Residency: The Best Starting Point for Billing and Coding Education for Physicians
Presenters

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Disclosures

- No financial disclosures
- The content of the presentation is the sole property and responsibility of the speakers and does not represent that of AAPC.
Objectives

- Understand need for coding education in the residency environment
- Identify barriers to correct coding and billing in residency training
- Discuss educational strategies to overcome barriers
- Present our tools used to facilitate education
The Need

- Residents are interested!
- Strong and equal amount of interest in formal education across all residents regardless of
  - Training year
  - Career plans

\(^1\)Pham T et. al
The Need

- Lost Revenue!
- University of Washington Family Medicine Residency Network
- 353 residents
- Annual Estimated Revenue loss: $481,654

²Evans DV et. al
The Need

- Billing and coding compliance has been traditionally poor
- Institution of B&C education and audit program at Saint Louis University School of Medicine: 2-year prospective study
  - 27.4% increase in complex E/M
  - 31% increase in gross billable
  - Decreased risk of OIG audit

MillerDD, Getsey C
The Need

- There is a large functional knowledge deficit in practice management—especially C&B
- Orthopedic Residency
- 70% faculty thought their trainees were inadequately trained
- FKD: Hospital-employed Academic Private

Miller JD et. al
The Need

- Increased satisfaction
- PM curriculum instituted Weill Cornell Medical College IM residency (Houston, TX)
- Self-assessed knowledge increased
- High satisfaction with the project

\(^5\text{Perez et. al}\)
The Need

- Residents significantly underbill

- Mayo Clinic IM residency – 2009
  - PGY–1 74.2%
  - PGY–2 48.8%
  - PGY–3 42.9%

- 48 residents $8660.94 lost weekly

^6Kapa S et. al
The Need

- Intervention works!
- Johns Hopkins ENT residency
- Single session training
- Knowledge score increased 54 to 62%

7Benke JR et. al
The Need

- More residencies becoming ACO affiliated
- RAFT scores
- Highly dependent upon coding specificity
The Need

- Family Medicine Residencies first to require PM education
- ACGME identified Health Care Systems and PM as core competency –1999
Barriers to Proper Coding

- Lack of knowledge (residents and faculty)
- Undervalue our care
- Don’t want to charge the patient
- Behind in schedule
- Unavailable Preceptor
- Lack of resources
- Others?
Overcoming Barriers

- Precepting
- Manage time during visit
- Preceptor efficiency
- Educate outside preceptors
Overcoming Barriers

- Undervaluing our care

- Every C&B session is a pep talk to review training and the complexity of decisions we make.

- Review CMS terminology “straight forward”, “low complexity”, “moderate complexity”
Educational Strategies

- Monthly Business / Practice Management Meetings
- Monthly Billing and Coding Educational Lunch Conferences
- Quarterly One-on-One Chart Audits
- Daily Inpatient Round Tables
- Tuesday’s Tips for Billing Success
- Coding Tools
Monthly Business / Practice Management Meetings

- Requirement of ACGME and AOA
- These are PM based meetings where we show transparency with the practice’s numbers
- We look at Billing, Charges, wRVU’s, total # of visits
  - These numbers are imperative to the residents when they are looking at signing their contracts as an attending
- We compare resident to resident & faculty to faculty
  - This shows where each resident and faculty is performing against their peer and helps to provide a “friendly competition” within the office
- This is attended by Administration, Faculty, Residents and Billing Staff
- This is allowing the resident to learn the importance of the business side of medicine
Learning the Coding Basics is essential, as a coder, we know that computer assisted coding (CAC) is not the answer.

- At PTHFMR we speak in front of the residents a minimum of 36 times as a group regarding coding and billing topics for the Family Practice office
- We discuss current billing and coding issues and topics
- Review basic coding elements
- Case review of office visits
- Modifier education
Quarterly One-on-One Chart Audits

- One on One education
  - Each resident meets with Heather at least 9 times individually before graduation to review their coding, billing, and documentation skills.
    - Residents also have the opportunity to come at any point, not just quarterly, to review their documentation as well.
  - Discuss both the positive and negative findings.
  - Identify trends by provider to improve upon their documentation skills and billing accuracy.
  - Available during clinic hours to assist with coding and billing questions.
    - Available after hours also via cell for assistance.
Daily Inpatient Round Tables

- This is to discuss patient management, but also to discuss proper billing
  - Daily they meet with the attending physician and billing is discussed with the attending physician
- Heather attends inpatient round table each time a new team comes on service to explain hospital billing
  - Inpatient vs observation, elements for each level of service, etc.
Heather created “Tuesday’s Tips for Billing Success” which is an email that goes out weekly.

- This takes a single billing or coding issue and breaks it down for the resident.
- Full example of tip available as a handout.

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**Tuesday’s Tips for Billing Success – Hypertension – Which is the correct ICD-10 code?**

In some aspects, hypertension coding was made easier with ICD-10. There is no longer a different code for essential hypertension that is benign, malignant or unspecified whereas in ICD-9 they each had a separate code. With ICD-10 all essential hypertension codes to I10 – provided there is no systemic involvement.

As I am looking at notes as we had our first month of documenting and coding in ICD-10. I am seeing several coding errors with regards to the selection of hypertension in patients with systemic disease. So I would like to take a moment to review those parameters with you today.

*Remember that whenever you code for hypertension you must also code smoking status! Including current smoker, in remission, history of and exposure to tobacco smoke.*

**Essential (Primary) Hypertension – Category I10**
- Includes: Benign, Malignant, Unspecified, Arterial & Uncomplicated Systemic HTN

**Hypertensive Heart Disease – Category I11**
- If there is a clinical causative relationship between HTN & Heart Disease then the correct HTN code would come from category I11. ICD states that the causative relationship cannot be assumed; therefore we need the linking terminology or confirmation from the physician to code Hypertensive Heart Disease. Examples of causative language would be "Left Heart Failure due to Hypertension" or Hypertensive Heart Failure. Examples of non-linking terminology would be Hypertension and Left Heart Failure or Hypertension and Heart Failure.
  - When the causative relationship has been established, code from I11 and not I10
    - For patients with Hypertensive Heart Disease with Heart Failure use I11.0
    - For patients with Hypertensive Heart Disease without Heart Failure use I11.9

**Chronic Kidney Disease and Hypertension – Category I12**
- When a patient has CKD & HTN per ICD the causative relationship is assumed and they are to be coded as such. Therefore the correct HTN code for a patient with CKD will come from category I12 and not I10. **DO NOT Use I10 on the chart of a patient with CKD.**
  - For patients with CKD stage 5 or ESRD the code for HTN is I12.0
  - For patients with CKD stages 1-4 or unspecified stage the code for HTN is I12.9

- When you code from I12 category for hypertensive CKD, you must also code the stage of the CKD from category N18.
We use several coding tools and place these at the finger tips of our residents to help with coding and billing questions. Some of these tools include:

- Binders with coding information at the resident work stations
- Pocket Coders
- Apps for smart phones
  - i.e. vCodeBook© by Precyse University which is an interactive app for ICD10 coding

Coding & Documentation Binders
- These contain common issues in the FP and OB office
- They are placed in the work stations for reference

E/M University
- They offer several free tools online
- Offer E/M classes for purchase
Post-graduation

- After residents graduate and move onto their new lives as attending physicians, they still receive continued support
  - Many request to stay on the “Tuesday’s Tips” emails
  - Many call or email back to Heather for consult on billing issues for new situations that may arise

- Went sent out a short survey to some of our past residents to see how they felt their billing and coding education helped them, here are those results:
Survey Results

- (still pending)
Survey Results

- (still pending)
References


Questions?