

Happy New Year!

Greetings, and welcome to all of our new subscribers! We hope that you have all had an enjoyable and restful holiday season, and that the year 2004 is full of wonderful opportunities for you!

This month's issue focuses on the use of Teaching Physician Guidelines and their effect on compliance coding techniques.

In addition, we've included an analysis of the growth of E&M Services and Charges since 1998, as well as a helpful technical tip on how to change the look and feel of your onscreen file listings.

We hope you enjoy this issue and find it useful. As always, our goal is to provide you, the professional coder, with the tools and tips you need to make your job easier.

Shirley Moy

President
Spring Management Systems, Inc.

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Teaching Physician Guidelines

Teaching Physician Guidelines refers to the documentation requirements defined by Medicare for the Evaluation and Management (E/M) services billed by a teaching physician.

Implementation of the Teaching Physician Guidelines allows a practice to be designated as a Teaching Facility and /or a Primary Care Exception. A practice defined as a Teaching Facility must be a participant in an approved graduate medical education (GME) residency program in medicine, osteopathy, dentistry, or podiatry.

Residents working within such a facility are allowed to furnish services to individual patients under the supervision of a teaching physician. Services are then coded and billed based on whether the teaching physician was physically present during various stages of the examination process. In general, the teaching physician must be present for key or critical portions of the service for valid E/M code billing to occur.

In addition, if the facility has been granted a Primary Care Exception, a select number of lower level E/M services may also be billed to Medicare even if the services were provided by the resident without the direct supervision of the teaching physician. These E/M exception codes include 99201-99203 and 99211-99213.

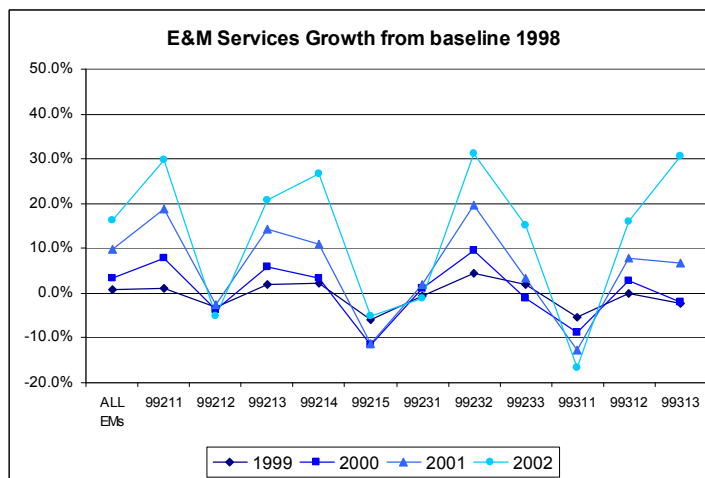
To provide our users with a reliable and consistent means of allowing for Teaching Physician Guidelines, Spring Management has incorporated the guidelines into our new

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E&M Coding Trend Analysis – “Growth of Services and Charges”

This month our statistical analysis involves the historical growth, from a coding perspective, of E&M Services and Charges. The analysis, based on Medicare data from 1998 through 2002, illustrates a variety of interesting trends.

A general review of the statistics shows that the top ten E/M codes include Established Patient Office Visits (99211-99215) Subsequent Hospital Care (99231-99233), and Subsequent Nursing Facility Care (99311-99312). In addition, the most commonly coded CPT was code 99213, for established



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Teaching Physician Guidelines - continued

E&M Coder v7.0. The software allows a Practice to be defined as a Teaching Facility simply by checking the appropriate box on the Practice Setup screen. In a similar way, individual doctors can be flagged as Residents.

When a patient visit is recorded, a Resident Doctor can be selected in addition to the supervising physician, activating the Teaching Physician Guidelines. The Guidelines are then used to calculate the appropriate E/M code and determine compliance based on guideline rules.

Resident Doctor:
 Smith, Brandon

TP performed/was present during History or time-based service

TP performed/was present during Exam or time-based service

TP commented on findings

TP commented on management plan

In addition, all associated reporting reflects the fact that Teaching Guidelines were used, making it easy to identify incomplete documentation.

Patient Encounter Report:

PRACTICE		OPTIMAL		DOCUMENTED	
99201	99201	No TPG	0	X	0

For complete details on Medicare's Teaching Physician Guidelines, see:

http://www.cms.gov/manuals/pm_trans/R1780B3.pdf

Subscriber Discount!

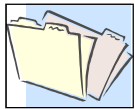
We're pleased to offer a special discount to all of our valued newsletter subscribers on purchases of **E&M Coder 7.0**. Simply mention the following discount code when ordering (**N401010**) and receive a 10% discount!



"The Constitution only gives people the right to pursue happiness. You have to catch it yourself"



-Ben Franklin

Pro Coder Tech Tip**File Folder View:
Getting All the Details!**

In this age of the paperless office, it is increasingly important to stay organized and efficient when keeping track of electronic files. Often the most challenging task is simply to find the file you're looking for! Windows makes the job of browsing for files easier by offering several different display formats.

To change the way your files are displayed, click on the **View** menu option at the top of your Explorer (or My Computer) screen. The dropdown menu provides a variety of options, including Thumbnails, Tiles, Icons, List and Details. Although all of these options have various advantages, our focus today is on the **Details** view.

The Details option displays all files in a folder as an ordered list. To set the Details format, click on **Details** in the **View** menu. Remember, you can change

Name	Size	Type	Date Modified
IM000046.jpg	58 KB	JPEG Image	2/16/2002 9:11 AM
IM000047.jpg	73 KB	JPEG Image	2/16/2002 9:15 AM

this at any time!

When the file list is displayed, you can sort by any column of data by simply clicking on the gray header bar at the top of the list. For example, you can view the list in date order by clicking on the Date Modified header. Click multiple times on the header to alternate the sort order from ascending to descending order,

Date Modified ▼

as indicated by the displayed arrow.

Another nice feature of the Details option is the ability to choose which specific pieces of file information you'd like to display. Simply click **Choose Details...** on the **View** dropdown menu, and check the boxes next to the data of interest to you. For example, you can choose to see each file's Name, Size, Date Modified and Number of Pages if appropriate.

This is where you can also select the order of the data displayed by highlighting the specific data item and moving it up or down in the list using the **Move Up** or **Move Down** buttons. In this way you have total control over the type of information displayed!

For further details on how to organize your file folder system, including a variety of different onscreen display options, visit our Tech Tip page at:

<http://www.emcoder.com/techtip0104.html>

E&M Coding Trend Analysis - continued

patient office visits.

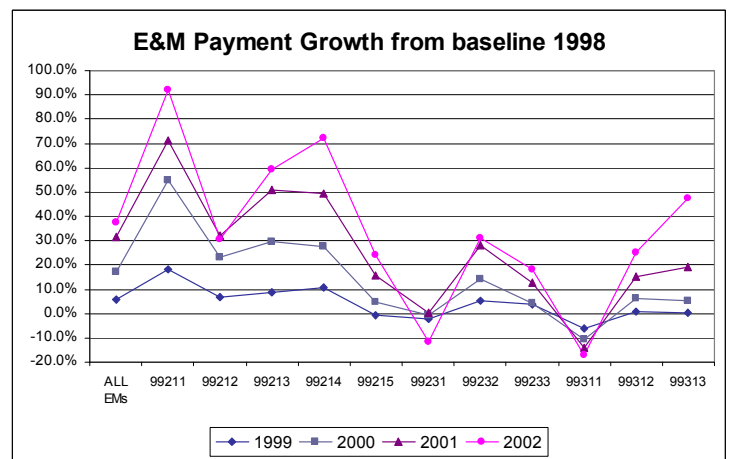
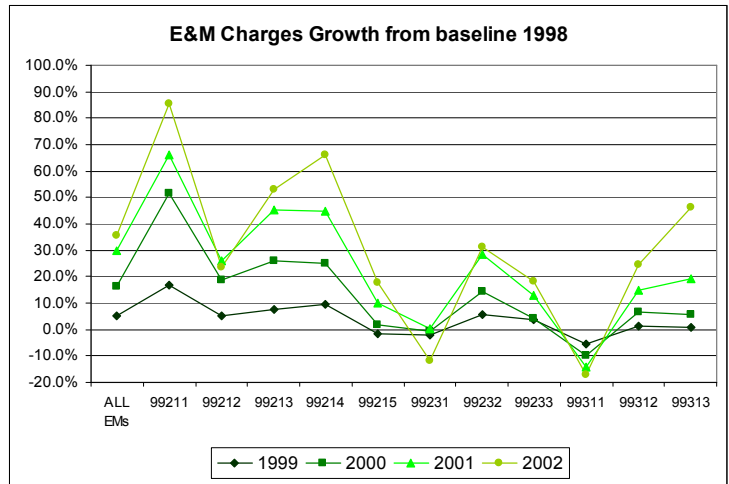
As might be expected, the overall E/M code utilization generally increased over the four year period, experiencing an average growth of 6% each year since 2000. Notable exceptions are CPT codes 99212, 99215 and 99231 which declined slightly, and 99311 which fell 20%. The two codes with the highest percentage increase over the time period were 99211 and 99313 with close to a 24% increase.

When comparing E&M Charges with Services, it is interesting to note that in general, charges increased at a slightly higher rate than services with the exception of CPT 99231. In the latter case, the charges billed for the established patient office visit actually *decreased* between the years 2001 and 2002, dropping a full 10%.

Both the Charges and Payment graph show similar growth over the four year period, indicating a consistent ability to receive requested payment. Payments are, however, historically lower than original charges by an average of approximately 35%.

It's also interesting to note the sharp increase in charges and payments for CPT codes 99211, 99213, and 99214, consistent with the general growth in utilization of these codes. Medicare statistics support the idea that Established Office Visits and Subsequent Nursing Facility Care are two areas of interest and increased activity for the medical coder.

Data Source: CMS Utilization Data, 1998 through 2002



1998

CPT	Services	Charges	Payment
Total	328086809	\$ 18,092,245,305	\$ 13,185,895,597
99211	8755768	\$ 119,263,546	\$ 83,813,190
99212	30407678	\$ 803,883,846	\$ 527,168,770
99213	87599685	\$ 3,355,563,007	\$ 2,205,956,085
99214	34637476	\$ 2,030,011,178	\$ 1,384,216,063
99215	6349034	\$ 581,909,841	\$ 389,086,892
99231	23802207	\$ 853,745,207	\$ 676,827,821
99232	34886369	\$ 1,860,306,225	\$ 1,476,771,160
99233	12507014	\$ 932,955,299	\$ 740,715,448
99238	6081121	\$ 375,367,536	\$ 297,489,580
99311	7692747	\$ 254,207,761	\$ 181,355,264
99312	7564922	\$ 372,233,825	\$ 272,978,733
99313	1967278	\$129,402,402.00	\$96,193,762.00

2002

CPT	Services	Charges	Payment
Total	381808898	\$ 24,522,563,311	\$ 18,120,863,337
99211	11372828	\$ 221,176,825	\$ 161,028,580
99212	28843547	\$ 992,763,330	\$ 687,809,096
99213	105802479	\$ 5,135,462,793	\$ 3,519,800,332
99214	43884036	\$ 3,374,653,873	\$ 2,381,129,206
99215	6031561	\$ 684,713,869	\$ 483,379,203
99231	23550459	\$ 754,538,817	\$ 598,041,455
99232	45762182	\$ 2,439,621,363	\$ 1,937,277,630
99233	14383970	\$ 1,101,870,775	\$ 875,332,991
99238	6436389	\$ 417,188,288	\$ 330,622,582
99311	6405300	\$ 211,056,594	\$ 150,836,337
99312	8766676	\$ 463,147,846	\$ 341,557,667
99313	2567224	\$189,526,659.00	\$141,989,978.00

We want to hear from you! Let us know if you have an upcoming event or seminar and we'll be happy to publish the information in our next newsletter! Send a brief description of your event along with the date, time, cost and contact to: newsletter@springmgmt.com, or give us a call at 800-585-6337.



Professional E&M Coder: *Smart Career Choice!*

In the increasingly complex field of health services and information management, training programs for medical coders are in demand and growing. Accurate coding and billing are essential for the financial health of a medical office, and it's a fact that today's health service providers are in need of good medical coders.

Andrea Coombes of CBS MarketWatch recently reported that Medical Insurance Coding is currently one of the top ten training programs offered by career colleges in the United States. Although these programs are often pricey, the chances of moving directly to a high-paying job are very good. The reason for this is the fact that trade schools are required to report placement rates to the Department of Education, and must be able to show high levels of job education and student placement. Bob Martin, executive director of the Career College Foundation states that "our schools do not create programs unless there's a great deal of demand from employers, where they've expressed a great shortage."

In 2000, the American Health Information Management Association (AHIMA) Board of Directors ranked the shortage of professional coders as the most pressing issue to Health Information Management. Although the number of coders has decreased, the complexity of medical coding has increased creating a severe need for trained, professional coders.

In an attempt to attract coders, there is currently a strong trend towards home-based medical record coding. Health providers have discovered that by allowing medical coders to work from home, they experience better staff retention and reduced costs. In turn, the flexibility of a home-based office has provided professional coders with more options and greater job satisfaction.

According to the U.S. Department of Labor, the starting salary range for an entry level medical coder is between \$20,000 and \$36,000 per year. However, depending on which part of the country you live in, experienced coders can easily find jobs with starting annual salaries of \$45,000 to \$60,000. To see for yourself, try going to www.google.com and search for "medical coder salary".

In the end, industry experts agree that in today's job market, becoming a professional E&M Coder is definitely a smart career choice!

We want to hear from you! Let us know if you have an upcoming event or seminar and we'll be happy to publish the information in our next newsletter! Send a brief description of your event along with the date, time, cost and contact to: newsletter@springgmt.com, or give us a call at 800-585-6337.



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Upgrade your E&M Coder now and get:

- Complete 2003 Evaluation and Management Codes
- Teaching Physician Guidelines
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- Bell-curve Comparison Graphs by Specialty
- Audit Report highlighting Visits without a Chief Complaint

And much more...

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