2021 Coding Changes: Pediatric Practice Checklist

September 2020

- ☐ Designate a point person to lead this critical effort for the practice
- ☐ Purchase a subscription to the AAP Coding Newsletter
- ☐ Communicate with every provider and make them attest that they have watched this video
- ☐ Share this AMA resource with all providers and hold a practice meeting to discuss
- ☐ Agree on an office education plan and block out the appropriate time to implement

October 2020

- ☐ Review provider workflow and identify where work related to a visit is not done on the date of the visit - which may impact time based coding
  - ☐ *Example: Review records, chart prep, note finalization*
- ☐ Agree on adjustment of provider schedule to be more realistic about same-day review, chart prep, and documentation - and implement the effective date
  - ☐ *Example: Effective 12/1, providers are expected to be in their seats to review their daily schedule and begin chart preparation 30 minutes prior to the first scheduled appointment; there will be catch-up time in the AM and PM sessions to facilitate timely documentation.*
- ☐ Discuss billing workflows with your billing team that have implications for note finalization and billing status
  - ☐ *Note: If you are in the habit of marking notes "ready to bill" prior to midnight of the date of visit - that will make it difficult for you to incorporate time that is not captured before the provider leaves the office*
- ☐ Create a plan for any change in billing workflows and confirm an effective date to implement that plan
- ☐ Perform a review of E/M coding distribution trends per provider for 2019 and for the first 3 quarters of 2020 (likely not representative based on COVID-impacts) and share that data with your providers
- ☐ Execute provider deep-dive education on Time Based Coding
- ☐ Discuss with providers the impact of new time coding rules and potential impact to the bottom line

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November 2020

- ☐ Outline and finalize a plan for provider internal auditing and education program as part of a Continuous Quality Improvement Project
  - ☐ *Note: Include time blocked through 2021 to implement*
- ☐ Agree on an internal auditing tool that practice will use for auditing purposes.
  - ☐ *Note: AAP guidance forthcoming*
- ☐ Execute provider deep-dive education on Medical Decision Making (MDM) Coding
- ☐ Discuss with providers the impact of new MDM coding rules and potential impact to the bottom line
- ☐ Identify an internal process for appealing claim rejections based on payers non-adherence to new guidelines
- ☐ Identify a team to handle any payer audits or requests for notes/documentation and create a step-by-step plan which includes roles and responsibilities and what to release
- ☐ Identify any adjustments that will need to be made to templates (including removing "note bloat") and identify a point person to do this work and when it should be done

December 2020

- ☐ Educate your team on your EHR's new features that support the coding changes
- ☐ Require providers start documenting MDM in a way that will be supported in January
- ☐ Review/audit provider notes for starting your QI project to educate and improve documentation/coding as part of an ongoing internal audit process
- ☐ Have every provider sign a document stating they understand the changes that are coming, they take responsibility for choosing the most appropriate E/M level based on new coding guidelines, and they commit to a process of continuous improvement
  - ☐ *Note: If they remain unsure, arrange for more training/education*

YOU GOT THIS!