PROSPECT MEDICAL

PROVIDER *focus*

March 26, 2020 Bulletin 3.6, All Providers, COVID-19 Resources

COVID-19 FAQs & GUIDANCE

Please share with your staff

Thank you for your compassionate care during the COVID-19 crisis. Prospect Medical Systems is here to help you navigate through these difficult times. Please be reassured that as an *essential business*, Prospect Medical continues core operations such as case management, capitation payments, claims payments, utilization management and provider network servicing. Most team members are working remotely and are supporting organizational operations.

Prospect is committed to the safety of our members, providers, employees and all stakeholders. We sincerely appreciate your patience, partnership, and patient care, while adhering to regulatory guidelines. To better serve you, Prospect structured this FAQ with links and references. We will also continue distributing bulletins and resources to keep you apprised of latest developments. Additional information is available on our website, www.prospectmedical.com.

Frequently Asked Questions

Where to obtain updated information?
www.coronavirus.gov is a good resource to get updated information on COVID-19. The site contains information specific to a variety of entities- from travelers to households, from schools to businesses, from laboratories to healthcare professionals. Educational materials are available for download.

What is the guideline for patients who think they may have been exposed or is sick with COVID-19?
CDC guideline recommends that the member stay home, maintain social distance, practice good hygiene, and clean all “high-touch” surfaces every day. Attached are handouts for reference.

Who should be tested for the COVID-19?
CDC has specific guideline on who needs to be tested https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html. Current recommendation is to prioritize the need for testing i.e. hospitalized patients with symptoms consistent with COVID-19, at risk patients with symptoms, and healthcare personnel with close contact with COVID-19 confirmed patients.
You can also refer your patients to the CDC self-checker tool at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html for them to assess their risk.

This publication is not intended to replace any contents in the Provider Manual or conflict with any requirements outlined in your signed agreement with Prospect Medical. If you have any questions or suggestions for our upcoming **PROVIDER** *focus*, please feel free to contact Network Management at (800) 708-3230, prompt 1 then 7 or email to providerinfo@prospectmedical.com. This bulletin and previous versions of **PROVIDER** *focus* are also available at www.prospectmedical.com.

Where can I get testing supplies?
Please contact your laboratory agency to order the swabs. Please note:

- LabCorp and other labs are only providing limited numbers of swabs
- **do not send** patients to their facilities to get tested for they do not do the testing there

Are Urgent Care facilities open?
Prospect has contacted many of our contracted Urgent Care Centers. Most of them are available to see patients. **Please do not send patients to the urgent care just to be tested**. They will be using the CDC screening guidelines for testing.

Can I provide telemedicine/telehealth to my patients?
CMS is relaxing the definition and HIPPA regulation/requirements regarding telemedicine. For detailed information, please refer to this website https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. This mainly applies to established patients.

Other Resources

- Department of Public Health, www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Public Health Department by County hotline
  - Orange County: (800) 564-8448
  - Los Angeles: (888) 397-3993
  - San Bernardino: (800) 722-4974

Yours in health,

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COVID-19 Adult Clinical Evaluation Guide

Consider COVID-19 in a patient with any of the following:
- Fever
- Cough
- Shortness of breath
- High risk travel/exposure

Clinical Signs/Symptoms
- Fever seen in >75% of hospitalized cases at some point *but almost 50% are afebrile on admission*
- Cough 45-80% (dry or productive)
- SOB 20-50%
- Myalgias 10-50%
- URI symptoms (HA, sore throat, rhinorrhea) in <15%
- GI symptoms: N/V in <10%, diarrhea in <25%

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Labs
- Check CBC with diff, BMP, LFTs, procalcitonin
- Clues to COVID-19: leukopenia, lymphopenia

Labs and Biomarkers
- Median WBC 4.7, with leukopenia in 17-45% (leukocytosis in <25%)
- Lymphopenia in 33-85%
- Median platelets normal, slight decrease in <35%
- AST/ALT increase in 4-35%
- CRP increased in 61-86%, LDH increased in 27-75%
- PCT: ≥0.5 in 5-10% (but higher % if severe or ICU)

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Microbiology
- Test for other resp viruses
- Consider blood cultures, sputum culture
- Clues to COVID-19: absence of other pathogens (but note that coinfections can occur)

Microbiology
- Coinfection rate with viruses or bacteria is unknown
- The presence of another virus (eg influenza) makes COVID-19 less likely but does not rule it out
- Bacterial coinfection might increase with severity of illness so *bacterial infection in a severely ill patient does not exclude COVID-19*

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Imaging
- CXR in all patients
- Consider chest CT if there is diagnostic uncertainty
- Clues to COVID-19: bilateral, GGO, peripheral distribution

Imaging
- CXR abnormal in 60% (77% if severe), chest CT abnormal in 86% (95% if severe)
- Unilateral findings on CXR or CT in 14-25% (especially if mild or early in disease)
- Most common findings: GGO and patchy consolidations (>50%), peripheral distribution >50%
- Nodules, LAN, cystic changes, effusion in <10%

HHS.gov

U.S. Department of Health & Human Services

Health Information Privacy

Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

For example, a covered health care provider in the exercise of their professional judgement may request to examine a patient exhibiting COVID- 19 symptoms, using a video chat application connecting the provider’s or patient’s phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation.

Likewise, a covered health care provider may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting

Note: OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that

will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf - PDF.

Guidance on BAAs, including sample BAA provisions, is available at https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html.

Additional information about HIPAA Security Rule safeguards is available at https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html.

HealthIT.gov has technical assistance on telehealth at https://www.healthit.gov/telehealth.

Content created by Office for Civil Rights (OCR)

Content last reviewed on March 23, 2020

FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency

1. What is telehealth?

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications.

Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicare and Medicaid, may impose restrictions on the types of technologies that can be used.[1] Those restrictions do not limit the scope of the HIPAA Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications.

2. What entities are included and excluded under the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications?

The Notification of Enforcement Discretion issued by the HHS Office for Civil Rights (OCR) applies to all health care providers that are covered by HIPAA and provide telehealth services during the emergency. A health insurance

[1] Medicare pays for many different services that involve use of these types of communications technologies. A fact sheet regarding Medicare payment and coverage is available at: https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf. Telehealth services paid by Medicare are the services defined in section 1834(m) of the Social Security Act that would otherwise be furnished in person but are instead furnished via real-time, interactive communication technology.

company that pays for telehealth services is not covered by the Notification of Enforcement Discretion.

Under the Health Insurance Portability and Accountability Act (HIPAA), a "health care provider" is a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. Health care providers include, for example, physicians, nurses, clinics, hospitals, home health aides, therapists, other mental health professionals, dentists, pharmacists, laboratories, and any other person or entity that provides health care. A "health care provider" is a covered entity under HIPAA if it transmits any health information in electronic form in connection with a transaction for which the Secretary has adopted a standard (*e.g.,* billing insurance electronically). See 45 CFR 160.103 (definitions of *health care provider*, *health care*, and *covered entity*).

By contrast, a health insurance company that merely pays for telehealth services would not be covered by the Notification of Enforcement Discretion because it is not engaged in the provision of health care.

3. What patients can a covered health care provider treat under the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications and does it include Medicare and Medicaid patients?

This Notification applies to all HIPAA-covered health care providers, with no limitation on the patients they serve with telehealth, including those patients that receive Medicare or Medicaid benefits, and those that do not.

Information specifically about telehealth and Medicare is available at https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet and https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf.

4. Which parts of the HIPAA Rules are included in the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications?

Covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This Notification does not affect the application of the HIPAA Rules to other areas of health care outside of telehealth during the emergency.

5. Does the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications apply to violations of 42 CFR Part 2, the HHS regulation that protects the confidentiality of substance use disorder patient records?

No, the Notification addresses the enforcement only of the HIPAA Rules. The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued similar guidance on COVID-19 and 42 CFR Part 2, which is available at: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf.

6. When does the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications expire?

The Notification of Enforcement Discretion does not have an expiration date. OCR will issue a notice to the public when it is no longer exercising its enforcement discretion based upon the latest facts and circumstances.

7. Where can health care providers conduct telehealth?

OCR expects health care providers will ordinarily conduct telehealth in private settings, such as a doctor in a clinic or office connecting to a patient who is at home or at another clinic. Providers should always use private locations and patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances.

If telehealth cannot be provided in a private setting, covered health care providers should continue to implement reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI). Such reasonable precautions could include using lowered voices, not using speakerphone, or recommending that the patient move to a reasonable distance from others when discussing PHI.

8. What telehealth services are covered by the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications?

All services that a covered health care provider, in their professional judgement, believes can be provided through telehealth in the given circumstances of the current emergency are covered by this Notification. This includes diagnosis or treatment of COVID-19 related conditions, such as

taking a patient's temperature or other vitals remotely, and diagnosis or treatment of non-COVID-19 related conditions, such as review of physical therapy practices, mental health counseling, or adjustment of prescriptions, among many others.

9. What may constitute bad faith in the provision of telehealth by a covered health care provider, which would not be covered by the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications?

OCR would consider all facts and circumstances when determining whether a health care provider's use of telehealth services is provided in good faith and thereby covered by the Notice. Some examples of what OCR may consider a bad faith provision of telehealth services that is not covered by this Notice include:

- Conduct or furtherance of a criminal act, such as fraud, identity theft, and intentional invasion of privacy;
- Further uses or disclosures of patient data transmitted during a telehealth communication that are prohibited by the HIPAA Privacy Rule (*e.g.*, sale of the data, or use of the data for marketing without authorization);
- Violations of state licensing laws or professional ethical standards that result in disciplinary actions related to the treatment offered or provided via telehealth (*i.e.,* based on documented findings of a health care licensing or professional ethics board); or
- Use of public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a chat room like Slack, which OCR has identified in the Notification as unacceptable forms of remote communication for telehealth because they are designed to be open to the public or allow wide or indiscriminate access to the communication.

10. What is a "non-public facing" remote communication product?

A "non-public facing" remote communication product is one that, as a default, allows only the intended parties to participate in the communication.

Non-public facing remote communication products would include, for example, platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. Such products also would include commonly used texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or

iMessage. Typically, these platforms employ end-to-end encryption, which allows only an individual and the person with whom the individual is communicating to see what is transmitted. The platforms also support individual user accounts, logins, and passcodes to help limit access and verify participants. In addition, participants are able to assert some degree of control over particular capabilities, such as choosing to record or not record the communication or to mute or turn off the video or audio signal at any point.

In contrast, public-facing products such as TikTok, Facebook Live, Twitch, or a chat room like Slack are not acceptable forms of remote communication for telehealth because they are designed to be open to the public or allow wide or indiscriminate access to the communication. For example, a provider that uses Facebook Live to stream a presentation made available to all its patients about the risks of COVID-19 would not be considered reasonably private provision of telehealth services. A provider that chooses to host such a public-facing presentation would not be covered by the Notification and should not identify patients or offer individualized patient advice in such a livestream.

11. If a covered health care provider uses telehealth services during the COVID-19 outbreak and electronic protected health information is intercepted during transmission, will OCR impose a penalty on the provider for violating the HIPAA Security Rule?

No. OCR will exercise its enforcement discretion and will not pursue otherwise applicable penalties for breaches that result from the good faith provision of telehealth services during the COVID-19 nationwide public health emergency. OCR would consider all facts and circumstances when determining what constitutes a good faith provision of telehealth services. For example, if a provider follows the terms of the Notification and any applicable OCR guidance (such as this and other FAQs on COVID-19 and HIPAA), it will not face HIPAA penalties if it experiences a hack that exposes protected health information from a telehealth session.

OCR believes that many current and commonly available remote electronic communication products include security features to protect ePHI transmitted between health care providers and patients. In addition, video communication vendors familiar with the requirements of the Security Rule often include stronger security capabilities to prevent data interception and

provide assurances they will protect ePHI by signing a HIPAA business associate agreement (BAA). Providers seeking to use video communication products are encouraged to use such vendors, but will not be penalized for using less secure products in their effort to provide the most timely and accessible care possible to patients during the Public Health Emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

OCR does not endorse the use of or the security capabilities of any particular communications product.

CPT® codes(99421–99423) – and payment for – online digital evaluation and management (E/M) services

New for 2020!

Be sure to read the telemedicine COVID-19 article for the latest information.

Telemedicine and COVID-19 FAQ

Updated: March 19, 2020, 10:17 am. Medicare releases its rule, relaxing restrictions on telemedicine during the state of emergency Place of service, and CPT modifier 95 Other national payers, and Medicaid programs CMS releases its rule! https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet March 6, Congress passed a law relaxing geographic restrictions and distant site mandates on Medicare telemedicine, during a … Continue reading

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- CPT® developed three new CPT® codes for use by physicians, physician assistants and advanced practice nurse practitioners performing brief, online E/M services via a secure platform
- CMS is developing three new HCPCS codes for use by clinicians who do not have E/M within their scope of practice who have E/M services in their scope of practice, and will recognize these instead of new CPT® codes 98970—98792
- CMS is requiring verbal consent for communication-based technology services (CBTS)
- This verbal consent is required annually, and encompasses all CBTS, not a consent/service or consent for each provision of the service

New CPT® codes and CMS payment

In the 2020 CPT® book, CPT deleted code 99444, which was defined as an online E/M service by a physician or other qualified health care professional. CPT® is adding three new time-based codes for online evaluation and treatment, for use by clinicians who have E/M in their scope of practice, and three codes for use by clinicians who do not have E/M in their scope of practice, 98970-98972. To complicate matters, CMS will not recognize 98970-98972, but developed HCPCS codes for clinicians who do not have E/M in their scope.

New CPT® codes for online digital E/M

99421 Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes

99422 11—20 minutes

99423 21 or more minutes

These codes are for use when E/M services are performed, of a type that would be done face-to-face, through a HIPAA compliant secure platform. These are for patient-initiated communications, and may be billed by clinicians who may independently bill an E/M service. They may not be used for work done by clinical staff or for clinicians who do not have E/M services in their scope of practice.

Report these services once during a 7-day period, for the cumulative time. According to CPT®,

> *"The seven-day period begins with the physician's or other qualified health care professional's (QHP) initial, personal review of the patient-generated inquiry. Physician's or other QHP's cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or other QHP interaction with clinical staff focused on the patient's problem, development of management plans, including physician or other QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication, which does not otherwise represent separately reported E/M service."[1]*

Other requirements:

- Verbal consent is required by CMS.

- The patient initiates the service with an inquiry through the portal
- The service is documented in the medical record.
- If the patient had an E/M service within the last seven days, these codes may not be used for that problem.
- If the inquiry is about a new problem (from the problem addressed at the E/M service in the past 7 days), these codes may be billed.
- If within seven days of the initiation of the online service a face-to-face E/M service occurs, then the time of the online service or decision-making complexity may be used to select the E/M service, but this service may not be billed.
- This is for established patients, per CPT®.
- This may not be billed by surgeons during the global period.
- The digital service must be provided via a HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.

Additionally:

- These services may only be reported once in a 7-day period.
- Clinical staff time may not be included.
- Don't double count time with any other separately reported services, such as care management, INR monitoring, remote monitoring. (CPT® book has a list of codes)

Medicare is using HCPCS codes for clinicians without E/M in their scope of practice

Online services provided by clinicians who may not bill E/M services

CPT © codes for clinicians who do not have E/M services in their scope of practice, 98970—98972. There is an editorial notation after codes 99421, discussed above, that says:

> *"For online digital E/M services provided by a qualified nonphysician health care professional who may not report the physician or other qualified health care professional E/M services (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians), see 98970, 98971, 98972)."*[2]

CMS, however, said in the 2020 Final Rule that they would not recognize these codes, because they are defined by CPT has

"evaluation and management" services, and CMS reserves those words exclusively for physicians, advance practice nurse practitioners and physician assistants. These codes have a status indicator of invalid in the Medicare fee schedule, and don't have RVUs assigned to them.

98970 Qualified nonphysician health care professional online digital evaluation and management
service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

98971 11-20 minutes

98972 21 minutes or more

Medicare is using HCPCS codes for on-line digital evaluation performed by these professionals who can't bill E/M services. Notice, that instead of "evaluation and management" the definitions use the word "assessment."

G2061 (*Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes*);

G2062 11-20 minutes

G2063 21 or more minutes

The chart below does not include 98970—98972 because CMS has not assigned RVUs.

Code	Description	2020 Work RVU's	National non-facility payment	National facility payment
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	0.25	$15.52	$13.35
99422	11-20 minutes	0.50	$31.04	$27.43
99423	21 or more minutes	0.80	$50.16	$43.67
G2061	(Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative	0.25	$12.27	$12.27

	time during the 7 days; 5-10 minutes);			
G2062	11-20 minutes	0.44	$21.65	$21.65
G2063	21 or more minutes	0.69	$33.92	$33.56

[1] CPT Professional Edition, 2020. AMA, Chicago, p. 68.

[2] CPT 2020 Professional Edition, AMA, Chicago 2020, page 40.

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by Betsy Nicoletti
Tagged With: Category Of Code, Telehealth

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Our mission is to provide accurate, comprehensive, up-to-date coding information, allowing medical practices to increase revenue, decrease coding denials and reduce compliance risk. That's what coding knowledge can do.

In 1988, CodingIntel.com founder Betsy Nicoletti started a Medical Services Organization for a rural hospital, supporting physician practice. She has been a self-employed consultant since 1998. She estimates that in the last 20 years her audience members number over 28,400 at in person events and webinars. She has had 2,500 meetings with clinical providers and reviewed over 43,000 medical notes. She knows what questions need answers and developed this resource to answer those questions. For more about Betsy visit www.betsynicoletti.com.

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