

KZA/AAOS 2021 Power E/M Coding and Office Procedure Coding

Learning Objectives

- Identify CPT 2021 E/M updated requirements and how they compare to original guidelines
- Apply E/M modifiers accurately
- Describe when it is appropriate to report an E/M service in addition to a joint injection
- Differentiate incident-to and split/shared reporting for NPPs – how impacted in 2021

E/M Categories of Service: Office, Consultations, Inpatient, Observation	1:00pm-1:15pm
E/M Levels of Service: Office and Outpatient Setting (99202-99215) <ul style="list-style-type: none"> • MDM Criteria – key definitions, • Time Criteria • Exercises: Documentation Review Using 2021 Guidelines 	1:15pm – 3:00pm
BREAK	3:00pm - 3:15pm
E/M Levels of Service: Other Settings <ul style="list-style-type: none"> • History, Exam, Medical Decision Making: Key Documentation Issues • What’s on the horizon for E/M changes? 	3:15pm – 3:45pm
E/M Modifiers 24, 57, 25 <ul style="list-style-type: none"> • Modifier 25 with E/M services and joint injections • When shouldn’t E/M services and procedures be reported together? • Appeal strategies for E/M and office procedures. 	3:45pm- 4:15pm
PA and NP Billing for Medicare <ul style="list-style-type: none"> • Define “incident to”, split/shared, and direct reporting • 2021 CPT addresses split/shared for the first time. • Differentiate billing options for office and hospital places of service. • Tools for tracking payor use of these reporting options 	4:15pm - 4:45pm
Radiology <ul style="list-style-type: none"> • Does your radiology interpretation stand up to scrutiny? • Understand requirements for reporting a global X-ray service vs. taking medical decision-making points. 	4:45pm - 5:00pm

*Times are approximate