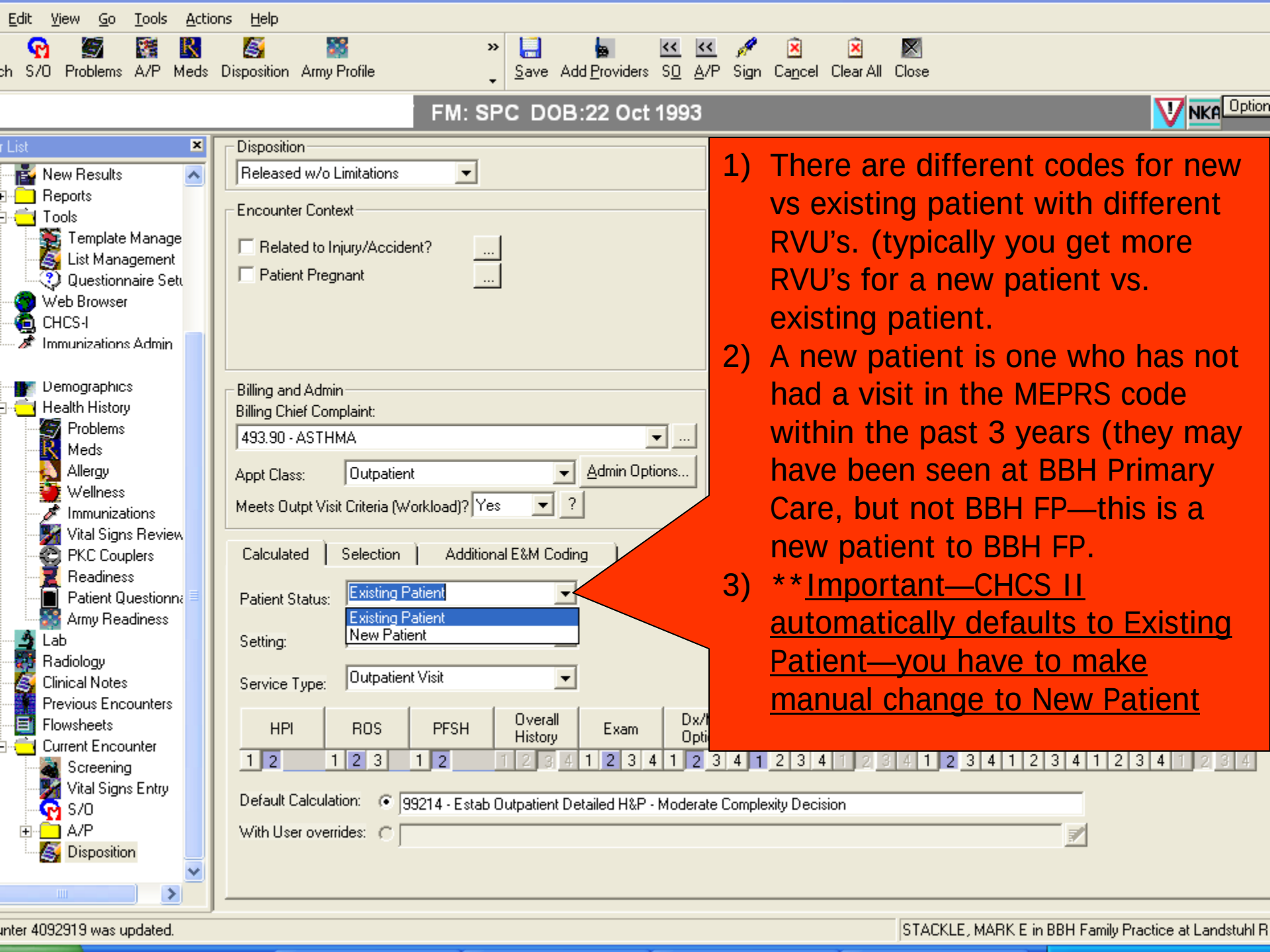
STACKLE, MARK E in BBH Family Practice at Landstuhl R

Sample RVU Numbers

- New versus Established (more points for new patients)

- E&M Codes — New/EST
  - 99212 (Prob Focused) — 0.45/0.45 RVU
  - 99213 (Expanded Prob Focused) — 0.88/0.67 RVU
  - 99214 (Moderate Complexity) — 1.34/1.10 RVU
  - 99215 (High Complexity) — 2.67/1.77 RVU
  - 99381/91 (Prev Med 0-1 yo) — 1.19/1.02 RVU
  - 99382/92 (PM 1-11 yo) — 1.36/1.19 RVU
  - 99385/95 (PM 18-39 yo) — 1.53/1.36 RVU
  - 99386/96 (PM 40-64) — 1.88/1.53 RVU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Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Billing and Admin
Billing Chief Complaint:
493.90 - ASTHMA
Appt Class: Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)? Yes
Calculated
Selection
Additional E&M Coding
Patient Status: Existing Patient
Existing Patient
New Patient
Setting:
Service Type: Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision
With User overrides:
1) There are different codes for new vs existing patient with different RVU's. (typically you get more RVU's for a new patient vs. existing patient.
2) A new patient is one who has not had a visit in the MEPRS code within the past 3 years (they may have been seen at BBH Primary Care, but not BBH FP—this is a new patient to BBH FP.
3) **Important—CHCS II automatically defaults to Existing Patient—you have to make manual change to New Patient
unter 4092919 was updated.
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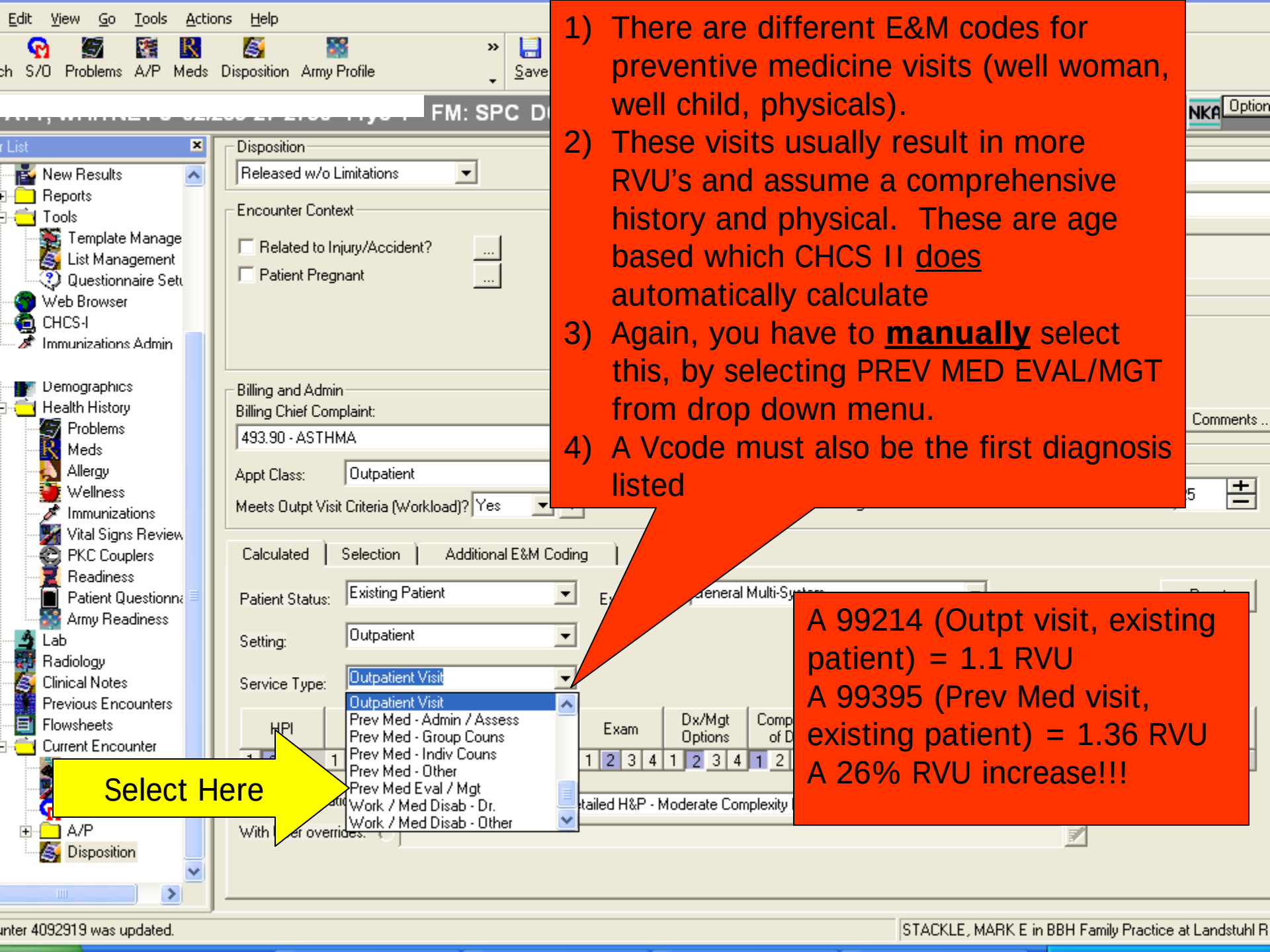
1) There are different E&M codes for preventive medicine visits (well woman, well child, physicals).
2) These visits usually result in more RVU's and assume a comprehensive history and physical. These are age based which CHCS II does automatically calculate
3) Again, you have to **manually** select this, by selecting PREV MED EVAL/MGT from drop down menu.
4) A Vcode must also be the first diagnosis listed
A 99214 (Outpt visit, existing patient) = 1.1 RVU
A 99395 (Prev Med visit, existing patient) = 1.36 RVU
A 26% RVU increase!!!
Select Here
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Billing and Admin
Billing Chief Complaint:
493.90 - ASTHMA
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Yes
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Setting:
Outpatient
Service Type:
Outpatient Visit
Outpatient Visit
Prev Med - Admin / Assess
Prev Med - Group Couns
Prev Med - Indiv Couns
Prev Med - Other
Prev Med Eval / Mgt
Work / Med Disab - Dr.
Work / Med Disab - Other
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Examples of RVU Generation

- If considering E&M coding only, a provider coding only 99212 (0.45 RVU/visit) and NO procedures would need to see approximately **34 patients per day** to achieve the Army's Primary Care Goal.
- A provider averaging a 99213 (0.67 RVU/visit) and NO procedures would need to see **23 patients per day.**
- A provider seeing (12 @ 99213, 6@99214) meets the criteria.

TELCON RVU

- Telephone Consults Count toward RVU totals (Please make sure that these get submitted!)
- A 99371 (brief phone call) counts as **0.24 RVU**
- A 99372 (intermediate phone call—i.e. made treatment change) is **0.60 RVU**

PROCEDURES

- Correct documentation of procedures is ESSENTIAL!
- Procedure RVU's are **added** to the E&M code.
- For example: visit for impaired hearing (E&M 99213 = 0.67) + ear wax removal (RVU = 0.61). TOTAL = 1.28 RVU
- IMPORTANT: Although the RVU are counted and "billed" under the provider just in civilian practice, the RVU total is a measure of the healthcare teams work.

SAMPLE PROCEDURE RVUs

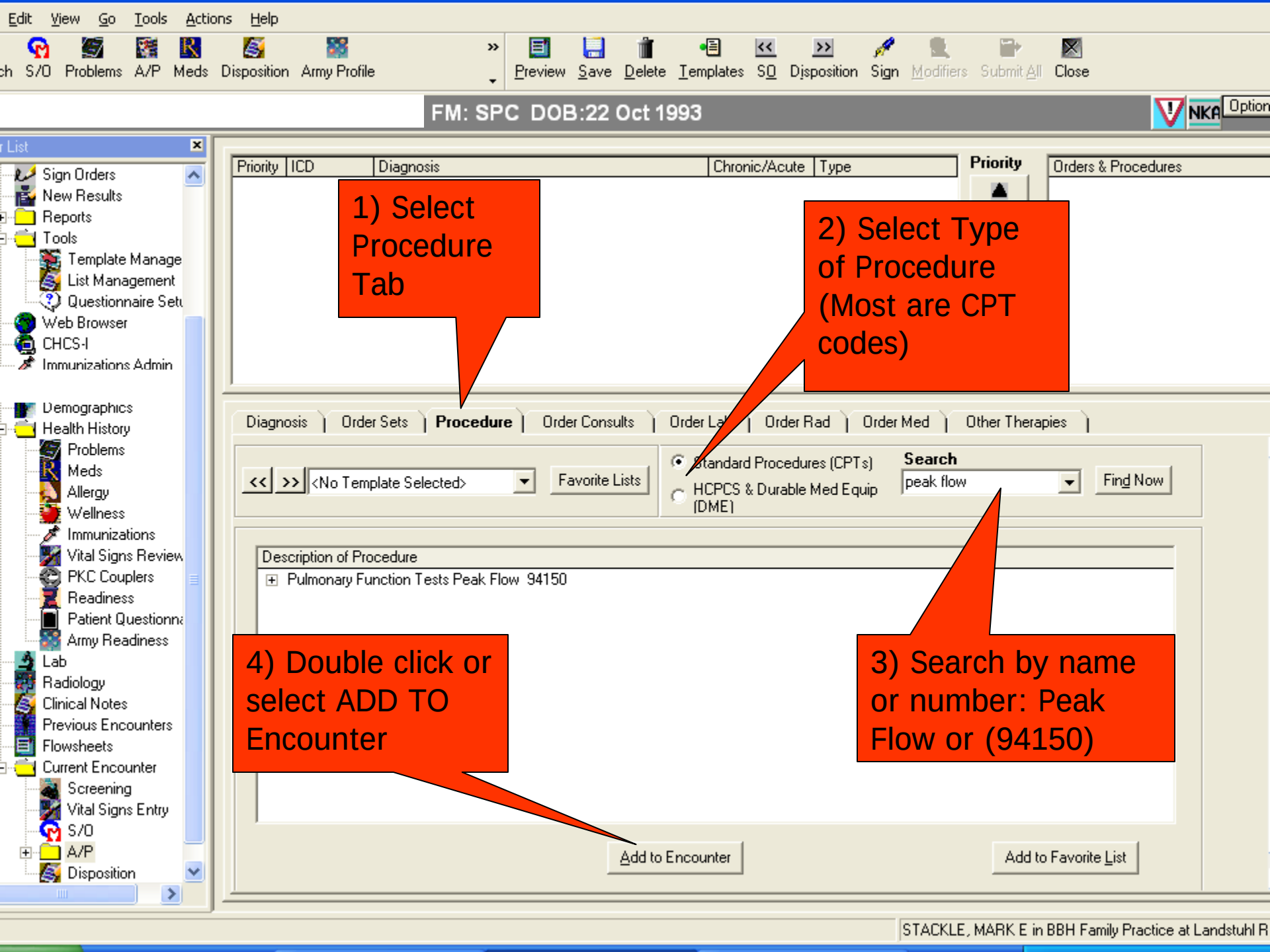
Circumcision	1.81 RVU
Ear Wax Removal	0.61 RVU
Excision of Skin Tags	0.77 RVU
I&D Abscess	1.17 RVU
Punch Biopsy	0.81 RVU
IV Fluid, 1 hour	0.17 RVU

Procedure RVU

Nebulizer Treatment	0.32 RVU
EKG Reading	0.17 RVU
Cryotherapy of skin	0.76 RVU
Screening Pap by Physician	0.37 RVU
IM/SC Injection	0.17 RVU
Oxygen Sat Reading	0.04 RVU

What About Procedures?

- A Properly Coded Well Woman Exam can increase RVU by proper coding RVU's:
  - E&M Prev Med visit (99395) = 1.36 RVU
  - Procedure: Screening Pap Smear (HCPCS Q0091) = 0.37 RUV,
  - **1.73 RVU** for a 30 minute appt.
  - (You would only need to see 9 well woman patients to meet the 15.4 RVU/day goal)


Edit View Go Tools Actions Help
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Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
FM: SPC DOB:22 Oct 1993
NKA
Priority ICD Diagnosis Chronic/Acute Type
Priority
Orders & Procedures
1) Select Procedure Tab
2) Select Type of Procedure (Most are CPT codes)
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
<No Template Selected>
Favorite Lists
Standard Procedures (CPTs)
HCPCS & Durable Med Equip (DME)
Search
peak flow
Find Now
Description of Procedure
Pulmonary Function Tests Peak Flow 94150
4) Double click or select ADD TO Encounter
3) Search by name or number: Peak Flow or (94150)
Add to Encounter
Add to Favorite List
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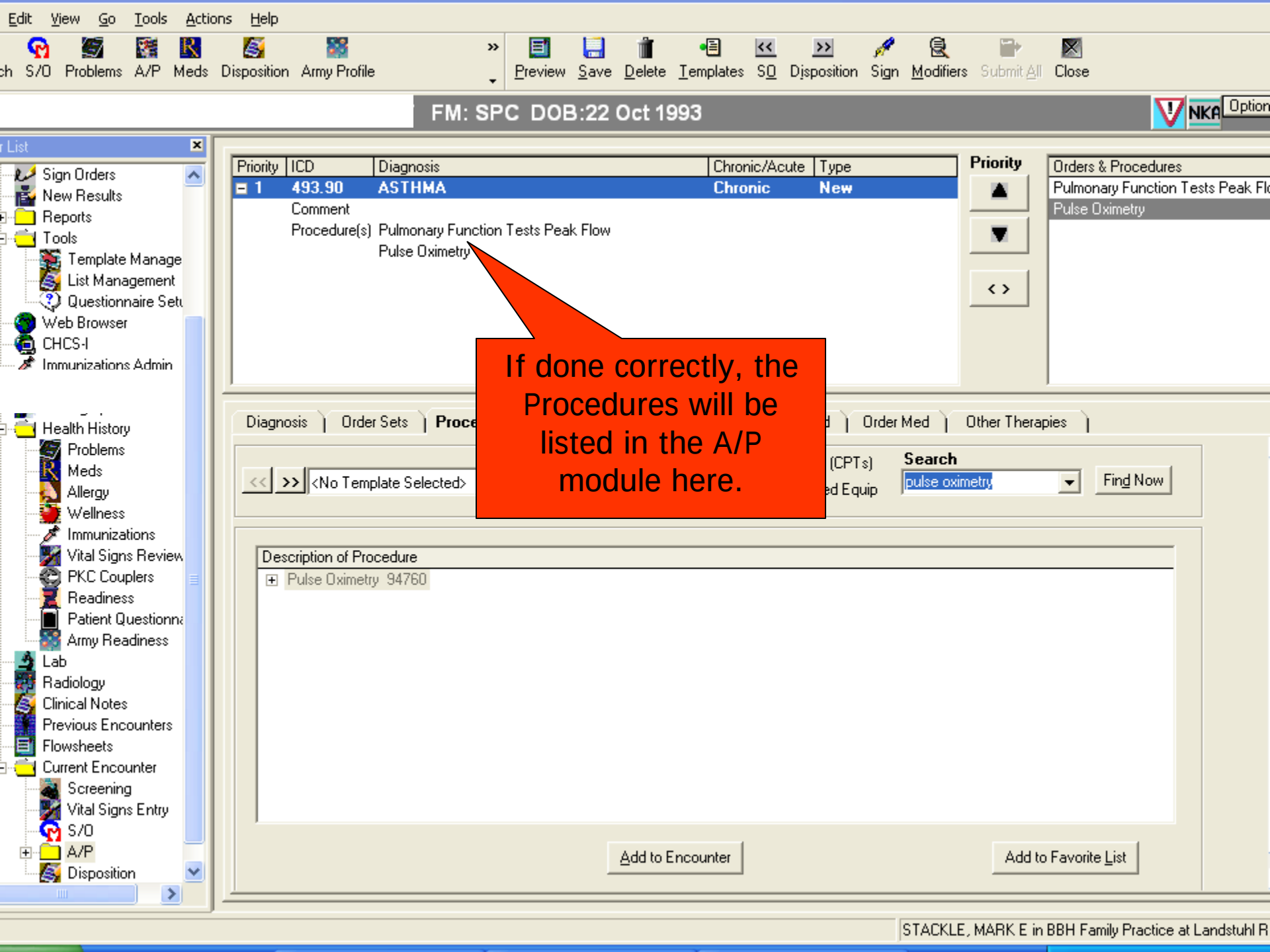
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Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
FM: SPC DOB:22 Oct 1993
NKA
Priority ICD Diagnosis Chronic/Acute Type
1 493.90 ASTHMA Chronic New
Comment
Procedure(s) Pulmonary Function Tests Peak Flow
Pulse Oximetry
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Find Now
Description of Procedure
Pulse Oximetry 94760
Add to Encounter
Add to Favorite List
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How to increase RVU's/Day

- Increase number of appointments (remember example of 34 visits coded with 99212 will achieve Army goal)
- Increase quality of documentation to achieve greater E&M codes per visit. (i.e. if you document more ROS, Physical Exam, etc... you will achieve a greater E&M code)
- Increase number of procedures done (and documented)
- Providing preventive and comprehensive care will also result in fewer visits that can improve patient access.

KEY POINTS

- Knowing how to document accurately and completely results in improved RVUs/Day
- Procedures
- Counseling/Education
- New vs. Existing Patients (remember if a patient hasn't been seen in that MEPRS in 3 years, they are a new patient)
- Outpatient Visit vs. Preventive Medicine Visits vs. Consult
  - Consult is only for the FIRST visit in the clinic for that condition. If the provider ask the patient to come back, it is a outpatient established visit.
  - If the consult is actually a referral (please see and treat), the first visit is a new patient outpatient visit and NOT a consult.
- Maximize documentation in ROS and Exam areas. Limit items in HPI.

Questions???