

RESOLUTION 50-10A

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3 **Title: Recognition of Complex Care**  
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5 **Introduced by: David T. Walsworth, MD, for the Ingham County Delegation**  
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7 **Original Author: David T. Walsworth, MD**  
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9 **Referred to: Reference Committee A**  
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11 **House Action: Adopted**  
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14 **Whereas, current documentation and coding guidelines recognize**  
15 **situations in which prolonged services, both face-to-face and non-face-to-face, are**  
16 **required for appropriate counseling and coordination of care, and**  
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18 **Whereas, prolonged service codes are not recognized by all payers for**  
19 **payment, and**  
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21 **Whereas, current documentation and coding guidelines recognize**  
22 **situations in which multiple evaluation and management codes or evaluation and**  
23 **management and procedural codes can be provided during a single patient**  
24 **encounter by the same provider (-25 modifier), and**  
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26 **Whereas, the -25 modifier is not recognized by all payers for payment, and**  
27

28 **Whereas, the average primary care physician with an average patient panel**  
29 **needs to spend 7.4<sup>1</sup> hours per day meeting the preventive care needs of patients,**  
30 **10.6<sup>2</sup> hours per day meeting the chronic care needs of patients, additional time for**  
31 **urgent care and paper work, and handle an average of five<sup>3</sup> problems per**  
32 **encounter, and**  
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34 **Whereas, current documentation and coding guidelines do not recognize**  
35 **the provider work required to address more than a total diagnoses score of 4 (a**  
36 **combination of problems each having the following values: 1 - minor/self-limited**  
37 **or stable/improving chronic; 2 - unstable/worse chronic; 3 - new (no work up); 4 -**  
38 **new (with work up); therefore be it**  
39

40 **RESOLVED: That MSMS reaffirm policy to work with all payers operating in**  
41 **Michigan to ensure appropriate and uniform compliance with documentation and**  
42 **coding guidelines; and be it further**  
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44 **RESOLVED: That the Michigan Delegation to the AMA ask the AMA to**  
45 **reaffirm policy to work with all payers to ensure appropriate and uniform**  
46 **compliance with documentation and coding guidelines; and be it further**

47           **RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work**  
48 **with CPT and other appropriate groups to develop and implement an add on code**  
49 **to be housed within the Medicine Section (or similar section in ICD-10) to**  
50 **recognize the extra work required to care for patients whose problems exceed the**  
51 **current limit of 4 Diagnosis Points.**  
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54 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

<sup>1</sup> Yarnal, K. S. (2003). Primary Care: Is There Enough Time for Prevention? *Am J Public Health* , 93, 635-641.

<sup>1</sup> Ostbyte, T. e. (2005). Is There Time for Management of Patients with Chronic Disease in Primary Care? *Ann Fam Med* , 3, 209-214.

<sup>1</sup> Beasley, J. W. (2004). How Many Problems Do Family Physicians Manage at Each Encounter? A WREN Study. *Ann Fam Med* , 2 (5), 405-410.

