

Billing and Coding  
aka  
“Getting Paid for What You Do”

Presented by

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Coding Vignettes for LTC may be  
found at the Web site of  
Florida Medical Directors  
Association

[www.fmda.org](http://www.fmda.org)

# New for 2002

- Place of service is crucial
  - Must differentiate between
    - Skilled – Medicare Part A paying the cost  
31
    - Non-skilled (everything else except Medicare Part A)  
32
- 20% payment differential between 31 and 32
  - Skilled pays less because CMS has reduced practice expense component (erroneously believed that care was provided by hospitalists)

# ICD9 Diagnosis Codes

# Caveat with “Senile Dementia of the Alzheimer’s Type” - 1

- Effective January 1, 1996, reimbursement is limited to 62.5% of Medicare allowed amount for E/M services with a primary diagnosis of 290-319 (Mental Disorders)
- This was introduced because of the way psychiatrists are reimbursed by Medicare
- Loophole was deliberately left open for non-psychiatrists to receive usual 80% of Medicare allowable

# Example of reduced payment for Nursing Home Admission Assessment 99303

	331.0 (Alzheimer's Disease)	290.0 (Senile Dementia of the Alzheimer's Type)
Physician Bills	\$105	\$105
Medicare Allows	\$100	\$62.50 (62.5% of usual allowable)
Medicare Pays	\$80	\$50 (80% of actual allowable)
Difference in reimbursement		\$30 or 37.5% reduction

# Caveat with “Senile Dementia of the Alzheimer’s Type” - 2

- Reduction involves ICD9 codes 290-319 inclusive
- SDAT (290.0) is included in this reduction
- Unspecified Organic Brain Syndrome (294.9) is included in this reduction
- Senile Dementia with Delusional Features (290.20) is included

# Caveat with “Senile Dementia of the Alzheimer’s Type” - 3

- Reduction occurs only when the Primary Diagnosis is between ICD9 codes 290-319 inclusive
- **Alzheimer’s Disease (331.0) is excluded**
- **Parkinson’s Disease (332.2) is excluded**



# Medicare CPT Procedure Codes

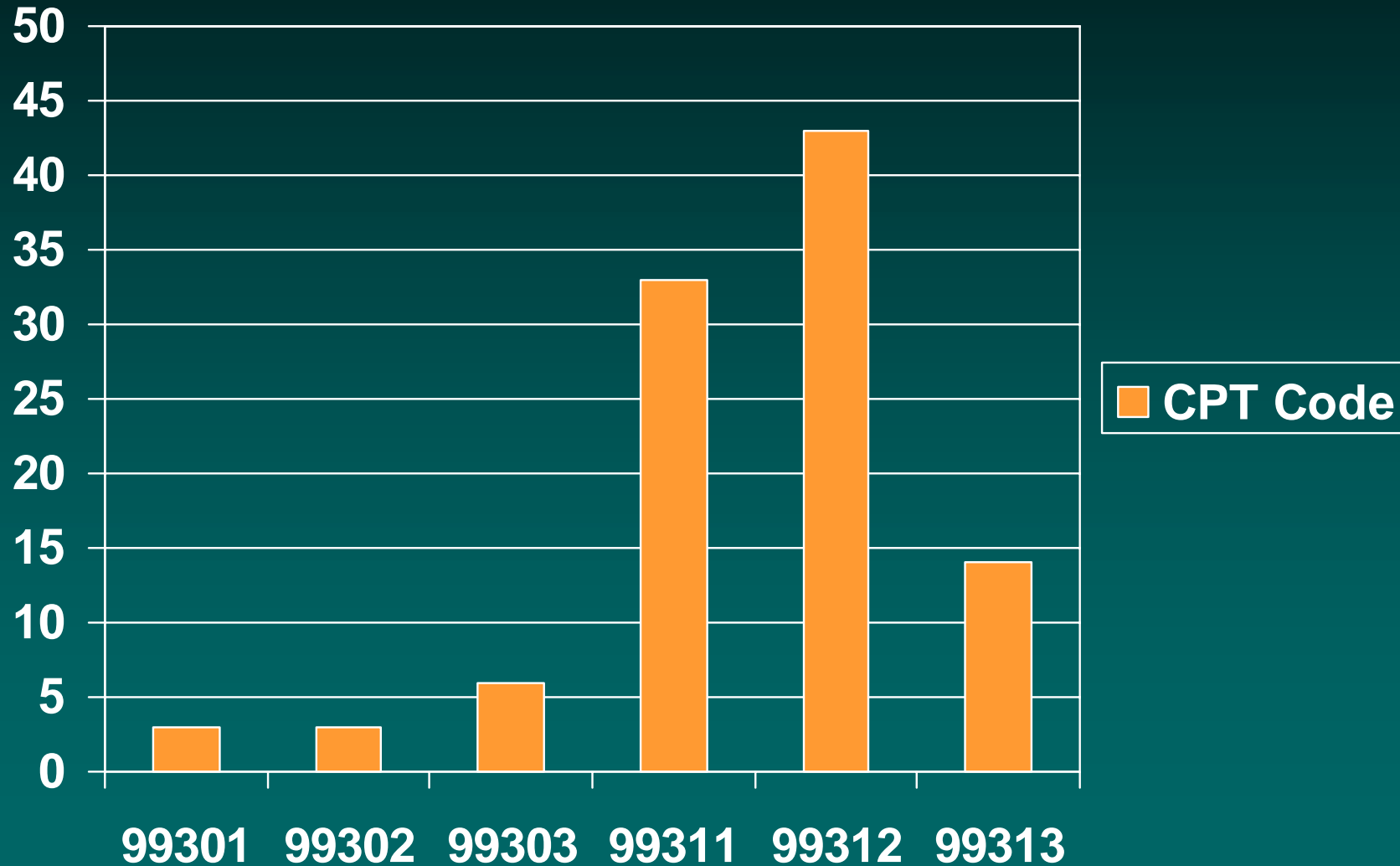
# Place of Service

- In addition to traditional office and hospital, an increasing number of Alzheimer's patients are being seen in:
  - Nursing Homes
    - CPT Codes 99301/03 - Assessment Visit
    - CPT Codes 99311/13 - Subsequent Visit
  - Assisted Living Facilities
    - CPT Codes 99321/23 - New Patient
    - CPT Codes 99331/33 - Established Patient
  - There are 25 vignettes in a downloadable Microsoft Word file at [www.fmda.org](http://www.fmda.org) (Florida Medical Directors Association)

# Nursing Home Visits – 2000

## Comparative Performance Report

[www.fmda.org](http://www.fmda.org) has 25 vignettes with answers



# Vignette - 1 Question

- You are asked by a nurse to sign a paper indicating that another physician's patient (whom you have "noticed" most times that you have visited the facility over the last 2 years) is not competent because of Alzheimer's Disease

# Vignette - 1 Options

- Evaluate the patient, sign the form, and don't bill
- Evaluate the patient, sign the form, and bill, appropriately

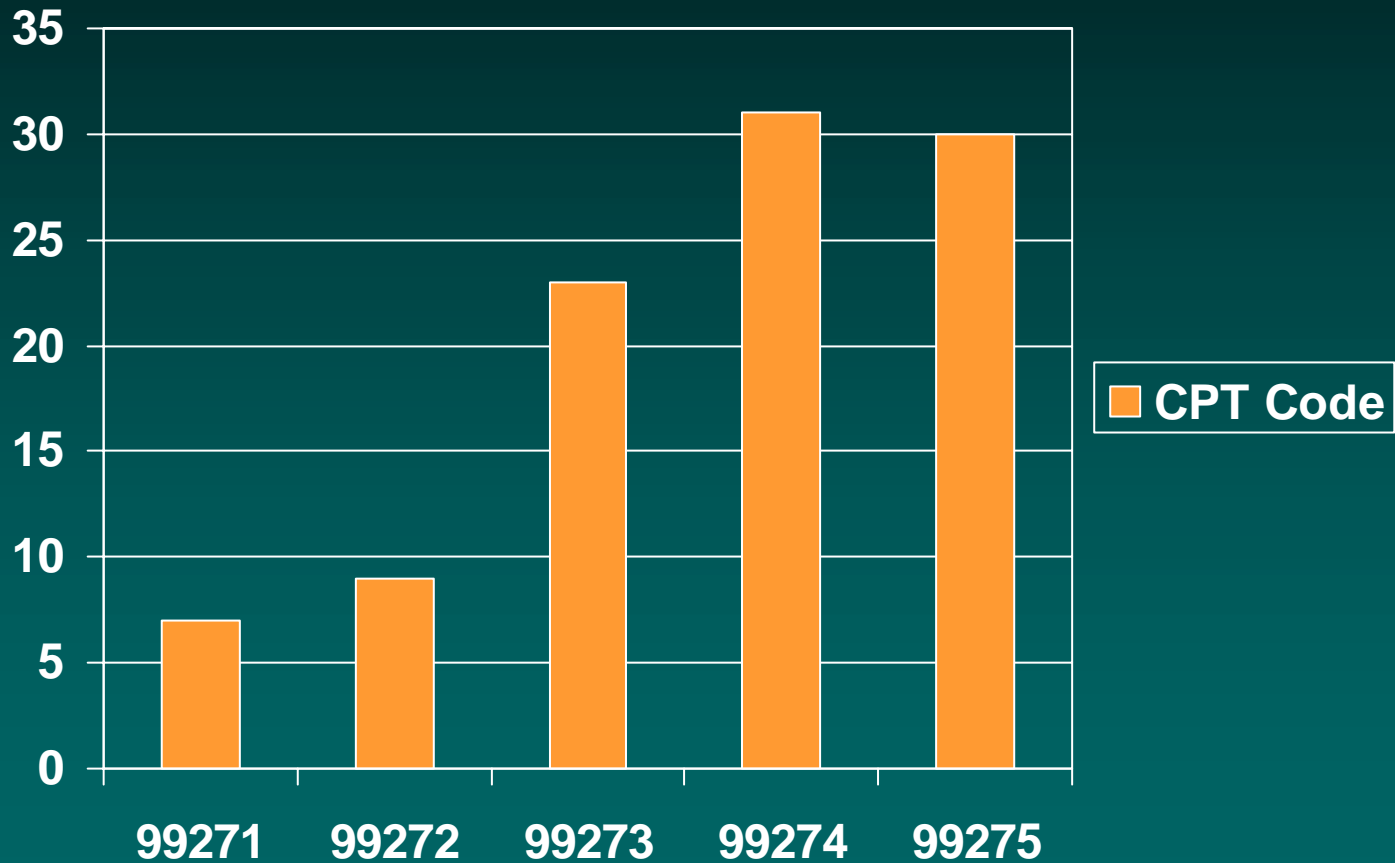
# Vignette 1- Answer

- Perform a Confirmatory Consult and bill Code 99271/75 according to amount of work performed and documented

# Type of Service

- Confirmatory Consult Codes
  - 99271-75
  - Use when asked by a physician in writing to confirm that a patient is not legally competent
  - Reimbursement is significantly higher (varies from 1 -4.7 RVU) than the other available CPT Codes
  - Documentation must reflect work done and support appropriate use of the CPT code

# Confirmatory Consult Codes – 2000 Comparative Performance Report





# Mental Status Testing

- CPT codes do exist , but the intent is that they should be used for batteries of tests and accompanied by a written interpretation and report
- Most physicians will up code by 1 level

# New Opportunities for Mid-Level Providers Working with Physicians

# Before January 1, 1998

- Medicare, in general, would not pay for nurse practitioners or physician assistants to manage patients in either assisted living facilities or at home
- This was known as a “Site of Service limitation” and was abolished effective 1/1/1998

# What are the most common failures of a physician? - 1

- Giving the impression that the physician has not personally seen the patient
  - No “touch”
  - Charting at the nurses station
  - Large numbers of charting done at one time
- Problem:
  - The NH staff will tell investigators that “The doctor does not see the patients.”

# What are the most common failures of a physician? - 2

- Solution:
  - Call ahead and ask for “My charts to be put on a cart with wheels”
  - Make rounds with a nurse
  - Personalize progress notes
- The era of “*Stable - no problems*”-type documentation has come to an end

# What are the most common failures of a physician? - 3

- Problem:
  - Responsible party has no idea who the various physicians are
  - RP knows that if he helps identify fraud/abuse there may be a financial reward
- Solution:
  - Leave flyers at bedside with names of all providers and phone RPs

“Doctor, I just need a moment of  
your time to clear up a  
misunderstanding.”

# If called by an investigator:

- Be polite and firm
- “I would rather not comment until I have the medical record in front of me.”
- Talk to investigator with a third party present.



# Summary - 1

- Using the CPT Code 331.0 (Alzheimer's Disease) will not result in inadvertent downpayment by the Medicare Part B carrier
- There are specific site of service codes for both assisted living facilities and nursing homes
- The use of Confirmatory Consult Codes is appropriate for rendering second opinions concerning decision-making ability



The End

# Questions and Answers