UBMD Internal Medicine

Clinical Documentation Example Initial Hospital Visit - 99222

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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.

Initial hospital visit-99222
History – Comprehensive

History: The patient is a 65 year old male with a history of COPD who thinks he may have caught a cold last week. History of DM and HTN, both well controlled. Aside from his breathing difficulties, he has no spontaneous somatic complaints

ROS:

General-Positive for subjective fevers, chills. Negative for fatigue or weight loss

Cardiovascular-Negative for chest pain, orthopnea, or PND

Pulmonary-Positive for non-productive cough, negative for hemoptysis

Balance of the 11 systems were reviewed & are negative

PH: per HIP, plus history of dyslipidemia

FH: Father died at 75 of MI, Mother at 81 of old age

SH: Quit smoking 5 years ago, lives w/wife of 35 yr.

Meds: HCTZ 12.5 mg po qd, Glyburide 5 mg po bid, Albuterol Atrovent MDIs, Atorvastatin 20 mg po qd, Amlodipine 10 mg po qd,

99222 – 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

99222 – Medical Decision Making Moderate

- **Labs:** Glucose 115, BUN 25, creatinine 1.4, K 4.1, Albumin 4.1, CO2 33, HGB 14, WBC 11,000
- **Radiology:** cxr report was remarkable for hyperinflation, negative for infiltrate or effusion
- **Assessment:**
  - Mild to moderate COPD exacerbation
  - Stable Type 2 NIRDM
  - Sub-optimally controlled hypertension
- **Plan:**
  - Admit for intravenous steroids
  - Nebulized bronchodilators
  - Hold oral diabetic agent and cover with insulin sliding scale during steroid therapy
  - Continue b/p meds for now & adjust as needed after resolution of respiratory distress

99222 Documentation Analysis

- **History:** The history is comprehensive. It has 4 HPI elements, complete ROS, and 1 each in PFS history.

- **Exam:** The exam is comprehensive, 9 systems with 2 bullets in each.

99222 Documentation Analysis

- **Medical Decision Making:** Moderate, note that the intellectual energy required and the acuity of care remains routine.

- If this patient's COPD exacerbation were characterized as "severe" the encounter would qualify as being high complexity MDM which would, thereby qualifying as a 99223 admission. The other factors that would make the mdm high is if the history was obtained from someone other than the patient or diagnostic options such as an endoscopy or high management options such as de-escalation of care/DNR.