Evaluation & Management Revisions for 2021

Part 2

CaroMont Health

Agenda

- Modifications to the Criteria for Medical Decision Making (MDM)
- Modifications to the Elements of Medical Decision Making (MDM Table)
- Medical Decision Making (MDM) Examples
- Services Reported Separately
- Documentation Tips
- Questions

Medical Decision Making

Modifications to the criteria for MDM

- Attempt to align criteria with clinically intuitive concepts
- Use existing CMS and contractor tools to reduce disruption in coding patterns
- Current CMS Table of Risk used as a foundation to create the level of Medical Decision Making Table
- Removed ambiguous terms (eg, “mild”) and defined previously ambiguous concepts (eg, “acute or chronic illness with systemic symptoms”)
- New guidelines and numerous definitions added to clarify each type of problem addressed in the MDM table:
  - self-limited or minor,
  - stable, chronic illness,
  - acute, uncomplicated illness or injury

Used for office or other OP E/M services only

MDM **2020**		MDM **Effective January 1, 2021**
Number of Diagnoses or Management Options		Number and Complexity of Problems Addressed at the Encounter
Amount and/or Complexity of Data to be Reviewed		Amount and/or Complexity of Data to be Reviewed and Analyzed
Risk of Complications and/or Morbidity or Mortality		Risk of Complications and/or Morbidity or Mortality of Patient Management

Medical Decision Making (MDM) – Effective January 1, 2021

Effective January 1, 2021

Level of Medical Decision Making Table

- Guide to assist in selecting the level of MDM
- Used for office or other outpatient E/M services only
- Includes 4 levels of MDM **(unchanged from current levels of MDM)**
    - Straightforward
    - Low
    - Moderate
    - High

Current CMS Table of Risk

CMS Table of Risk from the Documentation Guidelines

(minimal to moderate shown)

TABLE OF RISK

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, eg, cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, eg, echocardiography • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, eg, pulmonary function tests • Non-cardiovascular imaging studies with contrast, eg, barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, eg, lump in breast • Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis • Acute complicated injury, eg, head injury with brief loss of consciousness	• Physiologic tests under stress, eg, cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, eg, arteriogram, cardiac catheterization • Obtain fluid from body cavity, eg lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation

- Two or more self-limited or minor problems
- One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH
- Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain

Medical Decision Making (MDM) – Effective January 1, 2021

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	**Amount and/or Complexity of Data to be Reviewed and Analyzed** *** - *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.***	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**			
99202 **99212**	**Straightforward**			
99203 **99213**	**Low**			

MDM: Number and Complexity of Problems Addressed at the Encounter

- Based on CMS Documentation Guidelines' Table of Risk
- New guidelines and numerous definitions added to clarify each type of problem addressed in the MDM table
  - Stable, chronic illness
  - Acute, uncomplicated illness or injury
- Removed examples
  - Some were not office oriented
  - Examples in guidelines to make MDM table less complex

MDM: Number and Complexity of Problems Addressed at the Encounter: Clinically Relevant

- Straightforward
  - Self-limited
- Low
  - Stable, uncomplicated, single problem
- Moderate
  - Multiple problems or significantly ill
- High
  - Very ill

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter		
99211	**N/A**	N/A		
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem		
99203 **99213**	**Low**	**Low** • **2** or more self-limited or minor problems; **or** • **1** stable chronic illness; **or** • **1** acute, uncomplicated illness or injury		

99204 99214	**Moderate**	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury		

99205 **99215**	**High**	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • **1** acute or chronic illness or injury that poses a threat to life or bodily function		

Definition of MDM Elements

Problem

- ✓ A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem Addressed

- ✓ Evaluated, managed, treated.
- ✓ Consideration of further testing that is decided against because of risks involved patient choice counts as addressed.
- ✓ *But a simple note that another professional is managing a problem does not count as addressed.* There must be additional assessment or care coordination.
- ✓ Another area that does not qualify as addressing the problem is referral without evaluation (using history, exam, or diagnostic studies) or considering treatment.

Minimal problem

- ✓ A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

Definition of MDM Elements

Self-limited or minor problem

- ✓ A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.
- ✓ This term is relevant for straightforward MDM codes 99202 and 99212.

Stable, chronic illness

- ✓ A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes.
- ✓ "A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function."

Acute, complicated injury

- ✓ An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.

Definition of MDM Elements

Chronic illness with severe exacerbation, progression, or side effects of treatment

- ✓ The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Undiagnosed new problem with uncertain prognosis

- ✓ A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.
- ✓ An example may be a lump in the breast.

Acute illness with systemic symptoms

- ✓ An illness that causes systemic symptoms and has a high risk of morbidity without treatment.
- ✓ Systemic symptoms may not be general, but may be single system.

Acute or chronic illness or injury that poses a threat to life or bodily function

- ✓ An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment.

2021 CPT E/M Guideline Definitions for Acute and Chronic Illnesses

Term	Description	Examples
Acute, uncomplicated illness or injury	· The problem is recent and short-term. · There is a low risk of morbidity. · There is little to no risk of mortality with treatment. · Full recovery without functional impairment is expected. · The problem may be self-limited or minor, but it is not resolving in line with a definite and prescribed course.	· Cystitis · Allergic rhinitis · Simple sprain
Acute illness with systemic symptoms	· The illness causes systemic symptoms, which may be general or single system. · There is a high risk of morbidity without treatment. · For a minor illness with systemic symptoms like fever or fatigue, consider acute, uncomplicated or self-limited/minor instead.	· Pyelonephritis · Pneumonitis · Colitis
Acute, complicated injury	· Treatment requires evaluation of body systems that aren't part of the injured organ, the injury is extensive, there are multiple treatment options, or there is a risk of morbidity with treatment.	· Head injury with brief loss of consciousness
Stable, chronic illness	· This type of problem is expected to last at least a year or until the patient's death. · A change in stage or severity does not change whether a condition is chronic. · The patient's treatment goals determine whether the illness is stable. A patient who hasn't achieved their treatment goal is not stable, even if the condition hasn't changed and there's no short-term threat to life or function. · The risk of morbidity is significant without treatment.	· Well-controlled hypertension · Non-insulin dependent diabetes · Cataract · Benign prostatic hyperplasia · NOT stable: Asymptomatic but persistently poorly controlled blood pressure (pressures don't change), with a treatment goal of better control

2021 CPT E/M Guideline Definitions for Acute and Chronic Illnesses

Term	Description	Examples
Chronic illness with exacerbation, progression, or side effects of treatment	· The chronic illness is getting worse, is not well controlled, or is progressing "with an intent to control progression." · The condition requires additional care or treatment of the side effects. · Hospital level of care is not required.	· No examples given by CPT® guidelines
Chronic illness with severe exacerbation, progression, or side effects of treatment	· There is a significant risk of morbidity. · The patient may require hospital care.	· No examples given by CPT® guidelines
Acute or chronic illness or injury that poses a threat to life or bodily function	· There is a near-term threat to life or bodily function without treatment. · An acute illness with systemic symptoms, an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment may be involved.	· Acute myocardial infarction · Pulmonary embolus · Severe respiratory distress · Progressive severe rheumatoid arthritis · Psychiatric illness with potential threat to self or others · Peritonitis · Acute renal failure · Abrupt change in neurologic status

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- Simplified and standardized contractor scoring guidelines
- Emphasized clinically important activities over number of documents
- Need to account for quantity of documents ordered/reviewed (as it is MDM work) and create “counting rules”

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- Data are divided into three categories:
  - Tests, documents, orders, or independent historian(s)—each unique test, order, or document is **counted** to meet a threshold number
  - Independent interpretation of tests not reported separately
  - Discussion of management or test interpretation with external physician/other QHP/appropriate source (not reported separately)

Definition of Data Ordered and Reviewed Elements

Order/Document

- ✓ Test, documents, orders or independent historian (s) (each unique test, order or document is counted to meet a threshold number)
- ✓ The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

Independent Interpretation

- ✓ The interpretation of a test for which there is a CPT code and an interpretation or report is customary.
- ✓ This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient.
- ✓ A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Independent Historian

- ✓ An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.
- ✓ In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

Definition of Data Ordered and Reviewed Elements

Appropriate Source

- ✓ For the purpose of the **Discussion of Management** data element, an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher).
- ✓ It does not include discussion with family or informal caregivers.

External

- ✓ External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization.

External Physician or QHP

- ✓ An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty.
- ✓ It includes licensed professionals that are practicing independently.
- ✓ It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- Straightforward
  - Minimal or None
- Low (one category only)
  - Two documents or independent historian
- Moderate (one category only)
  - Count: Three items between documents and independent historian; or
  - Interpret; or
  - Confer
- High (two categories)
  - Same concepts as moderate

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
			Amount and/or Complexity of Data to be Reviewed and Analyzed ***Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.**	
99211	**N/A**		N/A	
99202 **99212**	**Straightforward**		**Minimal or none**	

99203
99213
	Low		**Limited**
			(Must meet the requirements of at least 1 of the 2 categories)
			
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	

99204 **99214**	**Moderate**		**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** **Any combination of 3 from the following**: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	

99205
99215
	High		**Extensive**
			
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			    • Review of prior external note(s) from each unique source*;
			    • Review of the result(s) of each unique test*;
			    • Ordering of each unique test*;
			    • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	

MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Risk of complications and/or morbidity, or mortality of patient management decisions made at the visit, associated with the patient's problem(s), treatment(s)
    - Includes possible management options selected and those considered, but not selected
    - Addresses risks associated with social determinants of health

MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Straightforward
    - Minimal risk from treatment (including no treatment) or testing. (Most would consider this effectively as no risk)
- Low
    - Low risk (e.g., very low risk of severity problems), minimal consent/discussion
- Moderate
    - Would typically review with patient/surrogate, obtain consent and monitor, or there are complex social factors in management
- High
    - Need to discuss some higher risk problems that could happen for which physician or other qualified health care professional will watch or monitor

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
				Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	**N/A**			N/A
99202 **99212**	**Straightforward**			**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 **99213**	**Low**			**Low risk of morbidity from additional diagnostic testing or treatment**

99204 **99214**	**Moderate**			**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

99205 **99215**	**High**			**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Risk and Drug Therapy

Risk	*Drug therapy requiring intensive monitoring for toxicity*
✓ The probability and/or consequences of an event. ✓ The assessment of the level of risk is affected by the nature of the event under consideration. ✓ Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. ✓ Quantification may be provided when evidence-based medicine has established probabilities. ✓ For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. ✓ Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.	✓ A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. ✓ The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. ✓ Intensive monitoring may be long-term or short term. ✓ The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. ✓ The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	**Amount and/or Complexity of Data to be Reviewed and Analyzed** ***Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.***	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**	N/A	N/A	N/A
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems;
		or
		• **1** stable chronic illness;
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204 **99214**	**Moderate**	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following**: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

<table>
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<td>99205
99215</td>
<td>High</td>
<td>High
• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
or
• 1 acute or chronic illness or injury that poses a threat to life or bodily function</td>
<td>Extensive
(Must meet the requirements of at least 2 out of 3 categories)

Category 1: Tests, documents, or independent historian(s)
• Any combination of 3 from the following:
  • Review of prior external note(s) from each unique source*;
  • Review of the result(s) of each unique test*;
  • Ordering of each unique test*;
  • Assessment requiring an independent historian(s)
or
Category 2: Independent interpretation of tests
• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
or
Category 3: Discussion of management or test interpretation
• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</td>
<td>High risk of morbidity from additional diagnostic testing or treatment

Examples only:
• Drug therapy requiring intensive monitoring for toxicity
• Decision regarding elective major surgery with identified patient or procedure risk factors
• Decision regarding emergency major surgery
• Decision regarding hospitalization
• Decision not to resuscitate or to de-escalate care because of poor prognosis</td>
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Medical Decision Making Table

To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded **(concept unchanged from current guidelines)**.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems;
		or
		• **1** stable chronic illness;
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

MDM Examples

MDM Example 1

An office visit was provided for monitoring an established patient, a 50-year-old female with type 1 insulin dependent diabetes mellitus and stable coronary artery disease. The physician documented the following progress note:

CC. Feeling tired, occasional headaches

HPI: This 50-year-old female with a history of Type 1 IDDM & CAD presents with a complaint of feeling tired. Her blood sugars have not been within acceptable range when she tests at home. She has not been consistent with dosing.

ROS: Healthy appearing female with no history of recent weight loss.

Exam: Vital signs WNL. Pulse 80 BPM; Respirations 18; B/P 120/79. Heart sounds WNL. Lung sounds normal.

Assessment & Plan:

Type 1 insulin-dependent diabetes mellitus: Increased the current insulin dosage on sliding scale.

Coronary artery disease: stable. Continue to monitor diet and cholesterol.

Tiredness: discussed sleep patterns, diet, and caffeine avoidance with patient.

Headaches: suggested over the counter remedies.

Follow up if symptoms persist.

Assessment & Plan:
Type 1 insulin-dependent diabetes mellitus: Increased the current insulin dosage on sliding scale.
Coronary artery disease: stable. Continue to monitor diet and cholesterol.
Tiredness: discussed sleep patterns, diet, and caffeine avoidance with patient.
Headaches: suggested over the counter remedies.
Follow up if symptoms persist.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited *(Must meet the requirements of at least 1 of the 2 categories)* Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate *(Must meet the requirements of at least 1 out of 3 categories)* Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive *(Must meet the requirements of at least 2 out of 3 categories)* Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Assessment & Plan:
Type 1 insulin-dependent diabetes mellitus: Increased the current insulin dosage on sliding scale.
Coronary artery disease: stable. Continue to monitor diet and cholesterol.
Tiredness: discussed sleep patterns, diet, and caffeine avoidance with patient.
Headaches: suggested over the counter remedies.
Follow up if symptoms persist.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	**Amount and/or Complexity of Data to be Reviewed and Analyzed** **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

MDM Example 2

Reason for Visit, Chief Complaint: Claudication-like symptoms

History of Present Illness: Patient is a 41 y.o. male who has claudication-like symptoms. I met him 1 month ago at which time we did a lower extremity duplex examination which shows both inflow disease and popliteal artery occlusion on the right side. He is here today to discuss further management evaluation. He had an echocardiogram which shows new LV dysfunction EF 25% with pulmonary hypertension RVSP 60 mmHg no significant valvular heart disease. Patient denies any change in his symptoms he still has significant right leg claudication he denies any chest heaviness or tightness. He has had some mild orthopnea without PND.

The patient presents today for evaluation and management of the following active medical problems:

Patient Active Problem List

Diagnosis Date Noted

Lower extremity edema 08/05/2020

Priority: High

DOE (dyspnea on exertion) 08/05/2020

Priority: High

Claudication (HCC) 08/05/2020

Priority: High

MDM Example 2

Review of systems: positive for fatigue. All other systems reviewed and are negative other than what is noted here and in the HPI.

Family History

Problem	Relation	Name	Age of Onset
Diabetes	Father		
Diabetes	Mother		
Stroke	Mother		
Diabetes	Paternal Grandmother		
Diabetes	Paternal Grandfather		

Past Medical History:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
furosemide (LASIX) 20 mg tablet	Take 1 Tab (20 mg) by mouth daily for 7 days.	7 Tab	0
potassium chloride (K-DUR) 10 mEq Extended Release tablet	Take 1 Tab (10 mEq) by mouth every Monday, Wednesday, and Friday.	3 Tab	0

No current facility-administered medications for this visit.

Social History

Tobacco Use

Smoking status: Never Smoker

Smokeless tobacco: Never Used

Alcohol use: Not Currently

Drug use: Not Currently

MDM Example 2

There were no vitals taken for this visit.

GENERAL: Alert and in no distress.

HEAD: Atraumatic, normocephalic. Pupils equal, round, reactive to light and accommodate. Extraocular eye muscles intact. Oropharynx is pink and moist without any erythema, exudate or lesions

NECK: Supple without masses or adenopathy. No carotid bruit

No JVD.

HEART: Normal intensity S1 and S2 regular with a 2 out of 6 systolic murmur left sternal border

LUNGS: Clear

ABDOMEN: Soft, nontender, nondistended. Good bowel sounds all 4 quadrants

EXTREMITIES: Warm and dry without clubbing or cyanosis. No edema

NEUROLOGIC: No focal deficits

SKIN: No suspicious lesions

MUSCULOSKELETAL: grossly normal muscle strength and tone

Psychiatric: No apparent delusions or psychotic thoughts

Heme/lymphatic: No suspicious bruising. No abnormal lymphadenopathy

EKG: The patient's last EKG was personally viewed, reviewed and interpreted by myself (Results Below)

MDM Example 2

IMPRESSION:

41 y.o. male who has an active and has a past medical history of Diabetes mellitus (HCC).

Diagnoses and all orders for this visit:

Claudication (HCC)

Lower extremity edema

DOE (dyspnea on exertion)

PLAN:

At this time I recommended left heart catheterization as well as lower extremity angiography approaching him from my left femoral approach. Risks benefits and alternatives discussed in detail with the patient who understands and wished to proceed we will also start him on a beta-blocker ACE inhibitor resume his Lasix and potassium supplementation. We will recheck his blood work and refer him back to Dr. Kofi for management of his diabetes.

I reviewed all of medications that the patient is currently taking. We discussed appropriate dosing as well as side effects and interactions. We discussed the patient's current compliance and the importance of remaining compliance. The patient is on multiple medications which have the potential for toxicity and side effects as well as interaction including hypotension. These medications were reviewed, labs performed and reviewed to monitor levels (see labs), and recommendations have been made to avoid such complications

ACC/AHA **Heart Failure Stage** D. Recommend to continue treatment of hypertension, maintain appropriate lipid status, avoid tobacco, exercise regularly and avoid excessive alcohol.

In regards to **Hypertension** I have specifically recommended to minimize sodium intake avoid nicotine and over-the-counter decongestants wear at all possible. I specifically recommended to the patient/family to continue/institute a healthy lifestyle (see exercise recommendations below) as well as a primarily plant-based diet. Patient should continue/institute pharmacologic therapy as outlined above to maintain/achieve ideal blood pressure to avoid hypertension and the adverse cardiovascular events that are associated with hypertension

MDM Example 2

In regards to **dyslipidemia** I specifically recommended to the patient/family to continue/institute a healthy lifestyle which includes vigorous physical activity (see below) and a plant-based diet. The patient should adhere to pharmacologic therapy as outlined above to maintain/achieve ideal lipid status and avoid uncontrolled dyslipidemia which can lead to adverse cardiovascular morbidity and mortality.

I have also recommended avoiding **hyperglycemia** by eating a diet which is low in simple sugars and carbohydrates. Hyperglycemia can be associated with the onset and or exacerbation of **diabetes** which can lead to progressive heart and/or vascular disease. I will defer pharmacologic management of this to the patient's primary care physician.

Tobacco Abuse and the impact on cardiovascular disease were discussed in detail. Abstinence from all tobacco, and methods to remain tobacco free including removing triggers for tobacco abuse were discussed in detail with patient and/or family representatives who understands.

Obesity and cardiovascular effects of obesity were discussed in detail. A healthy low-calorie diet and/or exercise 4-5 times per week was also recommended to achieve and maintain a healthy weight.

I discussed the barriers to care today, the goals of care, and also the general plan of care with patient/family. We discussed the treatment plan, including expected benefits, adverse reactions or events, and side effects as well as the implications of not following the treatment plan. The patient and/or the family left well informed.

I have personally, independently viewed and reviewed all pertinent lab and radiology imaging as well as telemetry and cardiac testing.   I have discussed the diagnoses and plans with the patient and or family present today. The diagnoses outlined above represent acute and/or chronic illnesses that pose a threat to life or bodily function. Treatments, therapies, medications, and/or procedures outlined also have serious side effects and risks as well which were discussed in detail with the patient and/or patients representative. The ramifications of not adhering to the recommendations outlined above were also discussed in detail with the patient and family.

MDM Example 2

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

MDM Example 2

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
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Services Reported Separately

Services Reported Separately

- ✓Actual performance and/or interpretation of diagnostic test/studies during a patient encounter **are not included** in determining the levels of E/M services when reported separately with a specific CPT code.

- ✓ If a test/study is independently interpreted in order to manage the patient as a part of the E/M service, **but is not separately reported**, it is a part of the Medical Decision Making (MDM).

Documentation Tips

Documentation Tips - Example 1

This example shows a chart where the HPI looks appropriate and the physician starts to document issues about the patients past medical history that are still active and will be treated by the physician. This will cause note bloating issues as we move through the chart.

Reason for Visit, Chief Complaint: Establish Care and Carotid Stenosis

History of Present Illness: Patient is a 68 y.o. male who has CAD s/p CABG this year LIMA to LAD SVG to OM1 SVG-PDA, followed by Dr. B. Recent CTA - 70-80% with left ICA not significant at 40-50% does have mild subclavian stenosis on the right affecting his right arm but is not significant likely only 50%. Patient has no history of stroke, TIA, weakness or numbness on one side of the body, slurred speech, expressive aphasia or amaurosis fugax. The patient has a history of throat cancer for which he underwent chemo and radiation in 2012

The patient presents today for evaluation and management of the following active medical problems as they relate to the patient's chief complaint including:

Patient Active Problem List

Diagnosis Date Noted

Stenosis of right subclavian artery (HCC) 09/15/2020

Overview Note:

CTA of the aortic arch and neck vessels 9/15/2020:**Calcific plaque involving the proximal right subclavian artery with a stenosis in the range of 50%.**

Severe calcified plaque involving the proximal right ICA with a stenosis of 70-80%. Calcified plaque involving the left ICA with stenosis of 40-50%.

Atherosclerotic heart disease of native coronary artery without angina pectoris 09/04/2020

Dizziness on standing 09/03/2020

Ileus, postoperative (HCC) 07/19/2020

S/P CABG x 3 07/16/2020

Overview Note: **CABG times 37/16/2020: LIMA to LAD, SVG to OM1, SVG to PDA.**

Ischemic cardiomyopathy 07/06/2020

Overview Note: **Cardiac catheterization 7/6/2020: Complex CAD high-grade with what appears to be mildly reduced LV systolic function LVEF estimate approximately 45% with multiple segmental contraction abnormalities.** Echocardiography suggested normal LV function previously June 2020.

Documentation Tips - Example 1

The physician is still updating the patient's active problems.

Colonic mass 07/06/2020

Overview Note: Added automatically from request for surgery 164920

Bilateral carotid artery stenosis 07/03/2020

Overview Note: **Carotid duplex 7/2020: Moderate 60-79% R ICA stenosis based on ICA/CCA ratio may be greater than 70%. LICA stenosis from mild 40-59%. CTA of the aortic arch and neck vessels 9/15/202**0:Calcific plaque involving the proximal right subclavian artery with a stenosis in the range of 50%. **Severe calcified plaque involving the proximal right ICA with a stenosis of 70-80%. Calcified plaque involving the left ICA with stenosis of 40-50%.**

Coronary artery disease involving coronary bypass graft of native heart without angina pectoris 07/02/2020

Nonrheumatic aortic valve insufficiency 06/25/2020

Overview Note: **Echocardiogram 3/26/2018:** LVEF estimate 60 to 65%, mild MR–borderline moderate mild TR with RVSP estimate mildly elevated. **Echocardiogram 6/25/2020**: LVEF 60 to 65% mild MR, **mild AI.**

Abnormal nuclear cardiac imaging test 06/25/2020

Abnormal nuclear stress test 06/25/2020

Overview Note: Treadmill nuclear stress test 6/25/2020: Moderate risk positive ECG Duke treadmill score +1 long-duration ST segment changes anterior scar and ischemia inferolateral ischemia suggests multivessel disease.

Primary malignant neoplasm of base of tongue (HCC) 10/27/2017

Secondary malignant neoplasm of lymph nodes of neck (HCC) 10/27/2017

Primary osteoarthritis involving multiple joints 10/12/2017

Documentation Tips - Example 1

The physician is still updating the patient's active problems.

Old myocardial infarct 01/12/2017

Overview Note: Likely 2003–noted on stress testing of January 2017

B12 deficiency12/23/2016

Pyriformis syndrome 12/23/2016

History of coronary angioplasty with insertion of stent 12/20/2016

Overview Note: Approximately 2003- Cx PL and LAD

Non-rheumatic mitral regurgitation 12/20/2016

Overview Note: Mild to moderate on remote echo in 2013,

Echocardiogram 3/26/2018: LVEF estimate 60 to 65%, **mild MR–borderline moderate** mild TR with RVSP estimate mildly elevated.

Echocardiogram 6/25/2020: LVEF 60 to 65% **mild MR,** mild AI.

Primary malignant neoplasm of larynx (HCC) 08/03/2012

Dyspnea on exertion 01/01/1900

Hypertensive heart and kidney disease without heart failure and with stage 1 chronic kidney disease 01/01/1900

Documentation Tips - Example 1

The review of systems is appropriate. However, the physician will need to determine what is medically appropriate for this patient.

Review of systems

Constitutional: Negative for activity change, appetite change, chills, diaphoresis, fatigue, fever and unexpected weight change.

ENT: Negative for congestion, ear pain, postnasal drip, rhinorrhea, sinus pressure, sneezing, sore throat and voice change.

Eyes: Negative for photophobia, pain, discharge, redness, itching and visual disturbance.

Respiratory: Negative for apnea, cough, choking, chest tightness, shortness of breath, wheezing and stridor.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and polyuria.

Genitourinary: Negative for decreased urine volume, difficulty urinating, dysuria, hematuria and urgency.

Musculoskeletal: Positive for arthralgias and back pain. Negative for myalgias, neck pain and neck stiffness.

Skin: Negative for color change.

Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.

Neurological: Negative for dizziness, facial asymmetry, speech difficulty, weakness, light-headedness, numbness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for agitation, behavioral problems, decreased concentration, dysphoric mood, sleep disturbance and suicidal ideas. The patient is not nervous/anxious and is not hyperactive.

Documentation Tips - Example 1

Family history is appropriate. However, the physician will need to determine what is medically appropriate for this patient. In the past medical history, we start to see a repeat of what the physician already documented at the beginning of the chart. This is where the note bloating starts.

Family History

Heart Disease: Father

Heart Disease: Brother

MDS: Mother

Heart Disease: Maternal Grandmother

Heart Disease: Maternal Grandfather

Heart Disease: Paternal Grandmother

Heart Disease: Paternal Grandfather

Past Medical History:

Diagnosis	Date
Abnormal nuclear cardiac imaging test	6/25/2020
Abnormal nuclear stress test	6/25/2020

Treadmill nuclear stress test 6/25/2020: Moderate risk positive ECG Duke treadmill score +1 long-duration ST segment changes anterior scar and ischemia inferolateral ischemia just multivessel disease.

Atherosclerosis of native coronary artery of native heart with angina pectoris (HCC)	7/2/2020
Atherosclerosis of native coronary artery of native heart without angina pectoris	1/1/1900
BPH (benign prostatic hyperplasia) *followed by Dr Buzzeo*	
CAD (coronary artery disease)	
Cancer (HCC) *Larynx*	

Documentation Tips - Example 1

This is a continuation of the past medical history repeated from the documentation at the beginning of the chart.

Cervical neuralgia 2015 *b12 injections help*

Coronary artery disease involving coronary bypass graft of native heart without angina pectoris 7/2/2020

Dizziness on standing 9/3/2020

Essential hypertension 1/1/1900

GERD (gastroesophageal reflux disease)

Hyperlipidemia

Hypertensive heart and kidney disease without heart failure and with stage 1 chronic kidney disease 1/1/1900

Ischemic cardiomyopathy 7/6/2020

> *Cardiac catheterization 7/6/2020: Complex CAD high-grade with what appears to be mildly reduced LV systolic function LVEF estimate approximately 45% with multiple segmental contraction abnormalities. Echocardiography suggested normal LV function previously June 2020.*

Non-rheumatic mitral regurgitation 12/20/2016

Mild to moderate on remote echo in 2013

Vitamin B12 deficiency without anemia 2015 *doesn't absorb po*

Documentation Tips - Example 1

This is a continuation of the past medical history repeated from the documentation at the beginning of the chart. The allergies, medications, and social history are appropriate. Again, the physician will have to determine what is medically appropriate for this patient.

Nonrheumatic aortic valve insufficiency 6/25/2020 *Echocardiogram 3/26/2018: LVEF estimate 60 to 65%, mild MR–borderline moderate mild TR with RVSP estimate mildly elevated. Echocardiogram 6/25/2020: LVEF 60 to 65% mild MR, mild AI.*

Old myocardial infarct 1/12/2017

Likely 2003–noted on stress testing of January 2017

Presence of stent in left circumflex coronary artery 12/20/2016 *Approximately 2003*

Right carotid bruit 6/4/2020

S/P CABG x 3 7/16/2020

CABG times 37/16/2020: LIMA to LAD, SVG to OM1, SVG to PDA.

Stenosis of right subclavian artery (HCC) 9/15/2020

CTA of the aortic arch and neck vessels 9/15/2020:Calcific plaque involving the proximal right subclavian artery with a stenosis in the range of 50%. Severe calcified plaque involving the proximal right ICA with a stenosis of 70-80%. Calcified plaque involving the left ICA with stenosis of 40-50%.

Allergies

Allergen	Reactions
Lorazepam	Delirium
Statins-Hmg-Coa Reductase Inhibitors	Muscle Pain
Lisinopril	Other (See Comments) *Low blood pressure*

Current Medications (Listed Below)

Social History: Married; Former smoker – 17 years ago; Alcohol: Yes – 4 or more times a week; Drugs: No

Documentation Tips - Example 1

The physical exam is appropriate. However, the physician will need to determine what is medically appropriate for this patient.

Physical Exam

- BP 132/82 | Pulse 74 | Ht 5' 8" (1.727 m) | Wt 90.5 kg (199 lb 9.6 oz) | SpO2 97% | BMI 30.35 kg/m²
- GENERAL: Alert and in no distress.
- HEAD: Atraumatic, normocephalic. Anicteric sclera, Pupils equal, round, reactive to light and accommodate. Extraocular eye muscles intact. Oropharynx is pink and moist without any erythema, exudate or lesions, External examination of nose and ears normal
- NECK: Supple without masses or adenopathy. Trachea midline, no thyromegaly. Bilateral carotid bruit
- No JVD.
- HEART: Normal intensity S1 and S2 regular
- LUNGS: diaphragmatic movement normal, no use of accessory muscles of respiration clear to auscultation
- ABDOMEN: Soft, nondistended. Liver edge and spleen edge non-tender. Good bowel sounds all 4 quadrants
- EXTREMITIES: Warm and dry without clubbing or cyanosis. No edema
- NEUROLOGIC: No focal deficits
- SKIN: Normal temperature, turgor and texture. No suspicious subcuticular lesions
- MUSCULOSKELETAL: grossly normal muscle strength and tone of both upper extremities
- Psychiatric: Normal mood and affect. Oriented to person place and time. No apparent delusions or psychotic thoughts
- Heme/lymphatic: No suspicious bruising. No abnormal lymphadenopathy of neck or axillae

EKG Reviewed

Documentation Tips - Example 1

The beginning of the impressions is a repeat of the history that was covered at the beginning of the chart, in the past medical history, and now in the impressions. This is an example of note bloating. Diagnosis and treatment plans are appropriate.

IMPRESSION:

I am treating this 68 y.o. male who has multiple active complex problems including but not limited to Establish Care and Carotid Stenosis and has a past medical history of Abnormal nuclear cardiac imaging test (6/25/2020), Abnormal nuclear stress test (6/25/2020), Atherosclerosis of native coronary artery of native heart with angina pectoris (HCC) (7/2/2020), Atherosclerosis of native coronary artery of native heart without angina pectoris (1/1/1900), BPH (benign prostatic hyperplasia), CAD (coronary artery disease), Cancer (HCC), Cervical neuralgia (2015), Coronary artery disease involving coronary bypass graft of native heart without angina pectoris (7/2/2020), Dizziness on standing (9/3/2020), Essential hypertension (1/1/1900), GERD (gastroesophageal reflux disease), Hyperlipidemia, Hypertensive heart and kidney disease without heart failure and with stage 1 chronic kidney disease (1/1/1900), Ischemic cardiomyopathy (7/6/2020), Non-rheumatic mitral regurgitation (12/20/2016), Nonrheumatic aortic valve insufficiency (6/25/2020), Old myocardial infarct (1/12/2017), Presence of stent in left circumflex coronary artery (12/20/2016), Right carotid bruit (6/4/2020), S/P CABG x 3 (7/16/2020), Stenosis of right subclavian artery (HCC) (9/15/2020), and Vitamin B12 deficiency without anemia (2015).

Patient was seen today for establish care and carotid stenosis.

Diagnoses and all orders for this visit:

Bilateral carotid artery stenosis

Coronary artery disease involving coronary bypass graft of native heart without angina pectoris

History of coronary angioplasty with insertion of stent

Hypertensive heart and kidney disease without heart failure and with stage 1 chronic kidney disease

Non-rheumatic mitral regurgitation

Ischemic cardiomyopathy

S/P CABG x 3

Stenosis of right subclavian artery (HCC)

Documentation Tips - Example 1

Diagnosis and treatment plans are appropriate.

PLAN:

At this point of recommended carotid artery angioplasty and stent placement utilizing distal block protection. Unfortunately patient wants to think this over. He is not willing to discuss this any further he is already on Plavix and aspirin. Continue these medications. No need for recurrent imaging at this time. He will call us if he decides to undergo the procedure. If he does then he will need a CTA of his head.

I reviewed all of medications that the patient is currently taking. We discussed appropriate dosing as well as side effects and interactions. We discussed the patient's current compliance and the importance of remaining compliance. The patient is on multiple medications which have the potential for toxicity and side effects as well as interaction including easy bruising. These medications were reviewed and recommendations have been made to avoid such complications

Current ACC/AHA **Heart Failure Stage** is B. In an effort to prevent the progression of heart failure I have recommended to continue treatment/prevention of hypertension, maintain appropriate lipid status, avoid tobacco, exercise regularly and avoid excessive alcohol.

In regards to **Hypertension** I have specifically recommended to minimize sodium intake, avoid nicotine and over-the-counter decongestants if at all possible. I specifically recommended to the patient/family to continue/institute a healthy lifestyle (see exercise recommendations below) as well as a primarily plant-based diet. Patient should continue/institute pharmacologic therapy as outlined above to maintain/achieve ideal blood pressure to avoid hypertension and the adverse cardiovascular events that are associated with hypertension.

In regards to **dyslipidemia** I specifically recommended to the patient/family to continue/institute a healthy lifestyle which includes vigorous physical activity (see below) and a plant-based diet. The patient should adhere to pharmacologic therapy as outlined above to maintain/achieve ideal lipid status and avoid uncontrolled dyslipidemia which can lead to adverse cardiovascular morbidity and mortality.

I have also recommended avoiding **hyperglycemia** by eating a diet which is low in simple sugars and carbohydrates. Hyperglycemia can be associated with the onset and/or exacerbation of **diabetes** which can lead to progressive heart and/or vascular disease. I will defer pharmacologic management of this to the patient's primary care physician.

Tobacco Abuse and the impact on cardiovascular disease were discussed in detail. Abstinence from all tobacco, and methods to remain tobacco free including removing triggers for tobacco abuse were discussed in detail with patient and/or family representatives who understands.

Documentation Tips - Example 1

Diagnosis and treatment plans are appropriate.

PLAN (Continued):

Obesity and cardiovascular effects of obesity were discussed in detail. A healthy low-calorie diet and/or exercise 4-5 times per week was also recommended to achieve and maintain a healthy weight.

I have recommended frequent handwashing, maintaining 6 feet of distance from other people, and use of a facemask to prevent acquiring the coronavirus which causes **COVID-19**. COVID-19 has been associated with myocarditis which may exacerbate the other above-mentioned cardiovascular problems.

I discussed the barriers to care today, the goals of care, and also the general plan of care with patient/family. We discussed the treatment plan, including expected benefits, adverse reactions or events, and side effects as well as the implications of not following the treatment plan. The patient and/or the family left well informed.

I have personally seen and examined the patient. I have personally, independently viewed and reviewed all pertinent lab and radiology imaging as well as telemetry and cardiac testing. I have discussed the diagnoses and plans with the patient and or family present today. The diagnoses outlined above represent acute and/or chronic illnesses that pose a threat to life or bodily function. Treatments, therapies, medications, and/or procedures outlined also have serious side effects and risks as well which were discussed in detail with the patient and/or patients representative. The ramifications of not adhering to the recommendations outlined above were also discussed in detail with the patient and family.

Documentation Tips - Example 2

This is an example of a note where note bloating has NOT occurred and the documentation of the history and exam are based on what the physician thought was medically appropriate for this patient.

Chief Complaint: Leg Pain (left-nerve pain/numbness comes and goes x 1 week. Lower back spasms.)

HPI:

Patient states that he played in a Captain's Choice Golf Tournament last week. He went to pick up something in the golf cart and felt a pull in his back. He went to get a massage and it did not help much. He states that it is in the left low back. He has been slack on his stretching. The burning feels deep in the muscle of the left buttock. The pain will shoot down his left approximately 1/2 way. He states that his back is still in the AM. He has taken Aleve every day as well as a muscle relaxer.

Past Medical History: Current medications (listed below); Bilateral wisdom tooth extraction in 1998

Family History: Parents are healthy

Social History: Former Cigarette Smoker; quit in 2010; Alcohol Use: No; Drug Use: No

Review of Systems

- Constitutional: Negative for activity change, appetite change, chills, diaphoresis, fatigue, fever and unexpected weight change.
- Musculoskeletal: Positive for arthralgias and back pain. Negative for myalgias, neck pain and neck stiffness.
- Skin: Negative for color change.
- Neurological: Negative for dizziness, facial asymmetry, speech difficulty, weakness, light-headedness, numbness and headaches.

Documentation Tips - Example 2

This is an example of a note where note bloating has NOT occurred and the documentation of the history and exam are based on what the physician thought was medically appropriate for this patient.

Physical Exam

Vitals: BP 130/80 | Pulse 96 | Temp 98.9 °F (37.2 °C) | Ht 5' 4" (1.626 m) | Wt 67.1 kg (148 lb) | SpO2 98% | BMI 25.40 kg/m²

Constitutional: Normal appearance.

Musculoskeletal:
Head: Normocephalic.
Lumbar back: He exhibits decreased range of motion and tenderness.
Comments: **Tender to palpation and movement in the left low back. Patient is sitting sideways throughout the exam.**

Neurological:

Mental Status: He is alert and oriented to person, place, and time.
Cranial Nerves: Cranial nerves are intact.
Sensory: Sensation is intact.
Motor: Motor function is intact.
Coordination: Coordination is intact.

Psychiatric:
Attention and Perception: Attention and perception normal.
Mood and Affect: Mood and affect normal.

Documentation Tips - Example 2

This is an example of a note where note bloating has NOT occurred and the documentation of the history and exam are based on what the physician thought was medically appropriate for this patient.

Assessment and Plan

Acute left-sided low back pain with left-sided sciatica

- predniSONE (DELTASONE) 10 mg tablet; Take 4 tabs po q day x 4 days, then 2 tabs q day x 4 days, then 1 tab q day x 4 days
- tiZANidine (ZANAFLEX) 4 mg Tablet; Take 1 Tab (4 mg) by mouth every 8 hours as needed for Spasm.
- HYDROcodone-acetaminophen (NORCO) 7.5-325 mg Tablet; Take 1 Tab by mouth every 6 hours as needed for Pain, Moderate. Max Daily Amount: 4 Tabs

1. Carry back pack in his hand or on both shoulders.
2. Change positions every 60 minutes.
3. Take the Prednisone
4. Heat to the low back.
5. Place a rolled towel behind the low back to act as a lumbar roll.
6. Sleep with a pillow between the knees.
7. Patient asked about using inversion table. He was counseled that he can try this and see how he tolerates it.

Further testing, medications as ordered. Appropriate patient instructions provided (see orders). Follow-up as I have indicated. Medications and options explained to include common side effects-BARS. Understanding of medications, course, diagnosis, and expectations were expressed by patient/guardian.

References

- AMA: E/M Office Visits 2021
- AMA: E/M is Coming
- AAPC Healthcare Business Monthly (March 2020): “Prepare for Office and Other Outpatient Code Changes
- CMS & Medical Group Management association (MGMA): “Proposed 2021 Medicare Physician Payment and Quality Reporting Changes
- Libman Education: 2021 CPT Changes

Questions?

Please click this link:

https://forms.office.com/Pages/ResponsePage.aspx?id=QNzSGHmmRkC7bIeEBV7Mk9Qd2oADf5NAsABHU8F8Y21UMzdNMjBMR1VaMDZaUVFVTEhBVU1NS0dQRC4u

*** RVU Questions Will Be Handled By The Physician Comp Committee ***