UBMD Internal Medicine

Clinical Documentation Example Established Outpatient Visit - 99215

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UB|MD INTERNAL MEDICINE

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 Kisiel-Neunder @pkisieln@buffalo.edu

Purpose

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

Established Outpatient visit-99215

History – Comprehensive

HPI: Patient presents for follow-up of CHF. He has a history of significant ischemic cardiomyopathy with an ejection fraction of 30%. Hypertension has been well controlled on current medication but the patient has noticed worsening lower extremity edema over the past 1 to 2 weeks. He also complains of severe SOB over the past 3 days. CAD has been stable with no active chest pain. Patient states he has been compliant with medications but has not been watching his salt intake carefully.

Established Outpatient visit-99215
History – Comprehensive cont'd

- **Meds** - Lasix 40 mg po bid, KCL 20 mEq po bid, Lisinopril 10mg po qd, Coreg 6.25 mg po bid, Indur 30 mg po qd, ASA 81 mg po qd
- **ROS** - positive for PND and orthopnea but negative for chest pain or anginal equivalents. 12 system ROS otherwise negative
- **PFSH** - See PFSH from February 1st. Since that time, the patient underwent cardiac catheterization with RCA stent deployment on March 24th, otherwise nothing new to add today.

99215 – 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/tubinates, 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

99215 - Medical Decision Making High

- **Labs:** BUN 32, creatinine 1.9, K 3.6, HGB 12
- **Assessment:**
  - Severe exacerbation of systolic CHF
  - Poorly controlled htn
  - Hypervolemia with severe lower extremity edema, exam is suggestive of pulmonary vascular congestion
  - History of CAD, which appears to be controlled.
- **Plan:**
  - Increase lasix to 80 mg po bid times 3 days
  - Start zaroxyln 2.5 mg po qd times 3 days
  - Increase KCL to 30 mEq po bid time 3 days
  - Repeat Renal profile in 3 days
  - The importance of low sodium diet was explained
  - Patient was instructed to go immediately to ER if SOB acutely worsens or any chest pain develops
  - Return visit in 3 days with labs.

99215 Documentation Analysis

- **History:** the history is comprehensive. It has 4 HPI elements, Complete ROS and PFSH.
- **Exam:** the exam is detailed, 6 systems with 2 bullets in each. There was also examination of the neck, this one bullet does not increase the level of the exam.

99215 Documentation Analysis

- **Medical Decision Making:** High. The patient is not critically ill and does not require admission to the hospital but 2 of the chronic conditions exhibit severe progression/exacerbation.
- Labs were reviewed and ordered. The absence of labs would not affect the level.

Coding Tip Review

- **High Risk Diagnostic Procedures:** EP studies, diagnostic endoscopies, discography,or cardiovascular imaging.
- **High Risk Management Options:** Parenteral controlled substance, DNR or de-escalation of care, drug toxicity monitoring, emergency or elective major surgery.
- **High Level Presenting Problems:** One or more chronic illnesses with sever exacerbation/progression/side effects of treatment, acute injury/illness that may pose threat to life or bodily function, or abrupt change in neurologic status.