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Evaluation and Management

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Learning Objectives

After this course, participants will be able to:

- list the evaluation and management codes to be considered for use with new patients.
- list the evaluation and management codes to be considered for use with existing patients.
- describe the different types and levels of case histories.

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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."
    - So, can an audiologist in your state "evaluate" and "manage"? Only your state licensure board can determine this.
      - You want this determination in writing.
    - 92592/3 represent hearing aid related office visits.

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Evaluation and Management Codes: New Patient

- 99201
  - Requires these key components: a problem focused history, examination (screenings) and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.
- 99202
  - Requires these key components: an expanded problem focused history, examination (screenings) and straightforward medical decision making. Usually, the presenting problem(s) are of low to moderate severity.
- 99203
  - A detailed history, examination (screening) and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity.

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Evaluation and Management Codes: Established Patient

- 99211
  - May not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
- 99212
  - Requires a problem focused history, examination (screenings) and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.
- 99213
  - An expanded problem focused history, examination (screenings) and medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity.

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Evaluation and Management Code warning

- Common codes to be considered by audiologists are 99201-99203 (new patient) and 99211-99213 (established patient).
  - 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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Other Evaluation and Management Codes

- Team Meetings
  - 99366: Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by non-physician qualified health care professional.
  - 99638: Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional
    - Non-covered by Medicare.
    - A *minimum of three qualified health care professionals* from different specialties or disciplines who provide direct care to the patient must participate in the reported team conference.
    - No more than *one individual from the same specialty* may report 99366-99368 at the same encounter.
    - Reporting participants must be *present for the entire team conference*.
    - Reporting participants shall have *performed face-to face evaluations or treatments* of the patient, independent of any team conference, within the *previous 60 days*.
  - T1024: Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Team evaluation & management)

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Other Evaluation and Management Codes

- Standby Services
  - **99360**: Standby service, requiring prolonged attendance, each 30 minutes
    - For operative standby.
    - Non-covered by Medicare.

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Other Evaluation and Management Codes

- Telephone Services
  - **98966**:Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
  - **98967** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
  - **98968** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
    - A form of telehealth
    - Non-covered by Medicare.

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Other Evaluation and Management Codes

- Online
  - 98969: Online evaluation and management service provided by a qualified non-physician health care professional to an established patient, guardian or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
    - A form of telehealth.
    - Non-covered by Medicare.

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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 cover the services provided by an audiologist AND it is allowed by state licensure, can the patient be held financially responsible for the costs?
    - They do not have to allow their use by audiologists and they do not have to allow you to assign this to patient responsibility.

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The Do's of E/M

- If you bill one payer for E/M codes, you must bill all payers and patients (including patients when non-covered, such as Medicare).
  - Can have it solely apply to specific test scenarios only as long as it applied to every patient.
    - Auditory prosthetic device candidacy
    - Vestibular assessment
    - Tinnitus evaluation
    - CAPD evaluation

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The Do's of E/M

- You must meet the documentation requirements of E/M codes or you shouldn't use them.
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html
- 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.
  - You do not meet the requirements of the codes for hearing aid visits.
- Do not accept payment from traditional Medicare for these codes.
  - Send it back immediately.
- Use these codes with caution if you work in an ENT or hospital setting.
  - Risks can be great if billing two E/M codes from the same facility for the same patient on the same date of service.

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Determining Evaluation and Management Code Use

- Level and scope of case history.
- 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:
  - Typically paid separately, except for the screenings.
    - Can encompass screenings.
  - Ignore the time designates on the code and focus on the complexity of the visit.

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Determining Evaluation and Management Code Use

- Type of history: problem focused, expanded problem focused, detailed, comprehensive.
  - Chief complaint.
  - History of present illness (brief or extended).
  - Level of review of systems.
  - Level of past, family, and/or social history.
    - Typically, most audiologists ONLY perform a problem focused case history.

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Determining Evaluation and Management Code Use

- Problem focused:
  - Chief complaint.
  - Brief history of present illness or problem.
    - This is what I see most frequently in audiology practices.
- Expanded problem focused:
  - Chief complaint.
  - Brief history of present illness or problem.
  - Problem pertinent system review.
    - For example, ears, nose, mouth and throat.

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Determining Evaluation and Management Code Use

- Detailed:
  - Chief complaint.
  - Extended history of present illness or problem.
  - Problem pertinent system review expanded to include a limited number of additional, appropriate systems.
    - For example, ears, nose, mouth and throat, eyes, and neurological.
  - 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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Determining Evaluation and Management Code Use

- Medical decision making: Straightforward, low complexity, moderate complexity, high complexity.
  - Number of diagnoses or management options.
  - Amount and complexity of data to be reviewed.
  - Risks of significant complications, morbidity, or mortality.
    - The vast majority of audiologic and vestibular conditions have a limited number of diagnoses and management options and have a low risk of morbidity and mortality.
  - http://wp.vcu.edu/hospitalisttract/wp-content/uploads/sites/4952/2014/09/Table-of-Risk-CMS.pdf

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Utilizing E and M Codes

- For evidence based evaluation and management beyond audiometric assessment.
- Consider ONLY applying them uniformly, but only to specific clinical situations such as:
  - Vestibular assessment.
  - Auditory prosthetic device candidacy assessment.
  - Central auditory processing assessment.
  - Tinnitus assessment.

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Case History

- This is the first step to strong documentation of patient history and medical necessity.
- Components
  - History of chief complaint(s)
    - Right ear, left ear, or binaural.
    - Acute, chronic, progressive, fluctuating, or sudden.
    - Detailed description of chief complaint(s).
    - Congenital versus acquired.
    - Eight warning signs of ear disease, plus tinnitus.

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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.
      - Can effect progression.

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Case History

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

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Case History

- Components
  - Social history:
    - Marital status, including domestic partners.
      - Communication partners.
    - Employment history.
      - Still working?
      - Listening needs?
      - Ear protection?
    - Recreational history.
      - Ear protection.
    - History of drug, alcohol, and tobacco use.

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Case History

- Components
  - Review of systems:
    - Constitutional symptoms.
      - Weight loss, fever, chills, fatigue
      - Non-specific
    - Eyes.
    - Ears, nose, mouth, and throat.
    - Cardiovascular.
    - Respiratory.
    - Gastrointestinal.
    - Genitourinary (urinary/genital).
    - Musculoskeletal.
    - Integumentary (skin and breast).
    - Neurological.
    - Psychiatric.
    - Endocrine.
    - Hematologic/lymphatic.
    - Allergic/immunologic.

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Medical Decision Making/Results

- Need to outline results and explain why you did what you did.
  - Otoscopic inspection.
  - Comprehensive hearing test (air, bone, speech and discrimination).
  - Immittance testing.
  - OAEs.
  - Vestibular.
  - Other tests.

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Plan of Care/Recommendations

- Make sure to take into account test results and case history findings.
  - Don't forget:
    - Medication management.
    - Tinnitus.
    - Amplification.
      - Maybe not just traditional hearing aids.
    - Assistive devices.
    - Aural rehabilitation.
    - Vestibular evaluation or management.
    - Ear protection.
    - Referral information.

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