How to Correctly Code for E/M Services

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General Principles of Documentation

- Medical record should be complete and legible
- Each encounter should include
  - Reason for the encounter
  - Assessment, impression or diagnosis
  - Plan for care
  - Date and identity of observer

General Principles of Documentation

- Rationale for ordering ancillary services
- Past and present relevant diagnoses
- Health risk factors
- Patient's progress, response to treatment

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Documentation of E/M Services

- Seven components define level of service
  - History
  - Examination
  - Medical decision making
  - Counseling
  - Coordination of care
  - Nature of presenting problem
  - Time

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History Component

- Chief complaint (CC)
- History of present illness (HPI)
- Review of systems (ROS)
- Past, family and/or social history (PFSH)

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History Component

HPI	ROS	PFSH	Type of History
Brief	N/A	N/A	Problem Focused
Brief	Problem pertinent	N/A	Expanded problem focused
Extended	Extended	Pertinent	Detailed
Extended	Complete	Complete	Comprehensive

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HPI

- Eight possible elements
  - Location
  - Quality
  - Severity
  - Duration
  - Timing
  - Context
  - Modifying factors
  - Associated signs and symptoms

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HPI

- Brief HPI
  - Consists of one to three elements
- Extended HPI
  - Consists of at least four elements

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Review of Systems

A system is considered reviewed if the patient's positive responses and pertinent negatives are documented

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ROS

14 possible systems that can be reviewed

- Constitutional
- Ears, nose, throat
- Respiratory
- Genitourinary
- Integument
- Psychiatric
- Hematological
- Eyes
- Cardiovascular
- Gastrointestinal
- Musculoskeletal
- Neurological
- Endocrine
- Allergic/Immunologic

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ROS

- Problem pertinent ROS
  - The system of the CC is reviewed
- Extended ROS
  - Two-nine systems are reviewed
- Complete ROS
  - At least 10 systems reviewed

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Past, Family and/or Social History

- Past History
  - Illnesses, operations, injuries and treatments
- Family History
  - Review of medical events in the patient's direct family members which may be relevant to the patient's CC
- Social History
  - Age appropriate review of past and current activities

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History Component Review

HPI	ROS	PFSH	TYPE of History
Brief (1)	N/A (0)	N/A (0)	Problem Focused
Brief (1)	Problem (1) Pertinent	N/A (0)	Expanded problem focused
Extended (4)	Extended (2)	Pertinent (1)	Detailed
Extended (4)	Complete (10)	Complete (NP-3) (EST-2)	Comprehensive

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Examination Component

- Four possible types of examinations
  - Problem focused
  - Expanded problem focused
  - Detailed
  - Comprehensive

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11 Systems that can be Examined (Multi-system Exam)

- Cardiovascular
- Eyes
- Hematological
- Neurological
- Respiratory
- Constitutional
- Ear, nose, throat
- Genitourinary
- Musculoskeletal
- Psychiatric
- Integument

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Constitutional Elements

- General appearance of patient
- Measurement of any three of the following seven vital signs
  - Sitting or standing BP
  - Supine BP
  - Pulse rate and regularity
  - Respiration
  - Temperature
  - Height
  - Weight

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Cardiovascular Elements

- Examination of pedal pulses
- Examination of extremities for edema

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Musculoskeletal Elements

- Inspection and/or palpation of digits and nails
- Examination of gait and station

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Musculoskeletal Elements

- Examination of joints, bones and muscles of one or more of the following areas:
  - Left lower extremity
  - Right lower extremity

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Musculoskeletal Elements

- Inspection and/or palpation with notation of presence of any misalignments, asymmetry, crepitation, defects, tenderness, masses, effusions (1 point for each foot examined)
- Assessment of range of motion with notation of any pain, crepitation or contracture (1 point for each foot examined)

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Musculoskeletal Elements

- Assessment of stability with notation of any dislocation (luxation), subluxation or laxity (1 point for each foot examined)
- Assessment of muscle strength and tone (1 point for each foot examined)

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Skin

- Inspection of skin and subcutaneous tissue
- Palpation of skin and subcutaneous tissue

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Neurological

- Examination of deep tendon reflexes with notation of pathological reflexes
- Examination of sensation

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Psychiatric

- Orientation to time, person and place
- Recent and remote memory
- Mood and affect (depression, anxiety, agitation)

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Total # of bullets

The average podiatrist can get a total of 21 bullets in 7 systems

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Examination Summary

- Problem focused
  - One to five elements
- Expanded problem focused
  - At least six elements
- Detailed
  - At least twelve total elements in at least two systems
- Comprehensive
  - At least two elements from at least nine systems

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Medical Decision Making

- Four levels of MDM based on
  - Number of diagnoses or management options
  - Amount and/or complexity of data reviewed
  - Risk to the patient

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MDM Chart

Number of Diagnoses	Amount of Data Reviewed	Risk of Complication	Type of MDM
Minimal	Minimal or none	Minimal	Straight Forward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High Complexity

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Number of Diagnoses

Number of Diagnoses

- Self limiting minor - 1 point each
- Established, stable/worsening - 2 points each
- New, no additional workup - 3 points each
- New, additional workup - 4 points each

Type of Diagnosis

- 1 point = minimal
- 2 points = limited
- 3 points = multiple
- 4 points = extensive

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Data Reviewed

Amount of Data Reviewed

- Discussed with referring provider -1 point
- Review of imaging studies, labs -2 points
- Review of old records -2 points

Type of Data

- 0-1 point = minimal
- 2 points = limited
- 3 points = moderate
- 4 points = extensive

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Risk of Complications

Level of Risk	Presenting Problem	Diagnostic Procedure	Management Option
Minimal	1 minor	Venipuncture	Rest Elastic Bandage
Low	2 or more minor	Skin biopsy Physiological stress	OTC drugs
Moderate	2 chronic or 1 acute injury	Incisional biopsy	RX drug Minor surgery
High	Morbid threat to patient		High risk RX drug Major surgery

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MDM Chart Review

Number of Diagnoses	Amount of Data Reviewed	Risk of Complication	Type of MDM
Minimal	Minimal or none	Minimal	Straight Forward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

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Putting It All Together

- Level of History
- Level of Exam
- Level of MDM
- Time spent face-to-face between physician and patient
  - Only considered if >50% of face-to-face time is spent in counseling

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New Patient Outpatient Visits

CODE	HPI	ROS	PFSH	EXAM	# DX	DATA	RISK
99201	1	0	0	1	Min	Min	Min
99202	1	1	0	6	Min	Min	Min
99203	4	2	1	12 in 2	Lim	Lim	Low
99204	4	10	3	18 in 9	Mult	Mod	Mod
99205	4	10	3	18 in 9	Ext	Ext	High

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Est. Patient Outpatient Visits

CODE	HPI	ROS	PFSH	EXAM	# DX	DATA	RISK
99211	1	0	0	0	Min	Min	Min
99212	1	1	0	1	Min	Min	Min
99213	1	1	0	6	Lim	Lim	Low
99214	4	2	1	12 in 2	Mult	Mod	Mod
99215	4	10	2	18 in 9	Ext	Ext	High

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Quick Review

Evaluation and Management Quick Code Sheet from APMA Coding Manual 2007

Code	HPI	ROS	PFS HX	Exam #	DX	Data	Risk
99201 3/3	1	0	0	1	Minimal	Minimal	Minimal
99202 3/3	1	1	0	6	Minimal	Minimal	Minimal
99203 3/3	4	2	1	12 in 2	Limited	Limited	Low
92204 3/3	4	10	3	18 in 9	Multiple	Moderate	Moderate

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Quick Review cont…

Code	HPI	ROS	PFSH X	Exam#	DX	Data	Risk
99205 3/3	4	10	3	18 in 9	Extensive	Extensive	High
99211	1	0	0	0	Minimal	Minimal	Minimal
99212 2/3	1	0	0	1	Minimal	Minimal	Minimal
99213 2/3	1	1	0	6	Limited	Limited	Low
99214 2/3	4	2	1	12 in 2	Multiple	Moderate	Moderate
99215 2/3	4	10	2	18 in 9	Extensive	Extensive	High

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Continued Review

HPI Location, Duration, Quality, Severity, Timing, Context,

Modifying Factors, Associated Signs and Symptoms

1 = At least one item documented

4 = At least four items documented

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Continued Review

ROS General, Eyes, ENT, Cardiovascular, Respiratory, Gastrointestinal,

Genitourinary, Musculoskeletal, Skin, Neurological,

Psychological, Endocrine, Hematological, Allergy/Immunological

1 = At least one system documented

2 = At least two systems documented

10 = At least ten systems documented

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Continued Review

PFSHX Past Medical History, Family History, Social History

1 = One of the three history components documented

2 = Two of the three history components documented

3 = All three of the history components documented

DX

Minimal = Established minor DX

Limited = Established DX stable or worsening

Multiple = New DX no workup planned

Extensive = New DX additional workup planned

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Continued Review

Data

Minimal = No data reviewed

Limited = Review of one ordered test, study, or old records

Moderate = Review of two tests, studies, or old records

Multiple = Review of three or more tests, studies, or old records

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Continued Review

Risk

Minimal = Rest, ice, elevation, compression

Low = OTC drugs, physical therapy, minor surgery on a healthy patient

Moderate = Prescription drug, minor surgery on an unhealthy patient,elective surgery on a healthy patient

High = High risk medication, emergency major surgery, elective major surgery on an unhealthy patient

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Let’s Audit a Patient Note C/C and ROS

Chief Complaint: This 54 year old male presents back today with a still painful right foot. Patient indicates again this condition has existed for several months. Patient states condition has temporarily improved with the past treatment, which has included strapping, stretching and ice. Pain is best described as still aching and sharp. He also complains today that his toenails are still thickened and long and hurts in his shoes. Being diabetic, he wants this nail infection treated.

ROS: GI: (-) dyspepsia Musculoskeletal: (+) hip or back pain (+) right foot pain Skin: (+) nail infection (-) skin peeling or dryness. Endocrine: (+) hyperglycemia controlled

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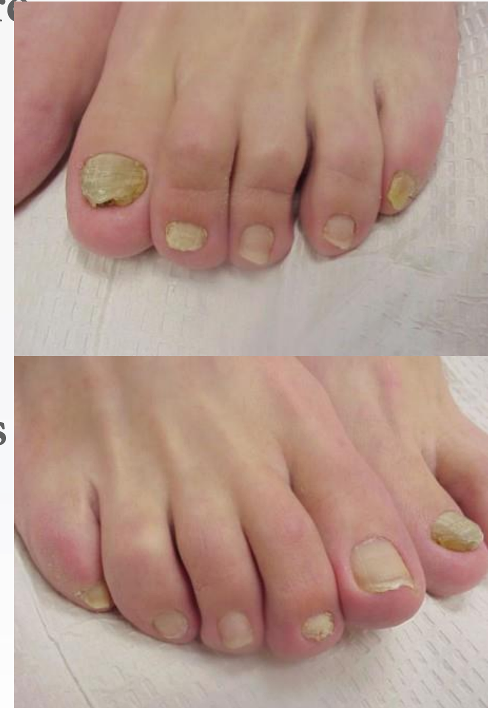
Next Let's Review the Exam:

Physical Exam:

Vascular: DP pulses are palpable, bilateral. PT pulses are palpable, bilateral. CFT is immediate bilateral. No edema observed bilateral. Varicosities are not observed bilateral. Skin temperature of lower extremities is warm to cool, proximal to distal bilateral.



Neuro: Touch, pin, vibratory, and proprioception sensations are normal bilateral. Deep tendon reflexes normal bilateral.

Ortho: Right talo-calcaneal joint / sinus tarsi demonstrates moderate pain. Muscle strength is 5/5 for all groups tested bilateral. Muscle tone is normal bilateral

Derm: Right 2nd toenail distally, left 5th toenail, left 2nd toenail and left great toenails are dystrophic, thickened, loosening, crumbling and all have yellow discoloration.

Diagnoses:

Impression: Right talo-calcaneal joint pain. Left 5th toenail, left 2nd toenail, left great toenail and right 2nd toenail onychomycosis. Controlled diabetes mellitus, type II (NIDDM).

Plan/Counseling and Various Treatments:

Plan/Counseling: I explained to the patient the etiology again and treatment options for his joint pain including stretching exercises, strapping and tapings, rest, OTC insoles, orthotics, NSAID's, new shoe gear, injections and surgery. I discussed again that conservative care options usually decreases symptoms in 6 months. I recommended custom orthoses to the patient as the previous strapping was beneficial. I explained that orthoses may decrease pronation, increase shock absorption, possibly prevent surgery and improve the biomechanics of his extremity. I discussed the procedure fabrication of the devices. I explained to the patient the etiology and treatment options for his onychomycosis including no treatment, oral, periodic debridement and topical medication. Blood work was ordered. The possibility of recurrence was discussed. We discussed the oral medication. He wants to proceed with this treatment option; he will get his blood work before starting the medication and then be seen in the office in 3 months.

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Plan/Counseling and Various Treatments cont…

We discussed the side effects listed in the package insert as well as medication interactions. If this patient starts on any other medicine it must first be checked for any interactions. He allowed a photo to be taken of the feet seen above today to track progress of the oral medicine in the future. The orthoses were dispensed and found to be accurate. The orthotics were fitted to the patients feet in both weight-bearing and non-weight bearing attitudes and appear to fit well. He was instructed to gradually increase the amount of time he wears the orthoses, starting with one hour the first day and gradually increasing the same amount of time until he is wearing the orthoses full time. Also, he was asked to call the office if any signs of irritation were noted including redness, blistering or callous formation or other problems like knee, back or hip pain. Two appointments were made, first to the office in 3 months to evaluate the effect of the antifungal treatment and the second appointment we will reassess the effects of the treatment for the subtalar joint pain.

Prescriptions:

1) Labs: Ordered CBC and ALT/AST Sig: Patient has Onychomycosis and to check for any blood disorders secondary to the medication, ICD9=110.1
2) Lamisil Dosage: 250 mg tablet Sig: 1 po QD x 84 days re:onychomycosis (ICD9=110.1) Dispense: 84 Refills: 0 Allow Generic: No

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Questions?

Thank You

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