

2023 CME Activity

Practice Enhancement Through Clinically Correct Coding

The purpose of this educational platform is to assist in allowing providers to remain current and compliant in the ever-changing world of documentation, coding, and billing. There were sweeping changes in office coding in 2021 and a similar overhaul will unfold for the hospital, Emergency Department, and post-acute settings in January 2023. This platform will allow access to help empower providers with knowledge to master these changes. The creator of the content is a practicing family medicine physician with over 30 years in practice – 17 years of which were in a blended ambulatory/inpatient medicine setting – who has been a Certified Professional Coder (CPC) since 2000. The educational curriculum is focused on practical applications of these concepts to align with the needs faced in primary care.

Key

C: Combined Track	20.0 Prescribed AAFP/AMA PRA Cat I CME credits
A: Ambulatory Track	15.0 Prescribed AAFP/AMA PRA Cat I CME credits
H: Hospital Track	12.5 Prescribed AAFP/AMA PRA Cat I CME credits

SESSIONS (each 0.5h)

(C/A/H) Session #1:

The Billing Classification of Patients: Defining New and Established

- Be able to define new and established patients in the ambulatory space
- Know how patients are classified in the hospital/facility setting
- State how new and established encounters are correctly billed

(C/A/H) Session #2:

Compliant Use of Nurse Practitioners (NPs) and Physician Assistants (PAs)

- Define the various Non-Physician Providers (NPPs) commonly seen in primary care
- Differentiate between “shared” and “incident to” services and how NPPs can be an integral part this type of care delivery given AMA/CMS updates
- Know the appropriate billing and understand the correct documentation needed to be compliant in overseeing NPP care delivery

(C/A) Session #3:

The Basic Evaluation and Management Guidelines for the Office Setting

- Apply time-based coding in the ambulatory office practice setting
- Define the Medical Decision-Making components and correctly apply them clinically
- Understand how to use prolonged services

(C/A) Session #4:

The Chronic Disease Primer for Primary Care: Hypertension

- Know the clinical manifestations of hypertension in America today
- Be able to state the Stars quality measure associated with hypertension and strategies to succeed in this measure
- Know basic medication classes used and laboratory studies pertinent in management

(C/A) Session #5:

The Chronic Disease Primer for Primary Care: Diabetes Mellitus

- Know the Stars quality measures associated with Diabetes
- Be able to state the basic medication management options in DM
- Know a best practice way to optimize quality measure outcomes for DM

(C/A) Session #6:

The Chronic Disease Primer for Primary Care: Heart Failure

- Be able to state the various stages of Heart Failure (HF)
- Define the types of heart failure, appropriate diagnosis codes, and HCC risk assignment
- Understand the pharmacological basic medications used to manage HF

(C/A) Session #7:

The Chronic Disease Primer for Primary Care: COPD

- Know the clinical impact COPD has on populations
- Be able to state the basic medication management options in COPD
- Understand the correct documentation to support the clinical definition of COPD

(C/A/H) Session #8:

Care Management in Primary Care: Performing Transitional Care Management to Manage the Hospital to Home Journey.

- State the importance of care coordination and understand how to transition patients from hospital to home, from home to office, and then office to home
- Differentiate between the two Transitional Care Management codes and know when to bill each
- Know processes needed to successfully implement this in your practice

(C/A) Session #9:

Care Management in Primary Care: Offering Chronic Care and Principal Care Management Services

- Outline reasons for care management service delivery in primary care
- Know how to perform, document, and bill for Principal Care Management services
- Know how to perform, document, and bill for Chronic Care Management services

(C/A) Session #10:

Care Management in Primary Care: Home Health and Care Plan Oversight Authorizations

- Understand the clinical criteria for home bound status
- Understand the clinical medical necessity for home health service delivery
- Know how to document and bill correctly for home health certification, recertification, and care plan oversight

(C/A) Session #11:

Behavioral Health Integration (BHI) in Primary Care: The Psychiatric Collaborative Care Model

- Define how to effectively integrate behavioral health into primary care
- Be able to construct the psychiatric collaborative care delivery model and how to correctly document, code, and bill for these services
- Know the correct behavioral health diagnoses for optimal Hierarchical Condition Code (HCC) capture

(C/A) Session #12:

Performing the Medicare Wellness Visits in Primary Care

- Define the three types of Medicare Wellness Visits
- Know how to correctly perform, document, and bill for each of these services
- Understand how to correctly apply chronic disease care delivery in the context of the Medicare Wellness Visit with the addition of the -25 modifier

(C/A) Session #13:

Understanding Preventive Services in Medicare

- Define how to find the central source of updated information on Medicare Preventive Services, codes, co-insurance, and coverage intervals
- Describe the covered services offered through Medicare in breast, colon, and lung cancer screening
- Discuss the preventive services offered through Medicare related to intensive behavioral therapy

(C/A) Session #14:

Dermatology Integration in Primary Care

- Understand the economic benefit to adding dermatology procedures as a service line
- Know which procedures most easily fit in the primary care workflow
- Understand an operational workflow to integrate this service line

(C/A) Session #15:

Correct Documentation, Coding and Billing of Dermatology Procedures in Primary Care

- Outline documentation strategies to support dermatology procedures
- Know how to document and bill for biopsy procedures based on latest guidelines
- Describe how to document and bill for multiple procedures as well as procedures done in the context of a problem-based encounter using the -25 modifier

(C/A) Session #16:

2023 Telehealth and Remote Patient Monitoring (RPM): Clinical Applications

- Be able to describe how Telehealth looks in 2023 and how to apply it to your primary care practice
- Be able to define what remote patient monitoring is and what clinical disease states can be most easily addressed as a first step outreach
- Understand the documentation, coding, and billing needs for RPM

(C/A/H) Session #17:

Advance Care Planning: Helping Our Patients Transition

- State why physicians should engage their patients in discussions relating to end-of-life care.
- Know the specific documents used for end-of-life decision making in health care
- Be able to perform, document, and correctly bill for Advance Care Planning services

(C/A/H) Session #18:

Social Determinants of Health (SDoH): Uncovering a Key Player in Healthcare Outcomes

- State several health impacts associated with SDoH.
- Know the key SDoH risk factors and why regular screening for such is important in healthcare
- Understand the codes associated with SDoH risk factors and the importance of correct coding for these conditions

(C/A/H) Session #19:

Understanding Healthcare Disparities

- Define healthcare disparities
- Know where disparities have greatest clinical impact
- Outline some best practice steps to address healthcare disparities

(C/A/H) Session #20:

Defining Hierarchical Condition Categories (HCCs) in Primary Care

- Be able to define optimal clinical documentation, redocumentation, and “risk” scores
- Know clinical conditions that are a focus of opportunity to optimize HCCs
- Be able to show the economics associated with excellence in this area

(C/A/H) Session #21:

Clinical Applications of Key HCCs in Primary Care

- Understand the details associated with HCC code capture with cancer diagnoses
- Understand the details associated with HCC code capture with diabetes and obesity
- Understand the details associated with HCC code capture with chronic kidney disease
- Understand the details associated with HCC code capture with neurologic (stroke) syndromes

(C/A) Session #22:

Documentation, Coding and Billing for the Nursing Facility E&M Services

- Define clinical states that merit acute inpatient, skilled, and long-term care delivery
- Describe the documentation, coding, and billing in the nursing facility setting
- Explain the care delivery rule application for NPPs

(C/A) Session #23:

Documentation, Coding and Billing for Home/Residence Places of Care Delivery

- Define various “home” settings
- Understand how time and medical decision making applies to these places of service
- Explain documentation and billing applications of NPPs for these settings

(C/A/H) Session #24:

A Strategic Path to Documentation, Coding and Billing Compliance

- Outline reasons why a compliance plan related to coding and billing is important in primary care
- Define areas of focus for providers based on current governmental guidance
- Understand the process of assessment and performance improvement through encounter audits to aid in success of a compliance plan

(C/A/H) Session #25:

The Preoperative Assessment: Step One in Effective Care Transitions

- Understand the roles primary care and other providers play in the surgical patient’s care
- Know the areas of focus for preoperative assessment of the older adult
- State the importance of the coordinated transition care management (TCM) interaction post-operatively and strategies in delivery

(C/A/H) Session #26:

The Role of the Physician Advisor (PA): Expanding Beyond Status Determination

- Be able to define a “Physician Advisor” and what types of physicians can fit this role
- Know how PAs can support of case management with respect to resource utilization and quality
- State how PAs can support CDI, medical necessity, and denials management

(C/A/H) Session #27:

Understanding the Basics of the Business of Medicine

- Know the history of the Medicare program and understand the parts that make it up
- Know the out-of-pocket costs associated with the Medicare Beneficiary in and the concept of co-insurance across the spectrum of healthcare
- Be able to state the basic components of coding and the concepts of documentation integrity and its application to how we get paid
- Define relative value units, the conversion factor, shared savings, and cost of care and how these play into payment for providers

(C/A/H) Session #28:

Dousing the Flames of Burnout

- Know the prevalence and progression of burnout in the medical professional community and the effects of the COVID pandemic
- List the clinical manifestations of burnout and triggers that lead to this clinical state
- Discuss strategies to deploy to help reduce personal and occupational stress

(C/A/H) Session #29:

Today’s Physician: Stakeholder and Leader for Sustainable Change

- Know reasons behind having physicians as leaders.
- Understand essential elements needed for effective physician leadership.
- Be able to outline practical applications of physician leadership skills across the scope of healthcare needs

(C/A/H) Session #30:

Population Health Management: It’s more than just seeing patients

- Define “Population Health Management”
- Understand key data points needed to succeed in population health management
- Restate strategies needed to keep aligned with this aspect of medicine

(C/H) Session #31

The Hospital Quality Journey: Where is our Focus?

- Know the quality metrics tied to value-based care
- Understand the conditions tied to the readmission reduction program
- Know the conditions linked to the hospital acquired infections measure

(C/H) Session #32:

The E&M Guidelines for the Hospital Setting: Current Updates

- Explain the 2023 documentation and billing rules for time-based coding and Medical Decision-Making components in the hospital setting
- Describe split/shared billing in the hospital facility setting
- Understand how to use prolonged services in the hospital setting

(C/H) Session #33:

Hospital Clinical Documentation Improvement (CDI): Stating the Correct Clinical Picture

- Define the Diagnosis Related Group (DRG) concept
- Know how DRGs impact the Case Mix Index (CMI) and how these economically impact a hospital facility
- State top Diagnosis Related Groups (DRGs) and how to best document to capture the optimal clinical picture

(C/H) Session #34:

The Two Midnight Rule and Medical Necessity in the Hospital Setting

- Define the “Two Midnight Rule” and the inpatient vs observation determination
- State the importance of “D-Day” documentation with respect to patient status
- Understand what the “Inpatient Only List” is and a management option for correct use

(C/H) Session #35:

The Medical Necessity Series, Part I

- State documentation pearls associated with documentation of medical necessity of key cardiac conditions in the hospital setting to include
 - Chest Pain/ Myocardial Infarction
 - Heart Failure
 - Atrial Fibrillation

(C/H) Session #36:

The Medical Necessity Series, Part II

- State documentation pearls associated with documentation of medical necessity of key respiratory conditions in the hospital setting to include
 - COPD
 - Pneumonia

(C/H) Session #37:

The Medical Necessity Series, Part III

- State documentation pearls associated with documentation of medical necessity of key neurological conditions in the hospital setting to include
 - Encephalopathy
 - TIA
 - Stroke

(C/H) Session #38:

The Medical Necessity Series, Part IV

- State documentation pearls associated with documentation of medical necessity of key infectious conditions in the hospital setting to include
 - Sepsis
 - Cellulitis
 - Urinary Tract Infections

(C/H) Session #39:

Compliant Time-based Coding and Documentation in the Hospital Setting

- Define the documentation needed for time-based services in the hospital setting
- Explain critical care services policy and know how to document, code and bill for these services
- Know how to document discharge services as well as prolonged services hospital care

(C/H) Session #40:

Current Evaluation & Management (E&M) Guidelines in the Emergency Department (ED)

- Know current ED E&M documentation, coding, and billing guidelines regarding Medical Decision Making
 - Describe split/shared billing in the ED setting
 - Apply clinical examples to the appropriate levels of ED care delivery
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