

UBMD Internal Medicine

Clinical Documentation Example Subsequent Hospital Visit - 99233

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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](mailto:pkiesel@buffalo.edu)

Purpose

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

Subsequent hospital visit - 99233

History – Detailed

A patient with worsening acute renal failure following CABG.

Interval History – The patient's ARF has worsened since yesterday and he has become oliguric. Hypotension has resolved and in fact the patient is somewhat hypertensive today. He is POD #4 from four vessel CABG. Coronary disease has been stable with no evidence of ongoing ischemia.

ROS – fatigue; negative fever/chills

Cardio - worsening edema, no chest pain, PND

GU - Negative flank pain, hematuria, dysuria, obstructive symptoms.

Meds - Sliding scale insulin, Coreg 12.5 PO BID, Lasix 40 mg POQD, KCL prn, per protocol

99232 Exam – Expanded Problem Focused

- Exam –

General – NAD, conversant/anxious, 160/90, 65, 98.6

ENT – OP clear w/mmm, no jvd

Lungs – CTA front, faint bibasilar crackles in back.

CV – RRR, w/healing midline sternotomy, 3+ bipedal edema, no digital cyanosis

Skin – Warm, dry; normal turgor, no visible rashes

Psych – AO x3, appropriate mood/affect

99233 - Medical Decision Making High

- Labs

- BUN 67, creatinine 3.8, K 5.7, HCO₃ 18, BNP 1750

- Assessment

- Worsening oliguric ARF w/hyperkalemia & metabolic acidosis
- Decompensated cardiomyopathy w/evidence of CHF on exam
- Poorly controlled hypertension
- CAD s/p CABG

- Plan

- Stop oral furosemide
- Start bumex 2 mg IV Q6
- Chest x-ray in a.m.
- Recheck renal profile & CBC tomorrow
- Consider transfusion if HGB drops below 8.5
- No indication of dialysis today
- Patient & family updated at bedside

99233 - Documentation Analysis

- **History** - the history is detailed. It has 4 HPI elements, 3 ROS, and medications.
- **Exam** – the exam is expanded, problem focused.
- The code selection was based on the History & Medical Decision Making which is on the next slide.

99233 - Documentation Analysis

- **Medical Decision Making** – High, note that the patient is not critically ill, but has a confluence of slowly worsening clinical problems which can affect morbidity and mortality.
- Labs checked, x-ray ordered.
- Acute or chronic illness which poses a threat to life or bodily function.

Coding Tip

- In this example **High Risk** (posing a threat to life or bodily function) is the qualifying component leading to **High Medical Decision Making**.
- The other two areas that can lead to High Medical Decision Making are **Procedures or Management Options** which are recapped on the following slide.

Coding Tip – High complexity problems, procedures or management options

- **High Risk Problems include -**
 - 1 or more chronic illness, w/ severe exacerbation or progression
 - Acute or chronic illness/injury, which poses threat to life or bodily function
 - Abrupt change in neurological status
- **High Risk Procedures include -**
 - EP studies
 - Cardiovascular imaging w/contrast & identified risk
 - Diagnostic endoscopies w/ identified risk
 - Discography
- **High Risk Management Options include -**
 - Elective or Emergency major surgery
 - Parenteral controlled substances
 - Drug therapy requiring intense monitoring for toxicity
 - Decision not to resuscitate or de-escalate care because of poor prognosis.