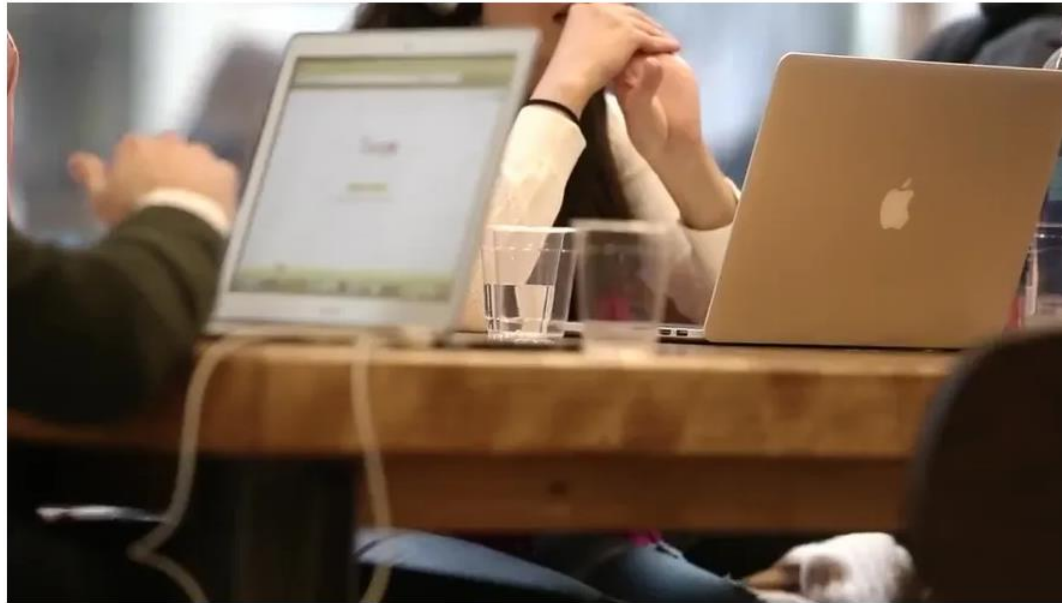


TheCodingConsultant.com

STEVEN ALLEN ADAMS, MCS, COC, CPC, CPMA, CRC, CPC-I, CEMC, FCS, PCS, COA



MIPS, MACRA, RAF, HCC, CPC, CPT, ICD-10, EM Auditing, CPC Boot Camps, Compliance and Certification

2023 Compliant EM Documentation & Coding

A documentation and coding workshop facility and outpatient coding

Presented by

Steven A. Adams, MCS, COC, CPC, CPMA, CRC, CPC-I, CEMC, PCS, FCS, COA
Licensed Instructor by the American Academy of Professional Coders
steve.adams@inhealthps.com

2022 Evaluation & Management Coding Summary – Outpatient and Emergency Department

Code	Day-Time	History	Examination	Elements of Medical Decision Making		
				Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
99202	15-29	Medically Appropriate History	Medically Appropriate Exam	Straightforward	Minimal or None	Minimal
99212	10-19					
99282	N/A					
99203	30-44	Medically Appropriate History	Medically Appropriate Exam	Low	Limited	Low
99213	20-29					
99283	N/A					
99204	45-59	Medically Appropriate History	Medically Appropriate Exam	Moderate	Moderate	Moderate
99214	30-39					
99284	N/A					
99205	60-74	Medically Appropriate History	Medically Appropriate Exam	High	Extensive	High
99215	40-54					
99285	N/A					
Prolonged & Time Documentation	Each 15 min.	<u>CMS</u> 15 minutes over 99205/99215 – G2212	<u>AMA/CPT</u> 15 minutes over 99205/99215 - 99417	<ul style="list-style-type: none"> • Preparing to see the patient (eg, review of tests) • Obtaining/reviewing separately obtained history • Performing a medically appropriate examination and/or evaluation • Counseling and educating the patient/family/caregiver • Ordering medications, tests, or procedures 	<ul style="list-style-type: none"> • Referring and communicating with other health care professionals (when not separately reported) • Documenting clinical information in the electronic or other health records • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver • Care coordination (not separately reported) 	

Total Day Time with Patient was _____ minutes - (do not use same time on every visit) - providing the following services: (at least 3 items from the shaded area above).

2023 Evaluation & Management Coding Summary – Inpatient, Observation, and Discharge

Code	Day-Time	History	Examination	Elements of Medical Decision Making		
				Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
99221	40	Medically Appropriate History	Medically Appropriate Exam	Straightforward / Low	Minimal or None	Minimal
99231	25					
99234	45					
99222	55	Medically Appropriate History	Medically Appropriate Exam	Moderate	Moderate	Moderate
99232	35					
99235	70					
99223	75	Medically Appropriate History	Medically Appropriate Exam	High	Extensive	High
99233	50					
99236	85					
99238	N/A	Hospital inpatient or observation discharge		<ul style="list-style-type: none"> • Preparing to see the patient (eg, review of tests) • Obtaining/reviewing separately obtained history • Performing a medically appropriate examination and/or evaluation • Counseling and educating the patient/family/caregiver • Ordering medications, tests, or procedures 	<ul style="list-style-type: none"> • Referring and communicating with other health care professionals (when not separately reported) • Documenting clinical information in the electronic or other health records • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver • Care coordination (not separately reported) 	
99239	>30	Hospital inpatient or observation discharge				
Prolonged & Time Documentation	Each 15 min.	<u>CMS</u> 15 minutes over – XXXXX 99223, 99233, 99236	<u>AMA</u> 15 minutes over – 99418 99223, 99233, 99236			

Total Day Time with Patient was _____ minutes - (do not use same time on every visit) - providing the following services: (at least 3 items from the shaded area above).

2022 Evaluation & Management Coding Summary – Nursing Home (NH) and Home/Residence (H/R)

Code	Day-Time	History	Examination	Elements of Medical Decision Making		
				Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
99304 - NHI	25	Medically Appropriate History	Medically Appropriate Exam	Straightforward	Minimal or None	Minimal
99307	10					
99341 – H/RI	15					
99347	20					
99304 -NHI	25	Medically Appropriate History	Medically Appropriate Exam	Low	Limited	Low
99308	15					
99342 – H/RI	30					
99348	30					
99305 – NHI	35	Medically Appropriate History	Medically Appropriate Exam	Moderate	Moderate	Moderate
99309	30					
99344 – H/RI	60					
99349	40					
99306 -NHI	45	Medically Appropriate History	Medically Appropriate Exam	High	Extensive	High
99310	45					
99345 H/RI	75					
99350	60					
Prolonged & Time Documentation	Each 15 min.	<u>CMS</u> 15 minutes over 99306/99310 - XXXXX	<u>AMA/CPT</u> 15 minutes over 99306/99310 - 99418	<ul style="list-style-type: none"> • Preparing to see the patient (eg, review of tests) • Obtaining/reviewing separately obtained history • Performing a medically appropriate examination and/or evaluation • Counseling and educating the patient/family/caregiver • Ordering medications, tests, or procedures 	<ul style="list-style-type: none"> • Referring and communicating with other health care professionals (when not separately reported) • Documenting clinical information in the electronic or other health records • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver • Care coordination (not separately reported) 	
		<u>CMS</u> 15 minutes over 99345/99350 - XXXXX	<u>AMA/CPT</u> 15 minutes over 99345/99350 - 99417			

Total Day Time with Patient was _____ minutes - (do not use same time on every visit) - providing the following services: (at least 3 items from the shaded area above).

Code	Level of MDM	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
		2 of 3 Elements of MDM		
99211 99281	N/A	N/A	N/A	N/A
99202 99212 99282 99304 99307 99341 99347	Straightforward	<p>Minimum</p> <p>1 self-limited or minor problem: A problem that is transient in nature and is not likely to permanently alter health status. A self-limited or minor problem is one in which the resolution is expected to be fairly rapid, with minimal medical intervention. Examples would be a cold or an insect bite</p>	Minimal or none	Minimal Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213 99283 99221 99231 99234 99304 99208 99342 99348	Low	<p>Low</p> <p>2 or more self-limited or minor problems: A problem that is transient in nature and is not likely to permanently alter health status. A self-limited or minor problem is one in which the resolution is expected to be fairly rapid, with minimal medical intervention. Examples would be a cold or an insect bite</p> <p>or</p> <p>1 stable chronic illness: A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision-making is defined by the specific treatment goals for an individual patient. A patient that is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant.</p> <p>or</p> <p>1 Acute, uncomplicated illness or injury: A recent or new short-term problem with a low risk of morbidity for which treatment is <i>considered</i>. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.</p> <p>or</p> <p>1 Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.</p> <p>or</p> <p>1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care: A recent or new short-term problem with a low risk of morbidity in which treatment is required. The treatment required is delivered in a hospital inpatient or observation setting.</p>	<p>Limited</p> <p>(Must meet the requirements of at least 1 of the 2 categories)</p> <p>Category 1: Tests and documents</p> <p>Any combination of 2 from the following:</p> <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*. Review of the result(s) of each unique test*. Ordering of each unique test* <p>or</p> <p>Category 2: Assessment requiring an independent historian(s)</p> <p>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>	<p>Low</p> <p>Minimal risk of morbidity from additional diagnostic testing or treatment</p> <p>Low risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> OTC drugs Antibiotics Minor surgery w/o risk factors PT/OT

Code	Level of MDM	Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
2 of 3 Elements of MDM				
<p>99204 99214 99284 99222 99232 99235 99305 99309 99344 99349</p>	Moderate	<p style="text-align: center;">Moderate</p> <p>1 or more chronic illnesses that is/are acutely worsening: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.</p> <p>or</p> <p>2 or more stable chronic illnesses: An illness with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). ‘Stable’ for the purposes of categorizing medical decision-making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic.</p> <p>or</p> <p>1 undiagnosed new problem with uncertain prognosis: The differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.</p> <p>or</p> <p>1 acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for ‘self-limited or minor’ or ‘acute, uncomplicated.’ Systemic symptoms may not be general but may be a single system.</p> <p>or</p> <p>1 acute complicated injury: Condition which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.</p>	<p style="text-align: center;">Moderate</p> <p>(Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*. • Review of the result(s) of each unique test*. • Ordering of each unique test*. • Assessment requiring an independent historian(s) (a history in addition to a history provided by the patient who is unable to provide a complete or reliable history) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <p>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).</p> <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <p>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p> <p>The appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.</p>	<p style="text-align: center;">Moderate</p> <p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by <i>social determinants of health</i> <p>Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.</p>

Code	Level of MDM	Number and Complexity of Problems Addressed at the encounter (MEAT)	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient
2 of 3 Elements of MDM				
99205 99215 99285 99223 99233 99236 99306 99309 99345 99350	High	<p style="text-align: center;">High</p> <p>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have a significant risk of morbidity and may require escalation in level of care.</p> <p>.</p> <p>or</p> <p>1 acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with system symptoms, an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in the category when the evaluation and treatment are consistent with this degree of potential severity.</p> <p>Examples may include</p> <ul style="list-style-type: none"> • acute myocardial infarction, • pulmonary embolus, • severe respiratory distress, • progressive • severe rheumatoid arthritis, • psychiatric illness with a potential threat to self or others, • peritonitis, • acute renal failure, or • an abrupt change in neurologic status. 	<p style="text-align: center;">Extensive</p> <p>(Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*. • Review of the result(s) of each unique test*. • Ordering of each unique test*. • Assessment requiring an independent historian(s) (a history in addition to a history provided by the patient who is unable to provide a complete or reliable history) <p>or</p> <p>Category 2: Independent interpretation</p> <p>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).</p> <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <p>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p>	<p style="text-align: center;">High</p> <p>High risk of morbidity from additional diagnostic testing or treatment Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity: <ul style="list-style-type: none"> ▪ Therapeutic agent that has the potential to cause serious morbidity or death. ▪ Monitoring is performed for the assessment of adverse effects and not primarily for the assessment of therapeutic efficacy ▪ Not less than quarterly <p>Examples may include monitoring for cytopenia with the use of an antineoplastic agent between dose cycles.</p> <p>Examples of monitoring that does not qualify to include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.</p> <ul style="list-style-type: none"> • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to deescalate care because of poor prognosis • Parenteral controlled substance