

UBMD Internal Medicine

Clinical Documentation Example New Outpatient Visit-99205

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Regulations

- The following information is provided to you in accordance with the Center for Medicare/Medicaid Service (CMS) 1997 Guidelines for Evaluation & Management Services.
- This information may be used as a reference.
- Questions regarding the regulations or their interpretation should be sent to the Pat Kiesel-Neunder @pkiesel@buffalo.edu

Purpose

- It is our intention to provide you with clinical examples of documentation that support Evaluation & Management codes.

New Outpatient visit-99205

History – Comprehensive

HPI –The patient is a 64year old male who presents with SOB for the past week, occurs intermittently at rest or w/ exertion accompanied by LE edema. Had ‘negative’ nuclear stress test about a year ago.

Meds – Atenolol 25 mg po qd, Glyburide 5 mg po bid, Lisinopril 10 mg po bid, Atorvastatin 20 mg po

PMH – per HPI, plus OA and dyslipidemia

ROS – Complete ROS performed & documented, positive for intermittent lower extremity edema, easy bruising. Please refer to ROS questionnaire which was completed today and is in the chart.

FH – Mother died of natural causes, father of pneumonia.

SH - Married for 45 years, denies tobacco or alcohol abuse.

99205 – Exam – Comprehensive

- **Exam**
- **General:** NAD conversant, 130/80, 88, 98.6
- **Eyes:** moist conjunctiva, no lid-lag, PERRLA
- **Lungs:** CTA, nml effort
- **CV:** RRR, no peripheral edema
- **Neck:** supply FROM, no thyromegaly
- **ENT:** nml nasal mucosa/septum/tubينات, no mucosal ulceration, nml palate, tm's clear
- **CV:** RRR, no edema
- **Abdomen:** soft, nt, nd, no masses or HSM
- **Skin:** nml temperature turgor & texture, no rash ulcer or nodules

99205 – Medical Decision Making High

- **Assessment**

- Significant shortness of breath
- Well controlled essential HTN
- Optimally controlled NIRD
- Stable dyslipidemia
- Stable CAD

- **Labs**

- HGBA1c 6.8, Bun 25, creatinine 0.8, HGB 12

- **Plan**

- Will add Lasix 40 mg po qd
- Will contact his former physician to obtain records
- Will order ECHO to quantify his EF
- Return visit in 1 week
- Will check repeat HGBA1c, CBC and renal profile
- Will also check LFTs since patient is on statin med
- Will check spot microalbumin/creatinine

99205 Documentation Analysis

(all 3 key components must be met or exceeded)

- **History** –the history is comprehensive. It has 4 HPI elements, ROS – is complete – at least 10 are required. Note that a form was used date & location as well as positive finding are clearly recorded. One element in each of the PFSH was documented.
- **Exam** – The exam is comprehensive – 9 organ systems with 2 bullets in each.
- **Medical Decision Making** – High Complexity. The cognitive labor required for this visit satisfies the high complexity requirement; labs, cxr, Echo (all 3 required to meet high mdm) and obtaining old records. If the decision to obtain old records was not made, the mdm would be moderate.

Coding Tip -99205

- A new patient is someone who has not been seen within the past 3 years
- 99205 requires –
 - Comprehensive **history**
 - Comprehensive **exam**
 - High **medical decision making**
- The key in this example is the documentation of the complexity of the decision making as noted on the previous slide. This factor often presents itself in consultations.