UBMD Internal Medicine

Clinical Documentation Ex. Subsequent Hospital Visit - 99233

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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.

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

99233 – 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

(all 3 key components must be met or exceeded)

- **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.
- Prescription drug management.

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.

- **Procedures-**

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.