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Evaluation and Management Code Use in Audiology

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Billing, Coding, and Reimbursement Bootcamp

- This course is part of a series of recorded and text courses by Dr. Cavitt
- This series is designed to provide **all you need to know** about billing, coding, reimbursement, and legal/ethical compliance issues for audiology practices
- Other courses in the series can be found in the AudiologyOnline course library, under the topic Billing/Coding Bootcamp

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Evaluation and Management Code Basics

- These are the codes physicians and non-physician practitioners (such as nurse practitioners and physician assistants) utilize to bill for office visits.
 - Per the CPT manual, these codes can be used by “qualified health professionals who are authorized to perform such services within the scope of their practice”
 - Please note: Most E/M code descriptions (except 99211) contain the term “physician”
 - As a result, use of these codes does contain some level of risk

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Evaluation and Management Code Basics

- Common codes to be considered by audiologists are 99201-99203 and 99211-99213
 - Avoid 99204-99205 and 99214-99215 as inappropriate for audiologists as this level of code requires a high risk of morbidity and mortality (which otologic issues do not contain)

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The Do’s of E/M

- Consult your payer contracts and fee schedules to determine if they allow for the use of E/M codes by audiologists
 - If they do not, do not use them
- Confirm that your state licensure laws allow for evaluation and management services
- If you bill one payer for E/M codes, you must bill all (including patients when non-covered by payer)
- Meet the documentation requirements of E/M codes or don’t use them
- Read the E/M section of your CPT Manual and https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf before proceeding

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The Don'ts of E/M

- Do not utilize these codes for hearing aid visits
 - These are only for use in diagnostic test situations
 - Use 92592/3 for hearing aid checks
- Do not use these codes if work in an ENT or hospital setting
 - Risks too great of billing two E/M codes from the same facility for the same patient on the same date of service

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Evaluation and Management Codes

- New patient versus established patient
 - They are established if they have seen you or another audiologist in your practice within the last three years
- Outpatient versus inpatient
- Examination: Paid separately; don't double bill
- Ignore the time designates on the code

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Evaluation and Management Codes

- Type of history: problem focused, expanded problem focused, detailed, comprehensive
 - Chief complaint
 - History of present illness (brief or extended)
 - Review of systems (none, problem pertinent, extended, complete)
 - Past, family, and/or social history (none, pertinent, complete)

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Review of Systems

- Components:
 - Review of systems
 - Constitutional symptoms
 - Eyes
 - Ears, nose, mouth and throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary (urinary/genital)
 - Neurological
 - Psychiatric
 - Endocrine
 - Hematologic/lymphatic
 - Allergic/immunologic

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Case History

- Components:
 - Family history
 - Health status or cause of death of parents, siblings and children
 - Specific disease history of parents, siblings and children
 - Hereditary medical conditions

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Case History

- Components:
 - Past history
 - Prior major diseases, illnesses, injuries or accidents
 - Surgical history
 - Current medications or treatments
 - Allergies (specifically latex)

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Case History

- Components:
 - Social history
 - Marital status, including domestic partners
 - Employment/occupational history
 - History of drug, alcohol and tobacco use

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Evaluation and Management Codes

- Problem focused
 - Chief complaint
 - Brief history of present illness or problem
- Expanded problem focused
 - Chief complaint
 - Brief history of present illness or problem
 - Problem pertinent system review

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Evaluation and Management Codes

- Detailed
 - Chief complaint
 - Extended history of present illness or problem
 - Problem pertinent system review expanded to include a limited number of additional, appropriate systems
 - Problem pertinent past, family and/or social history
- Comprehensive
 - Chief complaint
 - Extended history of present illness or problem
 - Review of all 14 body systems
 - Complete past, family and/or social history

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Evaluation and Management Codes

- Medical decision making: Straightforward, low complexity, moderate complexity, high complexity
 - Number of diagnoses or management options: minimal, limited, multiple, extensive
 - Amount and complexity of data to be reviewed: none, minimal, limited, moderate, extensive
 - Risks of significant complications, morbidity, or mortality: minimal, low, moderate, high

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E/M Codes

- New patient
 - 99201:
 - Problem focused history
 - Straightforward medical decision making
 - 99202:
 - Expanded problem focused history
 - Straightforward medical decision making
 - 99203:
 - Detailed history
 - Medical decision making of low complexity

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E/M Codes

- Established patient
 - 99211:
 - Does not require a physician
 - 99212:
 - Problem focused history
 - Straightforward medical decision making
 - 99213:
 - Expanded problem focused history
 - Medical decision making of low complexity

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