ANO REVENUE CYCLE MANAGEMENT MONTHLY NEWSLETTER

August 2023

CODING HIGHLIGHT

Social Determinants of Health (SDOH)

New SDOH diagnosis codes

Z55.6 Problems related to health literacy.

Z58.81 Basic services unavailable in physical environment

Z58.89 Other problems related to physical environment.

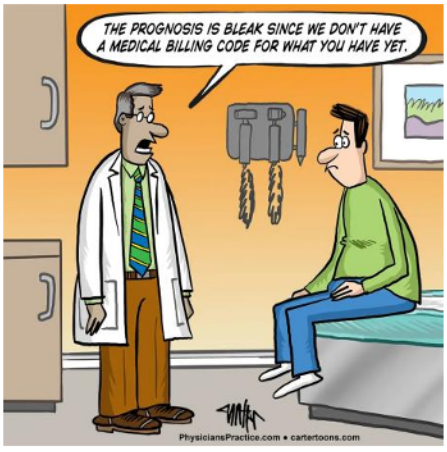
Z58.10 Inadequate house, unspecified

Z59.11 Inadequate housing environmental temperature.

Z59.19 Other inadequate housing

Z62.814 Personal history of child financial abuse

Z62.815 Personal history of intimate partner abuse in childhood



Monthly humor

Q&A

Q: What is the required time frame for completing patient notes?
A: Medicare states notes should be completed during the visit or within a reasonable time frame after the visit. A 'Reasonable time frame' is suggested to be 24 – 48 hours after the visit. Most other insurance companies also suggest completion of notes within 24 - 48 hours.

Completing patient notes in a timely manner helps provide more accurate and up-to-date information. It can also help reduce the risk of potential malpractice allegations.

Q: Can I bill for an E&M on the same visit as a blood draw or an injection?
A: YES, but there are some requirements. A blood draw or an injection are considered 'Minor Procedures'. If you are performing and billing for an E&M on the same day as a minor procedure the procedure cannot have been pre-scheduled, and the provider must decide to perform the procedure during the E&M.

Do you have a question you would like answered? Send us your questions at info@ano-rcm.com

"Continuous improvement is better than delayed perfection." ~ Mark Twain

SPECIFICATIONS FOR G0447:

Some providers are seeing denials for G0447, to help, below are some specifications in performing and billing for this code:

- One face-to-face visit every week for the first month then one face-to-face visit every other week for months 2 through 6.

- A weight loss re-assessment needs to be performed at six months, and those patients who have lost at least 3 kg during the six months will then be eligible for once-a-month visits for an additional six months.

Documenting time

- This service must be coded with a BMI of >30 in addition to an Obesity diagnosis. Valid ICD-10 codes – Z68.30 – Z68.39, Z68.41 – Z68.45

- To bill this code, the time must be documented in the medical record. The service must be provided by a PCP. Documentation also needs to show information on counseling: Goals, behavior changes, weight gain / loss, any specific treatment or diet / exercise suggestions.

CODING UPDATES: DOCUMENTING TIME

Missing words, range of time, and vague words in your documentation can lead to a potential loss of revenue. Documenting the *Total* time is not just the face-to-face time with a patient. If only face-to-face time is recorded then you may be undercoding and losing revenue. You no longer need to record that you are spending more than ***XX%*** of time on counseling a patient. Per the AMA time spent with qualified healthcare professionals and physcians should include (If / when performed):

- Preparing to see the patient, view of previously requested tests or other results
- Performing an appropriate E&M
- Review of / obtaining of separately obtained history
- Ordering of any procedures, medications or tests
- Communicating with and/or referring to another healthcare professional
- Educating and/or counseling the patient, family or caregiver
- Interpreting results independently and discussing the results with the patient, family or caregiver (cannot be separately reported)
- Entering clinical informaiton in the patient record
- Care coordination (cannot be separately reported)

Avoid using words like *approximately*, *nearly*, *roughly*, or *almost* in addition to time ranges. Recording time spent with a patient should be consise and as accurate as possible. As *Total Time* only includes care given on the same day as a face-to-face visit, a chart review the day before a visit would not be included. Therefore you want to specify the day in the documentation, ie 'I spent XX minutes of total time in patient care today.'

It is not always easy to remember to look at the time, or it may seem impersonal to look at your watch when you go in with a patient. Here are a couple of ideas to help keep track of the time you spend with a patient:

- Have your support staff help. Ask your medical assistant, scribe or nurse to write down / chart the in and out times you are with a patient in a room. Also have them document the time spent doing other activities.
- Utilize your EMR system to assist with time recording. If you use a laptop in the patients room, use it to track the time.

Providers do not have to remember the time requirements for services, utilize your EMR to suggest a potential level. Remember to not soley rely on TIME for your E&M coding as this can create undercoding.

**AAPC: Healthcare Business Monthly; June 2023 issue; *Accounting for Time in Documentation*

KEEPING THE PHI IN YOUR PRACTICE SAFE AND SECURE

Protecting electonic Protected Health Information (ePHI) is an exhausting task however, we can not just sit this one out. There are so many outside sources looking for new ways everyday to gain access to your system and protected information. Below is a quick list of tips to help you protect your ePHI!

- **Automatic Downloads should be disablied** – There are settings within most email systems that allow for automatically downloading attachments. This feature should be disabled to help protect against potentially dangerous files.
- **Continuous Training** –HIPAA and IT training for your staff is critical but you also need to offer cyber and data security training.
- **Frequent Backups** – Performing regular and frequent backups allow you to go back to a safe point in your data if a cyber attack or virus gain access to your systems.
- **Be Skeptical** – Hackers and cyber attackers are contanstly coming up with new ways to gain access. Fake email address are created to look like real email addresses of people you may know, if you think it *may* look a little odd, CHECK IT OUT.
- **Encryption** – Encryption tools can help authenticate emails, and help make sure they are not part of a phishing attack.
- **Phishing Test** – "A phishing test is the practice of sending phishing messages to employees, and, if someone clicks on it, they are afforded the opportunity to lean more about phishing" ~ Adam Kehler. This is an effective training tool and not very expensive.
- **Software Updates** – Developers regularly release system updates. Running these updates will help protect your devices against vulnerabilites and security flaws.
- **Cloud-based Email** – Cloud-based email systems can aid in reducing ransomware and security issues.
- **Trust Yourself** – If an attachment or email looks suspicieous, DON'T OPEN IT.

**AAPC: Healthcare Business Monthly; March 2023 issue; *10 ways to keep your practice safe from phishing and more*

If you have any questions or would like a specific code highlighted in our next newsletter, please send those requests to info@ano-rcm.com.