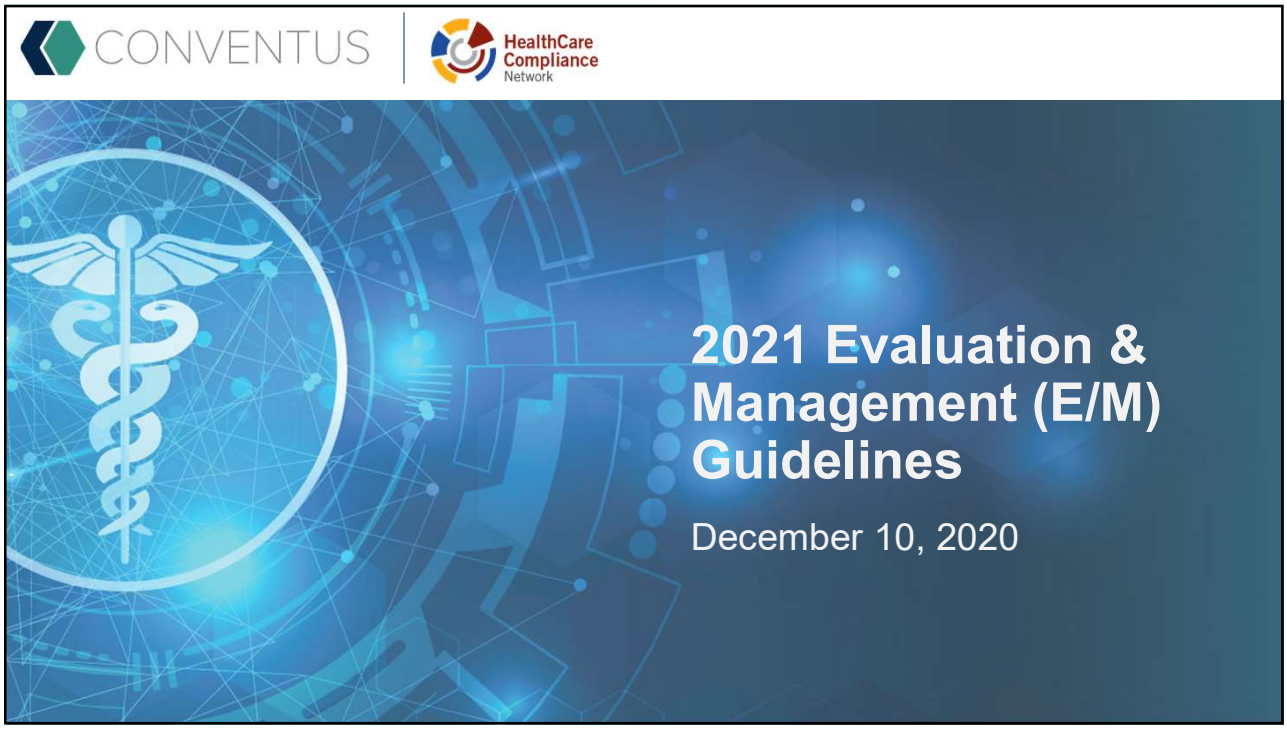

1

Disclaimer

The information provided is intended to be a general summary and for educational purposes only. It may also contain references or links to statutes, laws, regulations, or other materials. NIP Management Co., LLC/Conventus takes reasonable efforts to provide accurate information but cannot guarantee its accuracy or that it meets local, state, or federal statutes, laws, or regulations. You should not rely on the presentation contents to meet any federal, state, and/or local statutes, laws, regulations and rules.

NIP/Conventus disclaims any and all liability for reliance upon the information contained therein, regardless of whether the information is presented by NIP/Conventus or an external vendor. We encourage you to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents, as well as how it applies to you and/or your organization. It is also suggested that you consult your legal counsel or other professional consultants about how it pertains to your specific situation.

CONVENTUS | HealthCare Compliance Network

 2

2

CPT Disclaimer

The material presented on this program is educational in nature, and is based on CPT coding guidelines provided by the AMA CPT Process as well as relevant governmental and specialty association guidelines when pertinent. All CPT and ICD coding is time and specific policy sensitive. No part of this program can be reproduced or copied without written permission of the author.

CPT® is a registered trademark of the American Medical Association (AMA).

CONVENTUS | HealthCare Compliance Network

 3

3

Objectives

- Highlights of 2021 Physician Fee Schedule (PFS) Changes
- Evaluation and Management Coding Changes:
  - Background
  - Comparison to Previous Guidelines (1995/1997)
  - Review of Terms
  - Medical Decision Making (MDM)
  - Time
- Preparation Tips

CONVENTUS | HealthCare Compliance Network

 4

4

Speakers

Jim Tudor, CPC, PCA

HealthCare Compliance Network
jtudor@hcompliance.com
978-763-8119 ext. 805
www.healthcarecompliancenetwork.com

Susan Lieberman, MBA, BSN

Conventus
slieberman@conventusnj.com
732-822-9948
https://conventusnj.com/

CONVENTUS | HealthCare Compliance Network

 5

5

2021 Physician Fee Schedule (PFS) Summary of Changes

Susan Lieberman
Vice President, Practice Resources
Conventus

CONVENTUS | HealthCare Compliance Network

 6

6

2021 PFS Changes

- Telehealth
  - Adds > 60 services to telehealth list
  - Creation of Category 3 for temporary services, e.g., home visits – established patients, ED visits level 1 – 5, PT/OT services, etc.
  - New HCPCS G-code for 11-20 min. of medical discussion to determine if in-person visit necessary
  - Remote Patient Monitoring (RPM) – must be an established patient/physician relationship after public health emergency (PHE) ends; physicians and non-physician practitioners (NPPs) eligible to furnish; acute and chronic conditions eligible
  - PTs/OTs/ Speech Pathologist – furnish online assessment and management services, virtual check-ins, and remote evaluation services

7

2021 PFS Changes (cont'd)

- Direct Supervision
  - Allows virtual presence of supervising physician or practitioner using interactive audio/video real-time communications technology through end of PHE calendar year or 12/31/21, whichever is later
  - State law supersedes
- Scope of Practice
  - Allows nurse practitioners, clinical nurse specialists, physician assistants and certified nurse midwives to supervise performance of diagnostic tests within scope of practice

8

2021 PFS Changes (cont'd)

- Medicare Shared Savings Program (MSSP)
  - Finalized quality performance standards and reporting requirements for performance year 2021
  - Provides full credit for CAHPS patient experience of care survey
- Opioid Use Disorder (OUD) Treatment by Opioid Treatment Programs (OTPs)
  - New Part B benefit category for OUD, medication-assisted treatment (MAT) furnished by OTPs

CONVENTUS | HealthCare Compliance Network

 9

9

2021 PFS Changes (cont'd)

- Payment Updates
  - Budget Neutral
  - Reweighting of Relative Value Units (RVUs)
    - Increases for Primary Care E/M Codes – Allergy/Immunology, hematology/oncology, family practice, general practice, internal medicine, endocrinology, nephrology, psychiatry, rheumatology, urology
    - Cuts for Proceduralists – anesthesiology, cardiac surgery, emergency medicine, general surgery, infectious disease, neurosurgery, physical/occupational therapy, plastic surgery, radiology, thoracic surgery
  - Conversion Factor
    - Lowered from $36.09 to $32.41
    - 10.2% decrease

CONVENTUS | HealthCare Compliance Network

 10

10

References

- *CMS Fact Sheet*, 12/1/20
  https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1
- Federal Register, 12/1/20, Table 106
  https://www.federalregister.gov/public-inspection/2020-26815/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part

CONVENTUS | HealthCare Compliance Network

 11

11

E/M Coding Changes

James M. Tudor, CPC, PCA
Director of Billing Compliance
Healthcare Compliance Network, Inc.

CONVENTUS | HealthCare Compliance Network

 12

12

Background

- Current E/M codes created by AMA in 1992
- CMS superimposed specific guidelines with greater detail in 1995 and again in 1997
- Aborted attempt to modify guidelines in 2000
- In 2017, CMS created framework for new rules as part of the 'Patients Over Paperwork' initiative
- Original proposal consolidated reimbursement for 3 levels in the established payment category to a single payment, which was later abandoned
- Decision made to modify only the office/outpatient E/M codes 99201-99215 in 2021. All other categories remain subject to the 1995/1997 rules

	Time		wRVU		
	2020	2021	2020	2021	Change
99202	20	15-29	0.93	0.93	-
99203	30	30-44	1.42	1.6	0.18
99204	45	45-59	2.43	2.6	0.17
99205	60	60-74	3.17	3.5	0.33
99211	5	N/A	0.18	0.18	-
99212	10	10-19	0.48	0.7	0.22
99213	15	20-29	0.97	1.3	0.33
99214	25	30-39	1.5	1.92	0.42
99215	40	40-54	2.11	2.8	0.69

CONVENTUS | HealthCare Compliance Network

 13

13

What's Different

1995 Guidelines	2021 Guidelines
1. "Grading" of history and exam components by use of an inventorial system	No requirement to 'quantify' the history or exam, more emphasis on medical necessity
2. "Stand alone" history required for every visit	No need to re-document, but you must indicate previous hx was reviewed and updated
3. Only encounters mainly counseling or care coordination are billable by time	Expanded to include all related intraservice work performed on the same calendar day as the face-to-face encounter
4. Complicated 'point system' inherent to MDM grading	Streamlined version of point system

CONVENTUS | HealthCare Compliance Network

 14

14

Medical Decision Making (MDM)

A. Number and complexity of problems that are addressed during the encounter

B. The amount and/or complexity of data to be reviewed and analyzed
- Tests, documents, orders, or independent historian(s). (Each unique test, order or document is counted to meet a threshold number)
- Independent interpretation of tests.
- Discussion of management or test interpretation with external physician or other qualified healthcare professional or appropriate source

C. Risk of complications, morbidity, and/or mortality of patient management decisions at the visit, associated with the patient's presenting problems, diagnostic procedures, and treatments.
- Includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family. This involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

- You must meet or exceed criteria associated with at least 2 of 3 MDM subcomponents
- Four levels of medical decision making are recognized: straightforward, low, moderate, and high.

CONVENTUS | HealthCare Compliance Network

 15

15

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	SF	• 1 self-limited or minor problem
99203 99213	Low	• 2 or more self-limited or minor problems Or • 1 stable chronic illness Or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment Or • 2 or more stable chronic illnesses Or • 1 undiagnosed new problem with uncertain prognosis Or • 1 acute illness with systemic symptoms Or • 1 acute complicated injury
99205 99215	High	• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient.
- Conditions are treated as chronic whether or not stage or severity changes
- 'Stable' is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered.
- There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected.
- A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain

16

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	SF	• 1 self-limited or minor problem
99203 99213	Low	• 2 or more self-limited or minor problems Or • 1 stable chronic illness Or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment Or • 2 or more stable chronic illnesses Or • 1 undiagnosed new problem with uncertain prognosis Or • 1 acute illness with systemic symptoms Or • 1 acute complicated injury
99205 99215	High	• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment.

- For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.'
- Systemic symptoms may not be general, but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. An example may be a head injury with brief loss of consciousness.

17

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	SF	• 1 self-limited or minor problem
99203 99213	Low	• 2 or more self-limited or minor problems Or • 1 stable chronic illness Or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment Or • 2 or more stable chronic illnesses Or • 1 undiagnosed new problem with uncertain prognosis Or • 1 acute illness with systemic symptoms Or • 1 acute complicated injury
99205 99215	High	• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment.

- Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

18

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
99211	N/A	N/A
99202 99212	SF	Minimal or none
99203 99213	Low	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* Or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 99214	Mod	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

- **You must meet the required number of categories**
- **You must meet the required number of elements within a category to get credit for that category.**

19

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
99211	N/A	N/A
99202 99212	SF	Minimal or none
99203 99213	Low	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* Or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 99214	Mod	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization. External physician or other qualified healthcare professional:

- An individual who is not in the same group practice or is a different specialty or subspecialty.
- Includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

Independent historian(s): An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

20

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
99211	N/A	N/A
99202 99212	SF	Minimal or none
99203 99213	Low	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* Or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 99214	Mod	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

Independent Interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

21

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	SF	Minimal risk of morbidity from additional diagnostic testing or treatment ?
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment ?
99204 99214	Mod	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: ▪ Prescription drug management ▪ Decision regarding minor surgery with identified patient or procedure risk factors ▪ Decision regarding elective major surgery without identified patient or procedure risk factors ▪ Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High risk of morbidity from additional diagnostic testing or treatment Examples only: ▪ Drug therapy requiring intensive monitoring for toxicity ▪ Decision regarding elective major surgery with identified patient or procedure risk factors ▪ Decision regarding emergency major surgery ▪ Decision regarding hospitalization ▪ Decision not to resuscitate or to deescalate care because of poor prognosis

1995 Rules

Minimal/SF
- Rest
- Gargles
- Elastic Bandage
- Superficial Dressing

Low
- OTC Drugs
- Minor Surgery w/o identified risk factors
- Physiologic Tests not under stress (EKG, PFTs)

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high probability of a self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought process of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

22

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	SF	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Mod	Moderate risk of morbidity from additional diagnostic testing or treatment **Examples only:** ▪ Prescription drug management ▪ Decision regarding minor surgery with identified patient or procedure risk factors ▪ Decision regarding elective major surgery without identified patient or procedure risk factors ▪ Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High risk of morbidity from additional diagnostic testing or treatment **Examples only:** ▪ Drug therapy requiring intensive monitoring for toxicity ▪ Decision regarding elective major surgery with identified patient or procedure risk factors ▪ Decision regarding emergency major surgery ▪ Decision regarding hospitalization ▪ Decision not to resuscitate or to deescalate care because of poor prognosis

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include problems related to:

- food or housing insecurity
- education and literacy
- employment and unemployment
- occupational exposure to risk factors
- housing and economic circumstances
- social environment
- upbringing
- primary support group, include family circumstances
- psychosocial circumstances

Drug therapy requiring intensive monitoring for toxicity:
A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death.

- The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy.
- The monitoring should be that which is generally accepted practice for the agent, but may be patient specific in some cases.
- Intensive monitoring may be long-term or short term.
  - Long-term intensive monitoring is not less than quarterly.
- The monitoring may be by a lab test, a physiologic test or imaging.
- Monitoring by history or examination does not qualify.
- The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient.
  - monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles
  - short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.
- Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

23

Determination of Overall MDM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none** ☑	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; **or** • 1 stable chronic illness; **or** • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ review of the result(s) of each unique test*; ▪ ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate ☑	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** ☑ • 2 or more stable chronic illnesses; **or** • 1 undiagnosed new problem with uncertain prognosis; **or** • 1 acute illness with systemic symptoms; **or** • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ☑ • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

24

Example #1: ~~Stable~~ DM Worsening

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; **or** • 1 stable chronic illness; **or** • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ review of the result(s) of each unique test*; ◦ ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • 2 or more stable chronic illnesses; **or** • 1 undiagnosed new problem with uncertain prognosis; **or** • 1 acute illness with systemic symptoms; **or** • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

25

Example #2: Stable HTN and DM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; **or** • 1 stable chronic illness; **or** • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ review of the result(s) of each unique test*; ◦ ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • 2 or more stable chronic illnesses; **or** • 1 undiagnosed new problem with uncertain prognosis; **or** • 1 acute illness with systemic symptoms; **or** • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

26

Example #3: Otitis Media + Asthma Exacerbation

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • **2** or more self-limited or minor problems; **or** • **1** stable chronic illness; **or** • **1** acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ review of the result(s) of each unique test*; ◦ ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • **1** acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

27

Example #4: COPD Exacerbation (Severe)

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • **2** or more self-limited or minor problems; **or** • **1** stable chronic illness; **or** • **1** acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ review of the result(s) of each unique test*; ◦ ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • **1** acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

28

Example #5: Behavioral med management visit

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none** ☑	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low ☑	**Low**
		• **2** or more self-limited or minor problems;
		or
		• 1 stable chronic illness; ☑
		or
		• 1 acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• 1 acute illness with systemic symptoms;
		or
		• 1 acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				Examples only: ☑
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205
99215
	High	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• 1 acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

29

Time

- Impact of time on coding has been expanded to include the cumulative time spent devoted to a patients care on the same calendar date as an in-office encounter:
  - time spent preparing to see patient,
  - obtaining/performing history and exam,
  - counseling and care coordination
  - ordering of medications/tests/procedures,
  - communicating with other health care professionals,
  - documenting clinical information,
  - review and interpretation of tests (when not billing a separate code for interpretation) and
  - communication to patient/family/caregiver

CONVENTUS | HealthCare Compliance Network

 30

30

Time Example New Patient

20 min	– time spent preparing to see patient,
10 min	– obtaining/performing history and exam,
10 min	– counseling and care coordination
5 min	– ordering of medications/tests/procedures,
10 min	– communicating with other health care professionals,
10 min	– documenting clinical information,
	– review and interpretation of tests (when not billing a separate code for interpretation) and
	– communication to patient/family/caregiver
65 min	

Level	New Pt	Est Pt
1	N/A	N/ A
2	15-29 min	10-19 min
3	30-44 min	20-29 min
4	45-59 min	30-39 min
5	60-74 min	40-54 min

"I spent 65 minutes between face-to-face encounter with patient and other related activities today, including, extensive review of prior records, collaboration with staff, ordering of tests/medications, counseling"

CONVENTUS | HealthCare Compliance Network

 31

31

Example #5: Behavioral med management visit – 45 Minutes

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed (*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none** ☑	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low ☑	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness; ☑ or • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*;	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prog or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury		**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management ☑ • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Time OR MDM may be used, whichever is greater:
99213 by MDM
99215 by time

32

Tips To Get Ready

- Educate providers and staff
- Check with your Electronic Health Record (EHR) vendor and/or billing company/service
- Assess financial impact
- Update compliance plans
- Still need good documentation
- Guard against inadvertent overbilling to avoid pre/post payment billing audits

CONVENTUS | HealthCare Compliance Network

 33

33

CONVENTUS | HealthCare Compliance Network

 34

34

About Us

HealthCare Compliance Network

With over 25 years of experience in healthcare regulation and compliance, Healthcare Compliance Network (HCN) is a leading provider of education, training, auditing and compliance products and services. HCN facilitates a streamlined approach to achieving regulatory compliance for healthcare organizations of all sizes. With an emphasis on physician practices, HCN's Hi-Tech Hi-Touch approach can be tailored to provide both on site services as well as web-based applications.

Conventus

New Jersey's premier professional liability insurer formed by and governed through an alliance of physicians serving the best interests of physician practices. Conventus members and their staff enjoy exclusive access to insurance products and highly personalized services, gaining the practical knowledge and expert resources they need to improve practice performance, better serve their patients, and thrive in today's rapidly changing healthcare environment.

CONVENTUS | HealthCare Compliance Network

 35

35

Value-added Conventus Member Insured Services
https://conventusnj.com/

- Professional liability insurer formed by and governed through an alliance of physicians
- Dedicated to all size groups and independent physicians
- Coverages include: Medical Professional Liability, Board Actions, HIPAA, Fraud and Abuse, Cyber Liability
- Exclusive insured value-added services:
  - 24/7 Advice Hotline
  - Practice Consulting and Compliance Services
  - Value-based care contracting opportunity
  - Legislative/Regulatory Updates
  - Online Continuing Medical Education
  - Practice Management Tools

CONVENTUS | HealthCare Compliance Network

 36

36

CONVENTUS | HealthCare Compliance Network

 37

37