

Faculty Practice Revenue Management Operations

Documentation and Coding Provider Education

Sheryllove Crooms, CPC
Coding and Physician Education Supervisor

5/3/2018

Faculty Practice Revenue Management Operations

5 Levels of Service for New and Established Patients

Optimization of notes: How much or how little documentation do you need?

New Patient: All three components of an E/M code are required to be able to assign the proper level of service for a new patient; only two components are required for an established patient.

Problem Focused: 99201 (99211 requires 2 of 3 components)

History: CC; 1-3 elements from HPI

Physical Exam: 1 BA/OS

Medical Decision Making: Straightforward

Expanded Problem Focused: 99202 (99212 requires 2 of 3 components)

History: CC; 1-3 elements from HPI; Problem Pertinent ROS (1)

Physical Exam: 2-4 BA/OS

Medical Decision Making: Straightforward

Detailed: 99203 (99213 requires 2 of 3 components)

History: CC; 4 + elements from HPI; Detailed Past Medical, Family, Social History (1-2) Detailed ROS (2-9 systems)

Physical Exam: 5-7 BA/OS

Medical Decision Making: Low Complexity

Faculty Practice Revenue Management Operations

For clinic: Continued

Optimization of notes: Optimization of notes: How much or how little documentation do you need?

Comprehensive/Moderate: 99204 (99214 requires 2 of 3 components)

History: CC; 4 + elements from HPI; Complete Past Medical, Family, and Social History (3 for new pt./2 for est. pt.) Detailed ROS (2-9 systems)

Physical Exam: 5-7 BA/OS

Medical Decision Making: Moderate Complexity

Comprehensive: 99205 (99215 requires 2 of 3 components)

History: CC; 4 + elements from HPI; Complete Past Medical, Family, and Social History (3 for new pt./2 for est. pt.) Complete ROS (10-14 systems) *OR*

Document the result of at least 2 individual systems and then a clear statement: “All other systems were reviewed and are negative” is acceptable and will satisfy the 10 ROS requirements.

Physical Exam: 8+ OS Only

Medical Decision Making: High Complexity

Evaluation and Management Coding Components

There are three categories that are used to determine the level of Medical Decision Making

1. Number of possible diagnoses or treatment options

New problems: Mention a new complaint in the HPI and then develop it further in the A/P. Is there additional workup? If so, document that additional workup is needed and what test(s) are ordered.

Established problems: Consider the problem status when documenting further in the A/P (e.g. stable, improving, inadequately controlled or worsening)

2. The amount and/or complexity of data to be reviewed

In order to receive credit for review of old records there should be a notation included of the relevant findings.

If the provider documents that they independently reviewed and interpreted the patient's chest x-ray and EKG, this can credit a total of 4 points for data reviewed

3. The risk of significant complications, morbidity and/or mortality associated with the patient's presenting problem(s).

Low – Moderate: There are many medications that are OTC that can also be prescribed by the provider. Rx can change the level of risk from low to moderate. Document name and recommended dosage.

**Hydrocortisone and Ibuprofen are examples of medication that can be prescribed but are also found OTC*

Moderate – High: Chronic illnesses and comorbidities are considered in the Table of Risk (Management Options Selected) only if the provider has documented how the condition can affect treatment.

Evaluation and Management Components

Other Contributing Factors

Time Based Visit

- In cases where counseling and/or coordination of care dominates more than 50% of the provider, patient and/or family encounter (face-to face time in the outpatient setting, floor/unit time in the hospital), time is considered the key controlling factor to qualify for a particular level of E&M service.
- If the provider elects to report the level of service based on counseling/coordination of care, the total length of time of the encounter (face-to-face or floor time, as appropriate) should be documented and recorded, the documentation should describe the nature of the counseling and/or activities to coordinate care.
- Can only be used by an Attending, Nurse Practitioner, or Physician Assistant.

Example: Correct time statement

“A total of 60 minutes was spent with the patient, 35 minutes was spent discussing treatment options and effects of medication given.”

- *Total time face-to-face, and MORE than 50% of the provider’s time counseling and/or coordination of care is documented.*

