2024 *Combined Track*
Practice Enhancement Through Clinically Correct Documentation and 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. Each year, CMS makes modifications to documentation, coding, and billing practices. Performing these services incorrectly leads to loss time and revenue as well as increased frustration and provider burnout. This platform will help empower providers with knowledge to master these changes. The content author 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 across the landscape of healthcare.

Key

C: Combined Track   20.0 Prescribed AAFP/AMA PRA Cat I CME credits
A: Ambulatory Track   15.5 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:
Do I Bill This Patient as "New" or "Established"?
- Be able to define new and established patients in the ambulatory space
- Know how new/established patients are classified in the hospital/facility
- Apply this concept in specially designated sites (provider-based, Rural and Federally Qualified Health Centers)

(C/A/H) Session #2:
Compliant Use of Nurse Practitioners (NPs) and Physician Assistants (PAs)
- Define the various Non-Physician Providers (NPPs) commonly seen
- Differentiate between "split/shared" and "incident to" services given the latest updates
- Know the appropriate documentation and billing for overseeing NPP care delivery

(C/A) Session #3:
The Basic Ambulatory Office Evaluation and Management Guidelines
- Know how to apply time-based coding in the ambulatory office setting
- Define the clinical application of the Medical Decision-Making (MDM) components
- 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
- State the Stars quality measure associated with hypertension and strategies to succeed in this measure
- Know basic medications used and pertinent laboratory studies in HTN management

(C/A) Session #5:
The Chronic Disease Primer for Primary Care: Type II Diabetes Mellitus (DM)
- Know the Stars quality measures associated with Diabetes
- Be able to state the basic medication management options in DM, Type II
- 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
- Define the types of heart failure and appropriate diagnosis codes
- 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 (tie to ED f/u and HF f/u)
- Know processes needed to compliantly implement and bill for 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:
Clinical Applications of Telehealth in 2024
- Be able to describe how deploy, document, and bill for Telehealth services in 2024
- Define remote patient monitoring (RPM) and know what clinical disease states are most easily addressed with this modality
- Understand the documentation, coding, and billing needs for RPM

(C/A/H) Session #17:
Advance Care Planning (ACP): Helping Our Patients Successfully Transition
- State why physicians should engage their patients in end-of-life care discussions
- Know the specific documents used for end-of-life decision making
- Be able to perform, document, and correctly bill for ACP 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
- Define optimal clinical "documentation", "redocumentation", and "risk" scores
- Explain the 2024 HCC transition from Version 24 to Version 28
- State the financial possibilities associated with optimal performance 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 cardiovascular conditions
- Understand the details associated with HCC code capture with hematology/oncology conditions
- Understand the details associated with HCC code capture with metabolic and endocrine conditions

(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
- Define areas of focus for providers based on current governmental guidance
- Understand the process of using encounter audits to assess and develop a performance improvement 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 link between documentation integrity and coding, 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
- 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 hospital 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: 2024 Updates
- Explain how the E&M Services Guide released 08/2024 defines the hospital encounter
- Understand how to document/perform care related to both the time-based coding and Medical Decision-Making components in the hospital 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
- Apply the "Two Midnight Rule" based on the 2024 Medicare Advantage Final Rule
- 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 how to document time based services in the hospital setting
- Explain how to document, code and bill for critical care services
- Know how to document time-based discharge and prolonged hospital care services

(C/A/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