AMPLIFY

Brad Laymon vs ChatGPT

Brad Laymon PA-C, CPC, CEMC

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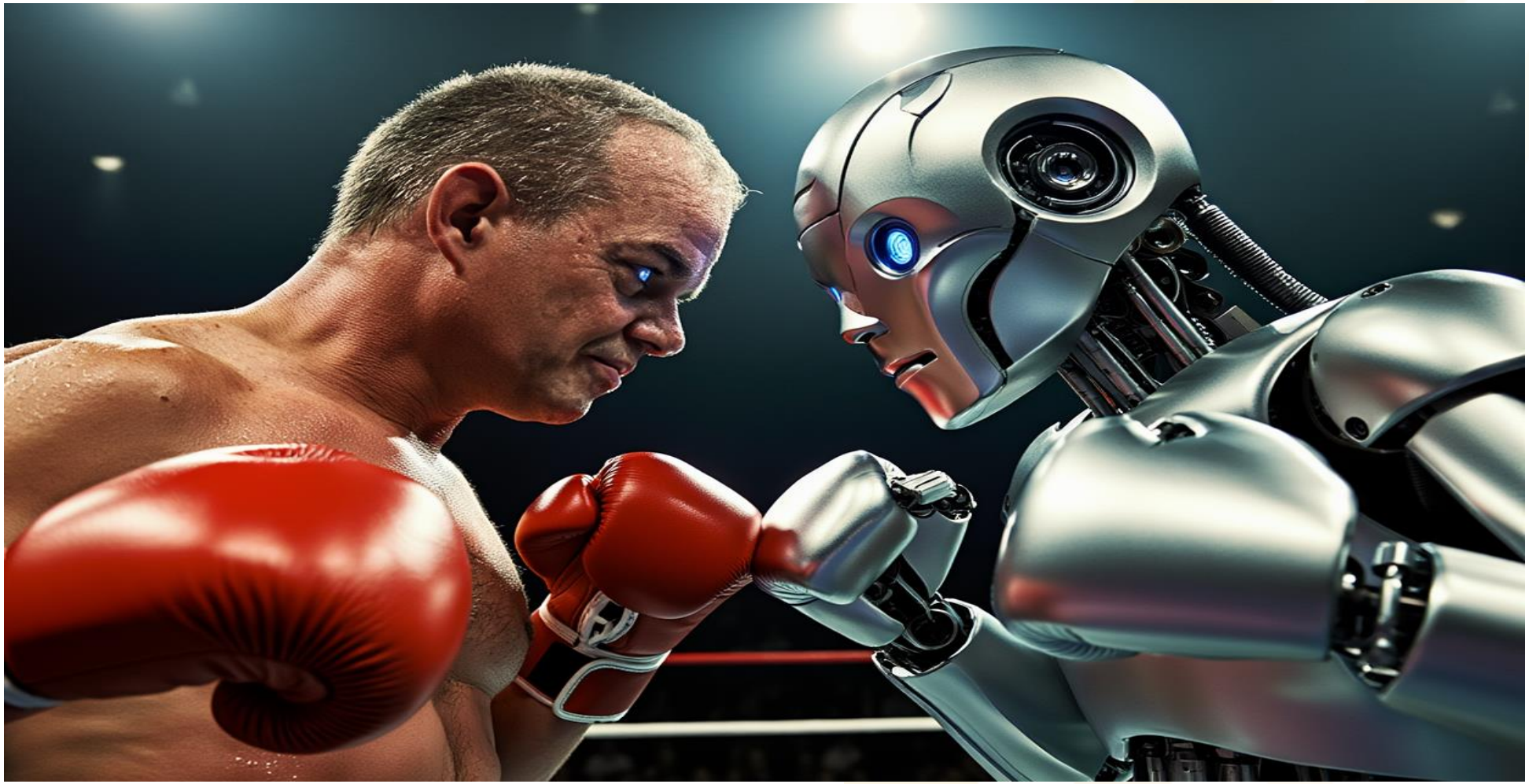
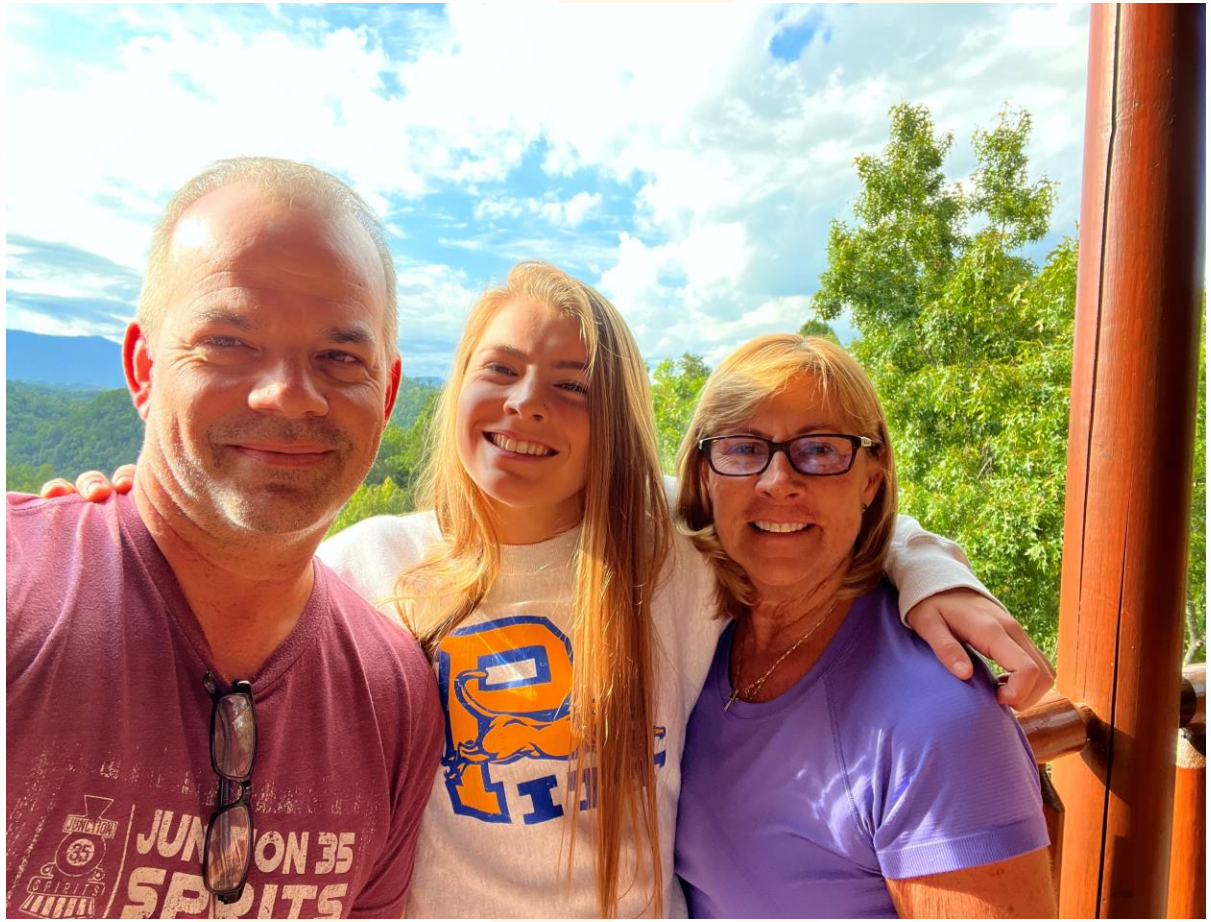


Financial Disclosures

I have no financial disclosures or conflicts of interest with the material in this presentation.

A Little Bit About Me

- PA since 1999
- CPC, CEMC since 2014
- Coding Excellence, LLC 2023
- Contribute coding and documentation articles for EB Medicine, JUCM, COUCM
- Author of "*Mastering the Elements of Medical Decision Making*"
- Author of *"Mastering Medical Decision Making Documentation"*



Objectives

- Apply accurate E/M coding to a variety of urgent care patient encounters, from simple to complex.
- Identify key documentation elements that support appropriate coding levels and medical decision-making.
- Compare and contrast AI-assisted coding with human clinical reasoning, understanding the strengths and limitations of each.
- Implement strategies to enhance coding accuracy and compliance while efficiently documenting multi-system or high-risk urgent care cases.

How This Works?

- We will review 5 UC encounters
- Audience, ChatGPT, and I will code them
- 5 round match
- We will discuss key takeaways after each round

AI and Clinical Reasoning?

- AI can read notes. But can it interpret clinical reasoning?
- Artificial intelligence can assist, but only human intelligence understands nuance.
- Amplify OUR clinical reasoning!

CASE #1: Streptococcal Pharyngitis

Subjective:

3-year-old female presents with sore throat, fever, and painful swallowing for 2 days. Mom is in the room and providing the HPI due to the patient's age. Mom states the patient had an exposure to a neighborhood friend who was recently diagnosed with strep. Denies cough or congestion. Taking ibuprofen for symptom relief.

Objective:

T 98.8°F, HR 92, BP 118/72. Oropharynx with erythema, 2+ tonsillar hypertrophy with exudates, and tender anterior cervical nodes. Lungs clear. No rash.

CASE #1: Streptococcal Pharyngitis (cont)

Assessment:

- Streptococcal pharyngitis

Plan:

- Rapid strep is positive. COVID test is negative.
- Start **Amoxicillin 250mg/5ml one tsp PO BID x10 days**.
- Supportive care: fluids, saltwater gargles, acetaminophen PRN.
- Return for worsening pain, dysphagia, or rash.

What E/M level code would you assign?

What level did AI choose? Brad?

AI = Level 4

Brad = Level 4

The correct E/M code is Level 4!

After round 1 it is a tie!

Brad's coded version with MDM reasoning:

- Moderate complexity MDM
  1 acute uncomplicated illness
  Moderate data (2 POC tests and IH)
  Moderate risk (PDM)

- Documentation support for 99214

- Common pitfalls
  Independent historian documentation (difference between a level 3 and level 4 in this case).

Key Takeaway

Strep pharyngitis is often low MDM, but thorough documentation of independent historian and systemic symptoms matters.

Who coded it better — Brad or ChatGPT?

- We both coded it correctly at level 4
- Nobody wins that round

CASE #2: Asthma Exacerbation

Subjective:

22-year-old male with history of asthma presents with 2 days of increased wheezing and shortness of breath after a viral URI. Using albuterol inhaler more frequently without full relief. Denies fever or chest pain.

Objective:

BP 134/78, HR 88, RR 20, Temp 98.4, O_2 sat 95% RA. Mild diffuse wheezing, good air exchange, speaking full sentences. No accessory muscle use.

CASE #2: Asthma Exacerbation (cont)

Assessment:

- Mild asthma exacerbation

Plan:

- Administered nebulized albuterol with improvement.
- Prescribed **prednisone 40 mg PO x5 days**, continue albuterol inhaler PRN.
- Avoid triggers, rest, hydration.
- Follow-up in 3–5 days or sooner for worsening symptoms.

What E/M level code would you assign?

What level did AI choose? Brad?

AI = Level 4

Brad = Level 4

The correct E/M code is Level 4!

After round 2 it is still tied!

Brad's coded version with MDM reasoning:

- Moderate complexity MDM

  1 chronic illness with exacerbation

  Minimal data

  Moderate risk (PDM)

- Documentation support for 99214

- Common pitfalls

  Continuing a prescription meets the criteria for PDM

Key Takeaway

Chronic illnesses with exacerbation are usually level 4 office visits, but thorough documentation is of the utmost importance!

Who coded it better — Brad or ChatGPT?

- We both coded it correctly at a level 4
- Nobody wins that round

CASE #3: Influenza A

Subjective:

55-year-old female with 2 days of fever, headache, loss of appetite, body aches, cough, and fatigue. Denies shortness of breath or chest pain. No chronic health conditions.

Objective:

T 102.1°F, BP 125/84, HR 126, RR 20, SPO2 96%. Lungs clear. Mildly ill-appearing, no respiratory distress. Rapid flu: **Positive for Influenza A**.

CASE #3: Influenza A (cont)

Assessment:

- Influenza A

Plan:

- Prescribed **Oseltamivir 75 mg BID x5 days**.
- Supportive care: fluids, rest, acetaminophen for fever.
- Work note for 5 days.
- Return for SOB, chest pain, or dehydration.

What E/M level code would you assign?

What level did AI choose? Brad?

AI = Level 3

Brad = Level 4

The correct E/M code is Level 4!

After round 3, Brad leads 1-0!

Brad Leads 1-0!

Brad's coded version with MDM reasoning:

- Moderate complexity MDM

  1 acute illness with systemic symptoms

  Minimal data

  Moderate risk (PDM)

- Documentation support for 99214

- Common pitfalls

  Acute illness with systemic symptoms vs acute uncomplicated illness

Key Takeaway

Differentiating between an acute illness with systemic symptoms and an acute uncomplicated illness is crucial!

Main difference:

- AIWSS- high risk of morbidity without treatment
- AUI- low morbidity and treatment is considered

Who coded it better — Brad or ChatGPT?

Brad leads 1-0

CASE #4: MVC with Multiple Orthopedic Complaints

Subjective:

36-year-old male evaluated after a low-speed MVC 2 hours ago. Restrained driver, no LOC. Complains of right wrist pain, neck stiffness, and left knee soreness. Denies numbness or tingling.

Objective:

BP 132/80, HR 88. Neck: mild paraspinal tenderness, no midline step-off. Right wrist: swelling, TTP, limited ROM. Left knee: mild contusion, full ROM. Neuro intact.

X-rays: wrist, cervical spine, and knee — **negative for fracture**.

CASE #4: MVC with Multiple Orthopedic Complaints (cont)

Assessment:

- Right wrist sprain
- Cervical strain
- Left knee contusion

Plan:

- Wrist splint, NSAIDs, ice/heat as tolerated.
- Follow-up with ortho if pain persists >7 days.
- Strict return precautions for worsening pain or neurological symptoms.

What E/M level code would you assign?

What level did AI choose? Brad?

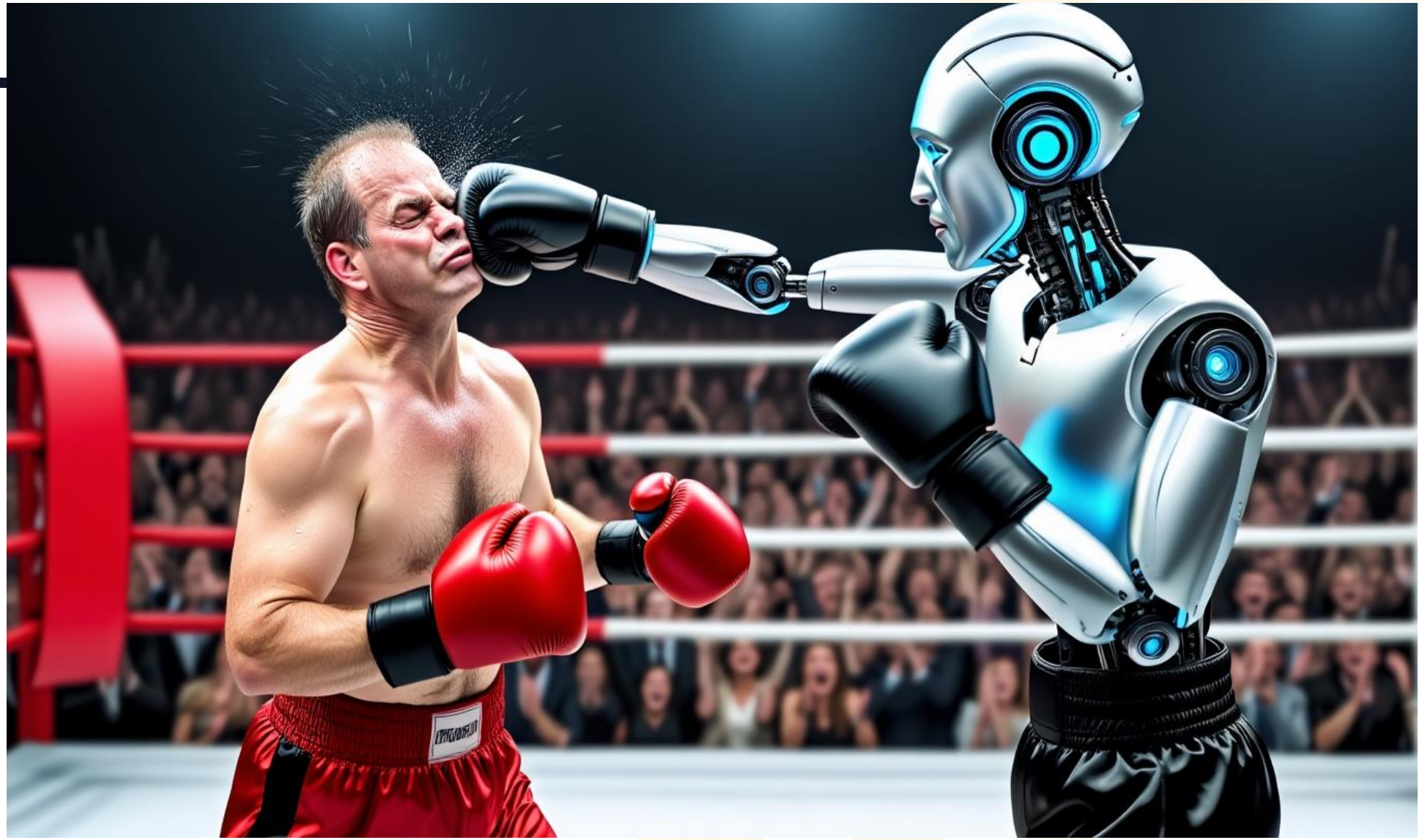
AI = Level 3

Brad = Level 4

The correct E/M code is Level 3!

After round 4, it is tied 1-1!

Tied 1-1!



Brad's coded version with MDM reasoning:

- Moderate complexity MDM
  Acute complicated injury
  Moderate data (3 x-rays)
  Low risk (OTC NSAID)

- Documentation support for 99213

- Common pitfalls
  In clinic radiographs do NOT count as data points, IF your healthcare system bills for the professional component of radiographs separately

Key Takeaway

Radiographs do not count as data points, if your healthcare system bills for the professional component separately.

Who coded it better — Brad or ChatGPT?

We are tied 1-1!

THE LAST ROUND IS NEXT!!!

CASE #5: ED Follow-Up for Hypertension

Subjective:

60-year-old male presents for follow-up after being seen in ED 3 days ago for elevated BP (170/98). Started on lisinopril 10 mg daily. Denies HA, chest pain, vision changes, or SOB. No side effects from medication.

Objective:

BP 156/96, HR 78. No edema, heart and lungs normal. ED note and labs reviewed (BMP normal).

CASE #5: ED Follow-Up for Hypertension (cont)

Assessment:

- Primary hypertension

Plan:

- Continue lisinopril. Discussed increasing dose if not controlled at next office visit.
- Reinforce lifestyle modifications.
- Recheck BP in 2 weeks.
- Reviewed ED labs and documentation.

What E/M level code would you assign?

What level did AI choose? Brad?

AI = Level 3

Brad = Level 4

The correct E/M code is Level 4!

Brad Wins 2-1!

Brad Wins!

Brad's coded version with MDM reasoning:

- Moderate complexity MDM
  Chronic illness with exacerbation
  Minimal data
  Moderate risk (PDM)

- Documentation support for 99214

- Common pitfalls
  Informing a patient to continue a prescription medication with the reasoning, counts as PDM.

Key Takeaway

Prescription Drug Management includes:

- Starting a new prescription medication
- Stopping a prescription medication
- Continuing a prescription medication
- Adjusting the dose of a prescription medication

- And, in my opinion, discussing a prescription medication but the patient refuses (Paxlovid, Tamiflu)

Call to Action

- Documentation Excellence: The Trifecta
  - Improved patient outcomes
  - Mitigation of malpractice risk
  - Accurate coding

- My purpose is to help all clinicians **AMPLIFY** the human element in documentation.

Questions?

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AFTER THE CONVENTION

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Thank you!