DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

CODING EXCELLENCE

BRAD LAYMON PA-C, CPC, CEMC

College of
Urgent Care
Medicine

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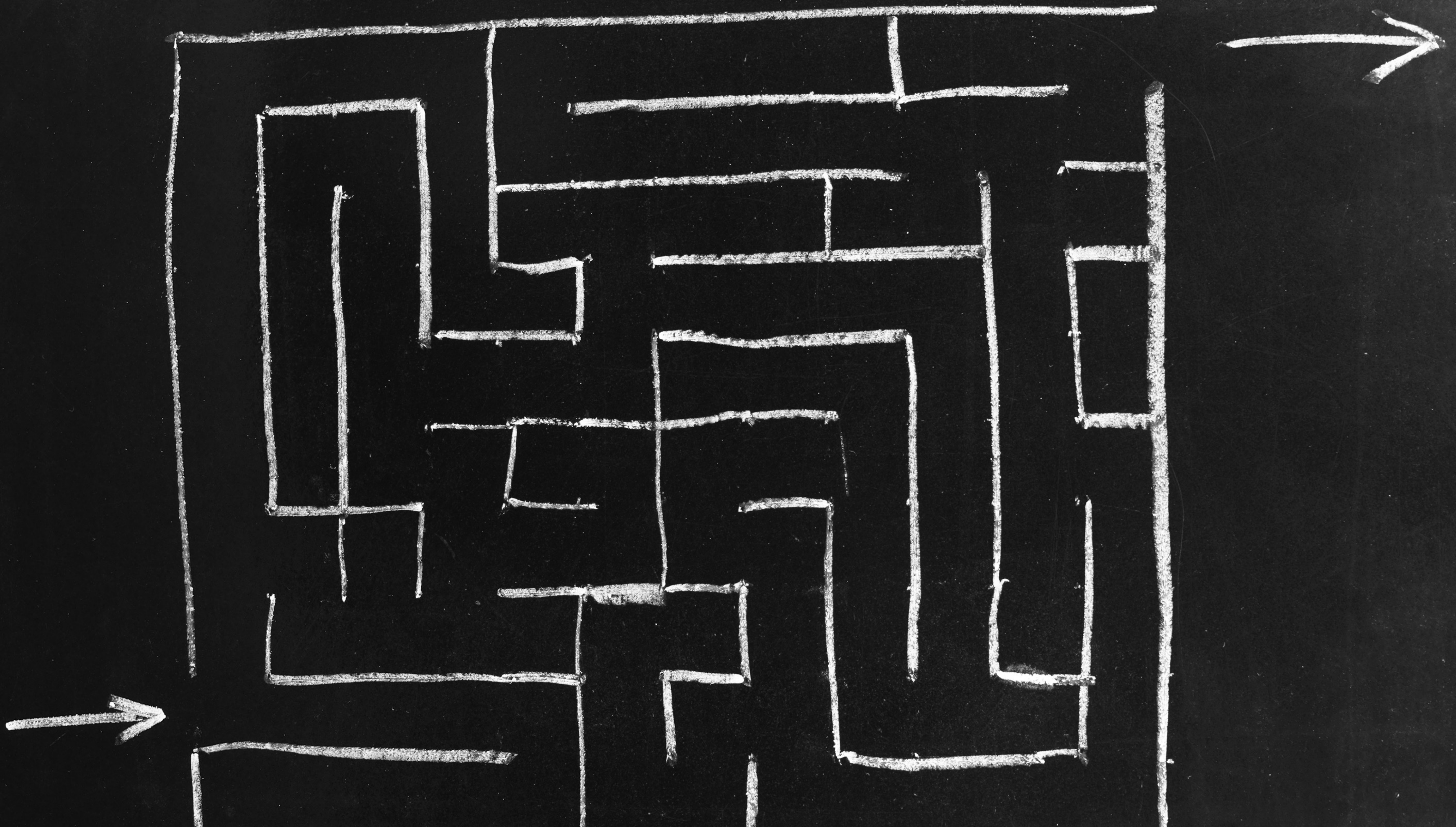

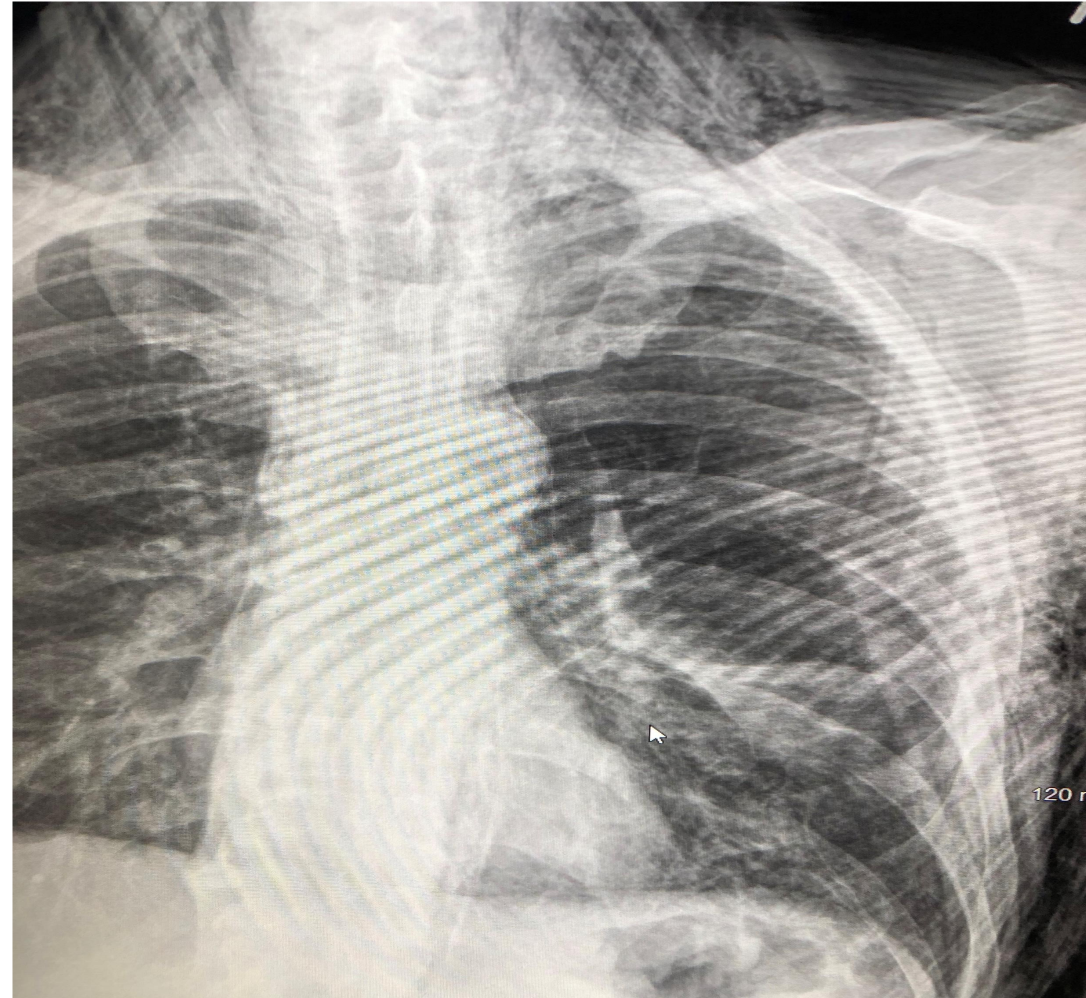

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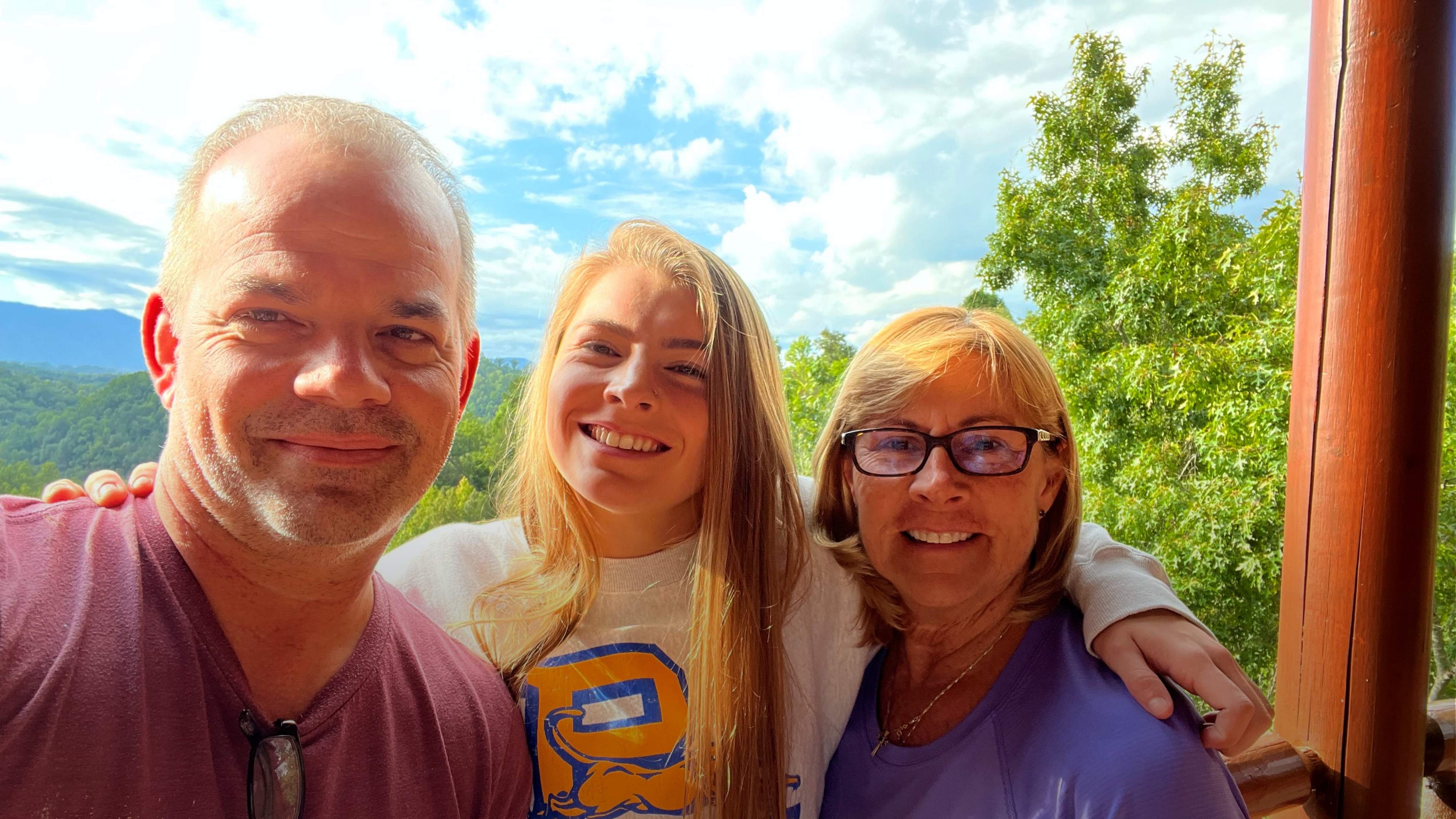
YOUR STEP

Drew Hendershot
National Qualifier
What He Taught Me



DOCUMENTATION!

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A Little Bit About Me

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- PA since 1999
- 23 years' experience in Urgent Care
- Currently work for Novant Health/GoHealth in North Carolina
- CPC, CEMC for 9 years
- Founder of Coding Excellence, LLC (Medical Coding Consulting) January 2023
- Write content/coding challenges for EB Medicine, JUCM, COUCM
- Speaker at APP Conferences and PA programs

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$57,600

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CAN STREP PHARYNGITIS EVER BE A LEVEL 4?

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CAN A UTI EVER BE A LEVEL 4?

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CAN AN ASYMPTOMATIC STI EXPOSURE EVER BE A LEVEL 4?

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ROADMAP

- MDM OR TIME
- DOCUMENTING LACERATION REPAIRS
- UNDERCODING
- ELEMENTS OF MEDICAL DECISION MAKING
- CODING CHALLENGES

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AMA AMERICAN MEDICAL ASSOCIATION

Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

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

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SELECTING THE APPROPRIATE LEVEL OF SERVICE IS BASED ON ***MDM*** OR ***TIME***

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TIME

LEVEL OF SERVICE	MINUTES
99212	10-19
99213	20-29
99214	30-39
99215	40-54
99202	15-29
99203	30-44
99204	45-59
99205	60-74

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PROVIDERS TIME INCLUDES THE FOLLOWING ACTIVITIES, WHEN PERFORMED:

Preparing to see the patient (eg, review of tests)

Obtaining and/or reviewing separately obtained history

Performing a medically appropriate examination and/or evaluation

Counseling and educating the patient/family/caregiver

Ordering medications, tests, or procedures

Referring and communicating with other health care professionals (when not separately reported)

Documenting clinical information in the electronic or other health record

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THESE ACTIVITES ARE NOT INCLUDED WHEN DETERMINING TIME:

The performance of other services that are reported separately

Travel

Teaching that is general and not limited to discussion that is required for the management of a specific patient

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LACERATION REPAIR DOCUMENTATION

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Laceration repair documentation can be intimidating. The key to successfully coding laceration repairs is a thorough understanding of the criteria needed for documentation, knowing when to use a Modifier 25, and choosing the correct CPT code based on the following three variables:

Repair Complexity- can be simple (single layer closure), intermediate (layered closure) or complex (exposure of bone, cartilage, tendon; debridement of wound edges, excessive undermining, vermilion border)

Wound Location- Grouped into anatomical region.

Wound length- The final variable in wound documentation. The length(s) of the wound should be documented in centimeters, whether curved, angular, or stellate.

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Key Points

When multiple wounds are repaired, add together the lengths of those in the same classification and from all anatomic sites that are grouped together into the same code descriptor. Do not add lengths of repairs from different groupings of anatomic sites.

All laceration repair notes should include the repair complexity (simple, intermediate, complex), wound location, and wound length. If these are not documented, you will not be able to use a procedure code.

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$57,600

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ON AVERAGE, EVERY PROVIDER IN YOUR PRACTICE UNDERCODES $57,600 PER YEAR!

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HOW MANY PROVIDERS ARE IN YOUR PRACTICE?

$57,600 X 5 = $288,000

$57,600 X 10 = $576,000

$57,600 X 20 = $1,152,000

$57,600 X 50 = $2,880,000

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WHY?

- FEAR OF BEING AUDITED
- HABIT
- LIMITED KNOWLEDGE OF THE GUIDELINES

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NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED

PROBLEMS ADDRESSED LEVEL 3

LOW

- 2 OR MORE SELF LIMITED OR MINOR PROBLEMS;

OR

- 1 STABLE CHRONIC ILLNESS

OR

- **1 ACUTE, UNCOMPLICATED ILLNESS OR INJURY**

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LEVEL 3- 1 ACUTE, UNCOMPLICATED ILLNESS/INJURY

- Anterior epistaxis
- Mild, symptomatic COVID (no comorbidities)
- Acute URI, pharyngitis, tonsillitis, allergic rhinitis
- Simple UTI
- Conjunctivitis
- Closed non-displaced fractures of fingers, toes, hands or feet
- Rash due to dermatological condition (Rhus, Atopic Dermatitis, hives)
- Simple sprain
- Laceration >24 hours old with no repair
- Otitis media, otitis externa, bronchitis
- Vaginal discharge without abdominal/pelvic pain

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PROBLEMS ADDRESSED LEVEL 4

MODERATE

- 1 OR MORE CHRONIC ILLNESS WITH EXACERBATION, PROGRESSION OR SIDE EFFECT 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

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LEVEL 4 (MODERATE)- 1 OR MORE CHRONIC ILLNESSES WITH EXACERBATION, PROGRESSION OR SIDE EFFECTS OF TREATMENT

- ASTHMA WITH WHEEZING
- DIABETES WITH ELEVATED BLOOD GLUCOSE IN UC
- HYPERTENSION WITH ELEVATED BLOOD PRESSURE IN UC

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LEVEL 4 (MODERATE) 2 OR MORE STABLE CHRONIC ILLNESSES

- DIABETES
- HYPERTENSION
- ASTHMA
- GERD/PUD

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LEVEL 4 (MODERATE) 1 UNDIAGNOSED NEW PROBLEM WITH UNCERTAIN PROGNOSIS

- CHEST PAIN WITH NO DEFINITIVE DIAGNOSIS
- ABDOMINAL PAIN WITH NO DEFINITIVE DIAGNOSIS
- SYNCOPE, DIZZINESS
- LUMP IN BREAST
- DEHYDRATION

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LEVEL 4 (MODERATE) 1 ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS

SYSTEMIC SYMPTOMS INCLUDE

FEVER >100.4, HR>90, RR>20 or LEUKOCYTOSIS/ LEUKOPENIA OR BANDEMIA (SIRS CRITERIA)

NAUSEA AND VOMITING NOT IN THE SETTING OF GE

FATIGUE AFFECTING NORMAL DAILY ACTIVITIES

CONFUSION/ DIZZINESS

RASH (NOT DERMATOLOGIC IN NATURE)

JOINT/MUSCLE PAIN (NOT ORTHOPEDIC IN NATURE)

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LEVEL 4 (MODERATE) 1 ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS

- Abnormal lung sounds, RR>18, or SPO2<95%
- SIRS Criteria
- Pediatric patient with temp >101 of 3 days or more duration or fever with dehydration
- Syncope, dizziness, vertigo
- Cellulitis
- Rash with infection or streaking
- Gi illness with dehydration
- UTI with complications
- COVID with complications
- Otitis media with perforation
- Epistaxis on anticoagulants
- Pregnant patient with any neuro, cardiac, respiratory, GI, or GU complaint
- Hives with respiratory symptoms

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LEVEL 4 (MODERATE) ACUTE COMPLICATED INJURY

- Heavily contaminated wound with extensive irrigation
- Open wound >24 hours with infection
- Displaced fracture, long bone fracture, facial fracture, rib fracture, or clavicle fracture
- Head injury with loss of consciousness, severe headache, or vomiting
- Head injury >65 years old
- Multiple injuries
- Injury requiring evaluation of body systems not directly related to the injured area

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PROBLEMS ADDRESSED LEVEL 5

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

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LEVEL 5 (HIGH) 1 OR MORE CHRONIC ILLNESSES WITH SEVERE EXACERBATION, PROGRESSION, OR SIDE EFFECTS OF TREATMENT

- Asthma exacerbation with SPO2<90% and multiple nebulizer treatment in the clinic
- Hypertensive crisis
- Hyperglycemia/hypoglycemia with unstable vital signs, confusion, altered mental status

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AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED

COMPLEXITY OF DATA LEVEL 3

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)

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COMPLEXITY OF DATA LEVEL 4

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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)

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COMPLEXITY OF DATA LEVEL 5

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)

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RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT

RISK LEVEL 3

LEVEL 3 (LOW)

- ANY OTC MEDS
- FLUORESCEIN DYE TO EXAM AN EYE(S)
- SPECIALIST REFERRAL
- PELVIC OR RECTAL EXAM (NOT ASSOCIATED WITH A WELLNESS VISIT)

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RISK LEVEL 4

LEVEL 4 (MODERATE)

- PRESCRIPTION MEDICATIONS
- 1 OR MORE NEBULIZER TREATMENTS IN CLINIC
- O2 AND/OR IV FLUIDS IN CLINIC
- MANIPULATION OF FRACTURE OR DISLOCATION
- “STABLE” ED TRANSFER

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RISK LEVEL 5

LEVEL 5 (HIGH)

IV CONTROLLED MEDICATIONS

"UNSTABLE" EMS TRANSFER TO ED FOR FURTHER EVALUATION/MANAGEMENT

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CAN STREP PHARYNGITIS EVER BE A LEVEL 4?

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CODING CHALLENGE #1

Subjective

4 y/o new patient complains of fever and sore throat. Mom is with patient and providing the HPI. Symptoms present for 2 days. Fever up to 101.5. No other complaints. Motrin helps decrease the fever.

Past Medical History

None

Current Medications

OTC Motrin

No Known Drug Allergies

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Objective

Alert child sitting in mom's lap. Temp- 101.0, HR 128, RR 26, SPO2 98%
HEENT: No corneal injection, TMs clear, oropharynx is erythematous with strawberry appearance. No exudates.
Neck: non-tender anterior cervical adenopathy
Lungs: CTAB, No rhonchi or wheezing
Heart: Tachy rate, No murmur

Recent results

Collection time: 05/24/22 09:32 AM
POCT strep test is positive
POCT rapid covid test is negative.

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Assessment

Strep pharyngitis- Primary. Code J02.0

Plan

Orders Placed in This Encounter

POCT Strep test
POCT COVID test

Facility-Administered Encounter Medications

None

Medications Prescribed During This Encounter

Amoxil 250/5ml- 1 tsp TID for 10 days.

Take OTC Tylenol or Ibuprofen PRN for discomfort or fever.

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WHAT LEVEL OF SERVICE?

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Number and Complexity of Problems Addressed

Patient complaint, per mother, is fever and sore throat. This would fall under "1 acute, uncomplicated illness or injury", which is a "Low" MDM or level 3.

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

In this case, the provider ordered a POCT strep and COVID. This would count towards 2 "ordering of each unique test" in Category 1. Since the provider received the HPI from the mother ("assessment requiring an independent historian(s)), 1 point would be awarded. This would meet the criteria for Category 1 in the Moderate section which is level 4.

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

Amoxil was prescribed to treat Strep Pharyngitis. This would meet the criteria for level 4- prescription drug management.

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99204!

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Considerations

What if the provider had NOT documented he/she used an independent historian (mother) to gather the HPI? This would drop the LOS to a 99203 since the Complexity of Data Category 1 requirement would not be met.

If the strep test was negative, this would lower the LOS to a 99203 because no prescription would be needed.

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CAN A UTI EVER BE A LEVEL 4?

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CODING CHALLENGE #2

Subjective

23 y/o new patient presents with dysuria and vaginal discharge. This is a new problem. The current episode started in the past 7 days. The problem occurs constantly. The problem has been unchanged. Pertinent negatives include no abdominal pain, fever or nausea. Treatments tried: otc yeast tabs. The treatment provided no relief.

She feels like she has a yeast infection. She notes vaginal irritation, itching and thick cottage cheese like discharge. She has had them before. She has also had bacterial vaginosis but did not notice this to have an odor. She did not have significant STD concerns but does want to get tested.

She has had dysuria also for the past 2 days. Some frequency and urgency.

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Objective

BP 116/83 (BP Location: Right arm, Patient Position: Sitting) | Pulse 84 | Temp 98.3 °F (36.8 °C) (Oral) | Ht 5' 5" (1.651 m) | Wt 190 lb (86.2 kg) | BMI 31.62 kg/m²

Physical Exam
Constitutional: Normal appearance. She is well-developed.
Pulmonary: Pulmonary effort is normal.
Cardiac: RRR without murmur.
Abdominal: no TTP, BSX4, No G/R/R
Genitourinary: GU exam was offered but declined
Skin: Skin is dry. Coloration: Skin is not pale.
Neurological: Mental Status: She is alert. Gait: Gait normal.
Psychiatric: Behavior normal.

UA is positive for leukocytes, nitrites, and blood.

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Assessment

1. Acute vaginitis
2. Acute Cystitis

Plan

1. Suspect yeast clinically by symptoms. We will treat with Diflucan. Testing sent- patient will need to be contacted if further treatment is needed.
2. Acute cystitis- will treat with Macrobid 100mg BID for 7 days. Urine culture sent.

Orders Placed This Encounter

1. NuSwab Vaginitis Plus(VG+) Vaginal Vaginal
2. POCT Urinalysis
3. Urine culture

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WHAT LEVEL OF SERVICE?

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Number and Complexity of Problems Addressed

Patient complains of dysuria and vaginal discharge which would qualify as 1 acute, uncomplicated illness or injury. This would be "low" level 3.

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

The following labs were ordered during the encounter: Nuswab, urine culture and a POCT UA. 3 lab tests were ordered which would meet the criteria for Category 1 in the "moderate" level 4 section.

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

Diflucan and Macrobid were prescribed. This would be "moderate" level 4.

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99204!

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CODING CHALLENGE #3

Subjective

62-year-old male complains of fever, body aches, cough, and loss of taste

History of Present Illness:

The patient reports a 3-day history of fever, body aches, cough, and loss of taste. The patient's temperature has been as high as 101°F. He reports a dry cough and difficulty breathing. He also reports feeling fatigued and weak.

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Past Medical History:
DM (diabetes mellitus) 08/05/2013
Hypertension 08/05/2013
Morbid obesity with body mass index of 40.0-44.9 in adult 08/13/2022

Medications- Metformin 500mg BID, Lisinopril 10mg daily

Allergies- none

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Objective

- Vital Signs: Temp: 101°F, BP: 140/90 mmHg, HR: 110 beats/min, RR: 18 breaths/min
- Physical Examination:
- General: tired, lying in bed, appear uncomfortable
- HEENT: no conjunctival injection or pharyngeal erythema, no rhinorrhea
- Lungs: rales noted bilaterally, clear to auscultation elsewhere
- Heart: tachycardic rhythm, no murmurs
- Abdomen: soft, non-tender, non-distended
- Skin: warm, dry

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Assessment

COVID 19

Labs ordered during encounter:

Order Point of Care COVID test, which is positive

Plan

Offer Paxlovid, which is declined by the patient

Advise patient to self-isolate and monitor symptoms

Recommend following CDC guidelines for management of COVID-19

Recommend follow-up appointment in 3-4 days for reevaluation

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WHAT LEVEL OF SERVICE?

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Number and Complexity of Problems Addressed

62 y/o male with C/C of fever, cough, body aches and loss of taste. Current temperature is 101.0. He does have a history of DM and HTN but it is not listed as a diagnosis and no plan is written in the MDM. We cannot use 2 stable chronic conditions. Fever >100.5 plus HR of 110 = SIRS. (level 4)

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

Data would be minimal or low (level 2) since there was 1 lab reviewed/ordered/analyzed.

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

Prescription medicine (Paxlovid) was offered but the patient refused. Does this count towards prescription management?

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YES IT DOES!

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99204!

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CODING CHALLENGE #4

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Subjective

5 y/o established patient here for runny nose and sore throat. Mom is with patient. Symptoms present for 3 days. No fever, cough, or rash. No other complaints. Mom would like COVID testing since patient had an exposure at daycare.

Past Medical History

None

Current Medications

None

No Known Drug Allergies

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Objective

Alert child sitting in mom's lap. Temp- 98.0, HR 128, RR 26, SPO2 98%

HEENT: No corneal injection, TMs clear, oropharynx is erythematous but no exudates. PND noted.

Neck: supple, no adenopathy

Lungs: CTAB, No rhonchi or wheezing

Heart: Tachy rate, No murmur

Recent results

Collection time: 08/24/22 11:18 AM

POCT rapid covid test is negative.

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Assessment

URI

Exposure to COVID

Plan

Orders Placed in This Encounter

POCT COVID test

Facility-Administered Encounter Medications

None

Medications Prescribed During This Encounter

None

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WHAT LEVEL OF SERVICE?

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

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Number and Complexity of Problems Addressed

Patient complaint is runny nose and sore throat. This would fall under "1 acute, uncomplicated illness or injury", which is a "Low" MDM or level 3.

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

In this case, the provider ordered a POCT COVID. This would count towards 1 "ordering of each unique test" in Category 1. Since the provider did not properly document the mother provided the HPI, one point would not be awarded. This would meet the criteria for straightforward which is level 2.

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

No prescriptions were sent to the pharmacy. The provider did NOT document for the patient to take OTC medications so this would be straightforward or level 2.

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99212!

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Considerations

What if the provider had documented he/she used an independent historian (mother) to gather the HPI? This would increase the LOS to a 99203 since the Complexity of Data Category 1 “low” requirement would be met. Data Category 2 would also be met and we only need one of the two.

The provider did not document anything in the plan regarding OTC meds. If the provider documented for the patient to take any OTC medication, this would increase the risk to a “low” level 3.

This case illustrates the need for proper documentation of OTC meds and independent historian which was the difference between a level 2 and 3.

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CAN AN ASYMPTOMATIC STI EXPOSURE EVER BE A LEVEL 4?

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CODING CHALLENGE #5

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Patient:23-year-old female (new patient)

Chief Complaint: Concerns about sexually transmitted infections (STIs) after her ex-boyfriend tested positive for Chlamydia.

History of Present Illness:

Ms. Smith presents to the office today concerned about her potential exposure to sexually transmitted infections after her ex-boyfriend informed her that he tested positive for Chlamydia. She reports that she has not had any symptoms but wants to be tested for Chlamydia and other STIs, including gonorrhea, hepatitis B and C, HIV, syphilis, bacterial vaginitis, and candidal vaginitis.

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Past Medical History:

No significant past medical history

Medications:

None

Vital Signs:

Temp: 98.6°F

BP: 120/80 mmHg

HR: 72 beats/min

RR: 16 breaths/min

Ht: 5’ 3”

Wt: 155 lbs.

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Physical Examination:

General: well-appearing

HEENT: atraumatic, PERRLA

Neck: no adenopathy

Lungs: CTAB

Heart: RRR without murmur

Skin: no rash

Assessment:

Exposure to Chlamydia

STI screening

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Plan:

Order testing for Chlamydia, gonorrhea, hepatitis B and C, HIV, syphilis, bacterial vaginitis, and candida vaginitis

Prescribe Doxycycline 100mg BID for 10 days.

Advise Ms. Smith to inform any recent sexual partners about her potential exposure and to encourage them to get tested as well

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WHAT LEVEL OF SERVICE?

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Number and Complexity of Problems Addressed

Patient complaint is a possible exposure to Chlamydia. This would fall under "1 self-limited or minor problem", which is "straightforward" MDM or level 2.

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

In this case, the provider ordered several labs for STI. This would meet the criteria for moderate. level 4.

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

Doxycycline was sent to the pharmacy which meets the criteria for prescription medication which would be moderate, level 4.

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CODING PEARLS

INDEPENDENT HISTORIAN= LEVEL 3 COMPLEXITY OF DATA.

INDEPENDENT HISTORIAN + 2 LABS= LEVEL 4 COMPLEXITY OF DATA.

3 LAB TESTS= LEVEL 4 COMPLEXITY OF DATA

DISCUSSION OF MGMT OR TEST INTERPRETATION= LEVEL 4 COMPLEXITY OF DATA.

SOCIAL DETERMINANTS OF HEALTH= LEVEL 4 RISK

PRESCRIPTION DRUG MANAGEMENT= LEVEL 4 RISK

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CODING PEARLS

INDEPENDENT HISTORIAN + OTC MEDS = LEVEL 3 VISIT
3 LABS + RX MGMT = LEVEL 4 VISIT
3 LABS + SDH = LEVEL 4 VISIT
INDEPENDENT HISTORIAN + 2 LABS + RX MGMT = LEVEL 4 VISIT
DISC OF MGMT + RX MEDS = LEVEL 4 VISIT
2 STABLE CHRONIC CONDITIONS + RX MGMT = LEVEL 4 VISIT
1 ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS + RX MGMT = LEVEL 4 VISIT
1 ACUTE OR CHRONIC ILL/INJ SEVERE + ED TX = LEVEL 5 VISIT

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ELEMENTS OF MEDICAL DECISION MAKING				
MDM LEVEL	PROBLEMS ADDRESSED	COMPLEXITY OF DATA	RISK	E/M CODE
STRAIGHTFORWARD	MINOR/SELF-LIMITED	MINIMAL/NONE	MINIMAL RISK	99202/99212
LOW	*1 STABLE CHRONIC ILLNESS *1 ACUTE, UNCOMPLICATED ILLNESS *1 ACUTE, UNCOMPLICATED INJURY	ANY ONE: *2 DATA SOURCES *INDEPENDENT HISTORIAN	OTC MEDS	99203/99213
MODERATE	*CHRONIC ILLNESS W/EXACERBATION *2 STABLE CHRONIC ILLNESSES *UNDIAGNOSED NEW PROBLEM *ACUTE SYSTEMIC ILLNESS	ANY ONE: *3 *DATA SOURCES/HISTORIAN INTERPRETATION OF TESTS DISCUSSION OF MGMT/TEST	RX DRUG MGMT SIGNIFICANT SDH	99204/99214
HIGH	*SEVERE CHRONIC ILLNESS W/EXACERBATION *THREAT TO LIFE/BODILY FUNCTION	ANY TWO: *3 *DATA SOURCES/HISTORIAN INTERPRETATION OF TESTS DISCUSSION OF MGMT/TEST	SEVERE W/O EMERGENT TREATMENT	99205/99215

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- Better understanding of the coding guidelines
- Documentation is key to successful coding
- Appropriate coding increases revenue

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Coding Excellence

Session Evaluation

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- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.

* How likely are you to recommend this **content** to a colleague?

Not likely at all   Neutral   Extremely likely

0 1 2 3 4 5 6 7 8 9 10

What did you find most valuable about this **content**?

What would have made this **content** better?

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REFERENCES

- Slides 2, 3, 5, 6, 7, 8, 13,15 Stock photos from Microsoft Power Point
- Slide 20, 32, 34, 41, 44, 45, 46, 50 Source: AMA Elements of Medical Decision Making Spreadsheet-chrome extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf
- Slide 22, 23, 24 Source: American Medical Association. CPT® evaluation and management (E/M) office or other outpatient (99202-99215) and prolonged services (99354, 99355, 99356, 99417) code and guideline changes. Accessed December 19, 2022. Available at: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-codechanges.pdf

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