

05.17.2023 GME/NPP Ambulatory Onboarding*

Practice Enhancement Through Clinically Correct Coding

(#3, #8, #12, #13, #17, #20, #21, #30)

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

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

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

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

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

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

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

Session #30:

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

- Define "Population Health Management"
- Understand key quality elements needed to succeed in population health management
- Restate strategies needed to keep aligned with this aspect of medicine

*Each Session is of 25-30 minutes duration with an individual post-test if done separately. This is the "Core Ambulatory Curriculum" which is offered as a "pretest-module completion-post-test" format as an onboarding/assessment exercise. Full access to the individual modules will extend through the academic year. CMS Updates will be applied in January where appropriate.