Examples of Coding in Daily Practice
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Thank you all for working on these important codes. Meghan Gump, MD

Code	***Example***	***Coding***
DEPRESSION COUNSELING:	Sally 35 yo F comes into the office for yearly wellness. Your MA completes the audit-C and PHQ-9. You enter the exam room. You review Audit-C(no concerns) and PHQ-9 score of 5 (indicating mild depression) You decide to explore this further and have a conversation about Sally's daily activities, support systems, resources, diet habits, history of depression in College. You talk about her disrupted sleep and hours spent on social media. Through conversation you and she decide that she would like to try to increase her daily exercise and see if she feels better. You talk about VMG resources-PCBH, psych NPs, BH. You go to "Review page" and add Depression counseling EP which populates language in A/P *Today we screened for, reviewed, and discussed ways to help manage depression. Many patients live with symptoms of depression. Tools that can help manage these symptoms include good sleep hygiene, regular daily activity, meditation, and mindfulness practices. Having good supports from friends, family and therapists are beneficial. Occasionally medications can be used.* You recommend that she follow up if her plan does not seem to help her feel better. You complete review of social and fhx and do not identify any other concerns. You check QM tab-Sally is due for a pap. Which your MA has already qued order and put out supplies. You complete your exam. You ask Sally to follow up in a few weeks if she is not feeling better.	**CODING FOR THIS VISIT:** 99395, G0444 You check to see that MA billed for PHQ-9 and Audit C 96127 x2

Cardiovascular Disease Counseling and Hyperlipidemia uncontrolled EP	Tom is a 67 yo male who comes to the office for follow up of recent labs. His LDL is 165 TG 250 fasting sugar 105 blood pressure 135/82 You introduce yourself to Tom and ask "what brings him to the office today". He reports that he has a strong family history of heart attack and is worried about his general health. He wants to try to improve things. You open hyperlipidemia uncontrolled EP and You open Cardiovascular disease counseling EP which populates in A/P: *Today we discussed ways to reduce your 10-year cardiovascular disease risk. Things that decrease risk for cardiovascular events include eating a diet high in fiber (fruits and vegetables) and low in simple carbohydrates (bread, rice, pasta, alcohol, potatoes), decreasing processed foods, limiting juice and alcohol, limiting saturated fats (butter, ice cream, and cheeses), and adding regular daily activity. Having blood pressure that is <130/80. Having well controlled cholesterol (LDL and triglycerides) by eating a healthy diet and taking medications when necessary. Managing daily stress with meditation or yoga. Depending on your other cardiovascular risks your practitioner may recommend taking daily aspirin.* You have a conversation with Tom that reflects the above. You calculate his 10 Year CVD risk. You talk about his personal goals and add to the A/P under hyperlipidemia dx. Your visit is >20minutes. You spend at least 7.5m talking about CVD risks/health.	**CODING FOR THIS VISIT:** 99214 (uncontrolled condition) G0446 CVD counseling
Alcohol Counseling	Alex is a 27 yo grad student. Here for yearly physical, no concerns. Your MA has completed PHQ-9 and Audit C You review these results and notice that Audit C is positive-7 You ask Alex if they are open to having a conversation about their alcohol consumption. They agree. You open Alcohol Counseling EP and have a conversation about daily use. *We have used the 5 As (assess, advise, agree, assist, arrange) to evaluate your daily alcohol use and create strategies to improve your health. We discussed your alcohol use and the health risks associated with drinking. We explored ways to reduce or stop alcohol consumption to improve*	**CODING FOR THIS VISIT:** 99395 GO443 (if you had not identified problem drinking but were still counseling about drinking code:G0442) 96127x2 (coded by MA for screening tools)

	your overall health. We discussed resources available to support your goal to cut back or stop, including primary care behavioral health, AA, and medications. *Your personal goal:* *https://www.cdc.gov/ncbddd/fasd/5-Steps-for-Alcohol-Screening-and-Counseling.html*	
BMI >30 counseling	Sam is a 55 yo male who presents for yearly physical. Sam has no major concerns today but does report that he has been feeling like his knees are more painful and doing simple activities around house feel like they are harder. You note that Sam has gained approximately 20 lbs in the last 3 years. BMI 42 You review Sam's PHQ-9/Audit C (both negative) You review Sam's family history which is significant for DM in both parents and older brother. You review recent screening labs that are normal LDL 125 fasting sugar 98. While reviewing Sam's history you ask what matters most to him this year with respect to his health? He states that he feels his weight gain bothers him and he wants to be healthier. You open BMI >30 counseling EP *Today we reviewed your current weight. We discussed your goal to work toward a body weight that allows you to feel comfortable participating in daily activities. We discussed that working towards your best weight will decrease strain on your joints and reduce your risks of developing issues with your heart and sugar. We explored strategies to reach your healthy weight goal such as daily activity, portion control, reducing simple carbohydrates (bread, rice, pasta, potatoes, processed foods) in your diet. We also discussed online and in person tools that might help you reach your goal such as noom or weight watchers.* *Your personal goal is:*	**CODING FOR THIS VISIT:** 99396 G0447 you add BMI >40 to A/P and problem list.
Advanced Care Planning EP and	Marsha is a 75 yo woman. You saw Marsha last week for her wellness at the visit Marsha expressed concerns about her memory. At the wellness visit you asked her to return to the office for a discussion about her memory and planning for her future health. You asked her to	**CODING FOR THIS VISIT:** 99497 and 99214 (uncontrolled HTN)

Uncontrolled HTN	bring her partner with her if she was comfortable with that. Today Marsha and her wife Jen present for a discussion about Advanced care planning. You also notice that Marsha's bp is elevated today 145/88 on repeat. You open Advanced care planning EP. You open Hypertension uncontrolled EP- You review meds Marsha is taking and how she is taking and identify that she has been skipping her hctz regularly because it causes incontinence. You have a discussion about goals/wishes. You complete a MOLST and HCP. You refer Marsha for MOCA with PCBH. You spend more than 16 minutes discussing the above. You add Advanced care planning to problem list for future reference. You make copies of hcp and MOLST to be filed and give originals to patient. You change bp meds and ask Marsha to follow up for bp clinic in 2 weeks.	
25 modifier with physical	Blanche 56 yo old for wellness visit. She was given explanation of visits at check in. (see attached) Your MA complete normal intake and PHQ-9 and audit (both normal) While MA is doing intake Blanche mentions that she has noticed a rash on her abdomen in the past 24 hours. Your medical assistant mentions that she has been booked for a wellness exam but she will notify the practitioner that she has a separate medical question. You enter the room and complete your normal history/physical. Then you say to Blanche "my medical assistant mentioned that you also had a medical question today that you wanted to address". Blanche tells you about her new rash. She comments that she is an avid hiker and spends a lot of time in the woods. She has felt "under the weather" the past few days with a low grade fever. She feel more achy than usual. No headaches or neck pain. She shows you the rash that she noticed this morning. It is a typical EM rash of lyme. You dx her with lyme. You talk about doxy and how to take it. You warn her about sun sensitivity and follow up if her symptoms are not improving or worsening.	**CODING FOR THIS VISIT:** 99396 for wellness. 99214 new problem with prescription 96127 (MA bills x2)

CCM Consent (see talking points last page)	Charlie is a 75 yo. You saw them last week for wellness and discussed CCM and Charlie gave consent. This week Charlie falls and breaks their ankle. They live alone and need significant supports at home as well as a wheelchair and home PT. You work with your clinical staff to order the DME supplies, set up home PT, adjust pain meds started by orthopedist and address constipation from them. Over the course of 5 days you and your staff spend 45 minutes helping to make sure that Charlie has what they need and can remain in their home safely. **EACH TIME THE CCM TIMER HAS POPPED UP YOU and your staff HAVE checked a box indicating type of service provided.**	
Incident to:	Paul is a 67 yo male who was seen by his PCP (who happens to be a physician) last week. At the visit Paul was found to have an elevated bnp and exam consistent with CHF exacerbation. He was started on lasix, repeat labs ordered and echo was ordered since last one was >2 years ago. Paul returns to the office today for follow up of CHF. He is seen by an NP/PA. Paul reports he is feeling much better and his breathing has improved. His weight is down 4 lbs and he is sleeping more comfortably. Labs are reviewed and bnp is normal and potassium is normal. You recommend that he continue current treatment and follow up in 3 months.	**CODING FOR THIS VISIT:** NP/PA bills 99213 (incident to)
COMPLEX MEDICAL WORK UPS:	Brenda 55 yo female presents for discussion of not feeling well. You do a complete history and physical and identify that she has been feeling run down for weeks. She has lost about 20lbs. She complains of night sweats and a slight cough (she had covid last month). You do a PHQ-9 to check that her symptoms are not related to depression. You discuss a differential with her and order a number of tests as well as a chest xray. You mention to her that her labs will be available on the portal in 2-5 days. Given the complexity of her symptoms you ask her to book a follow up next week so that you can review the results of all of her tests and make a plan.	**CODING FOR THIS VISIT:** You bill 99214 96127 for Phq-9

	You hand her a check out slip: Labs today chest xray today follow up 1 week	

Chronic Care Management Talking Points

Who Qualifies: Medicare patients with 2 or more chronic conditions. (We only will bill CCM codes for patients that qualifies but we should try to get consents from all Medicare patients because people can develop 2 or more conditions at any time)

Things to know:

- **Patients with MassHealth/Medicare will not have copays.**
- **Most patients with secondary insurance will have minimal copays if any.**
- **Patients with straight Medicare are at greatest risk of having to pay the full amount. It still may be better for them than coming in for multiple visits etc.**
- **The amount of copay differs for every insurance company so we shouldn't make any promises about "how much".**

Why should patients give consent?

- **Medicare has created a way to support "the work" that primary care offices do outside of visit time. By signing this form you are giving permission for VMG to bill Medicare if we spend more than 20minutes in a month coordinating care for you outside of an office visit.**
- **This payment allows us to do important work like prior authorizations for your medications, getting CPAP machines, Oxygen, DME, coordinating your care with specialists, managing coumadin, coordinating care with VNA or hospice.**
- **Compensation from this work allows us to hire nurses to help manage your chronic conditions and titrate medications without you needing to come to the office.**
- **In a perfect world this would just be a benefit for all patients but unfortunately Medicare has compartmentalized payments for different services-in office and out of office. They have asked we get permission for out of office care.**

- **VMG will not bill your insurance unless we spend more than 20minute doing important work for you outside of a visit.**
- **Being paid for the work of primary care has become increasingly challenging. As you are aware maintaining primary care practitioners in our communities is challenging due to the amount of work we are asked to do with limited resources. This consent is a way that Medicare is providing primary care practitioners compensation for the work of sustaining our practices and services we provide.**