

UBMD Internal Medicine

Clinical Documentation Example Initial Hospital Visit - 99232

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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.

Initial hospital visit-99232

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,

99232 – Exam – Detailed

- Exam –

General: NAD, 150/74, 84, 24

Neck: supple, nml thyroid

Lungs: Bibasilar crackle, nml effort

CV: RRR, w/soft systolic murmur, 2# bipedal edema

Abdomen: soft, nt, no HSM

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

99232 – Medical Decision Making Moderate

- **Labs:** BUN 41, creatinine 1.4, K 3.3, HCO3 24
- **Assessment:**
 - Sub-optimal controlled systolic CHF
 - Worsening htn associated with volume overload
 - Significant lower extremity edema
 - Mild pre-renal azotemia associated w/CHF
 - Hypokalemia
- **Plan:**
 - Increase furosemide from 40 mg PO Qd to BID
 - Increase KCL from 20 mEq PO QD to 30 mEq BID
 - Give supplemental dose of 40 mEq KCL time one now
 - Renal profile tomorrow
 - Re-assess blood pressure control after resolution of hypervolemia

99232 Documentation Analysis

- **History**: The history is expanded problem focused. It has 3 HPI elements, 1 ROS, and medications.
- **Exam**: The exam is detailed, 6 systems with 2 bullets in each.

99232 Documentation Analysis

- **Medical Decision Making:** Moderate, note that the intellectual energy required and the acuity of care remains routine. The CHF though not yet optimally controlled is improving. The htn is worsening due to hypervolemia. The hypokalemia is a self limited problem. There was review/order of labs. One or more chronic illness with mild exacerbation. There were no high risk Diagnostic Procedures or Management Options documented for this visit.

Coding Tip -

- If any high level Management Option or Diagnostic Procedure were documented, the Medical Decision Making would be High-99233 not Moderate-99232.
- The high risk Diagnostic Procedures are: EP studies, diagnostic endoscopies, discography, or cardiovascular imaging.
- The high risk Management Options are: parenteral controlled substance, DNR or de-escalation of care, drug toxicity monitoring, emergency or elective major surgery.