

UBMD Internal Medicine

Clinical Documentation Example New Outpatient Visit-99204

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Regulations

- The following information is provided to you in accordance with the Center for Medicare/Medicaid Service (CMS) 1997 Guidelines for Evaluation & Management Services.
- This information may be used as a reference.
- Questions regarding the regulations or their interpretation should be sent to the Pat Kiesel-Neunder @pkiesel@buffalo.edu

Purpose

- It is our intention to provide you with clinical examples of documentation that support Evaluation & Management codes.

New Outpatient visit-99204

History – Comprehensive

HPI –The patient is a pleasant 71 year old gentleman who presents to establish care after relocating to this area. He has a history of HTN & DM, both have been easily controlled with routine medications. Also reports history of CAD which has been quiescent over the past 2-3 years following PTCA and stent deployment. He has no spontaneous somatic complaints.

Meds – Atenolol 25 mg po qd, Glyburide 5 mg po bid, Lisinopril 10 mg po bid, Atorvastatin 20 mg po

PMH – per HPI, plus OA and dyslipidemia

ROS – Complete ROS performed & documented, positive for intermittent lower extremity edema, easy bruising. Please refer to ROS questionnaire which was completed today and is in the chart.

FH – Mother died of natural causes, father of pneumonia.

SH - Married for 45 years, denies tobacco or alcohol abuse.

99204 – Exam – Comprehensive

- **Exam –**
- General: NAD conversant, 130/80, 88, 98.6
- Eyes: moist conjunctiva, no lid-lag, PERRLA
- Lungs: CTA, nml effort
- CV: RRR, no peripheral edema
- Neck- supply FROM, no thyromegaly
- ENT – nml nasal mucosa/septum/tubينات, no mucosal ulceration, nml palate, tm's clear
- CV – RRR, no edema
- Abdomen – soft, nt, nd, no masses or HSM
- Skin – nml temperature turgor & texture, no rash ulcer or nodules
- Psych – Appropriate mood/affect, AOx3

99204 – Medical Decision Making Moderate

- **Assessment**

- Well controlled essential hypertension
- Optimally controlled NIRDDM
- Stable dyslipedemia
- Stable CAD

- **Labs**

- HGBA1c 6.8, Bun 25, creatinine 0.8, HGB 12

- **Plan**

- Continue current medications unchanged
- Return visit in 3 months
- Will check repeat HGBA1c, CBC and renal profile
- Will also check LFTs since patient is on statin med
- Will also check spot microalbumin/creatinine

99204 Documentation Analysis

(all 3 key components must be met or exceeded)

- **History** – the history is comprehensive. It has 4 HPI elements, ROS – is complete – at least 10 are required. Note that a form was used date & location as well as positive finding are clearly recorded. One element in each of the PFSH was documented.
- **Exam** – The exam is comprehensive – 9 organ systems with 2 bullets in each. This provider actually examined 10 systems with 2 bullets in each.
- **Medical Decision Making** – Moderate Complexity. Four established & stable problems. This example illustrates the fact that it is not necessary to “do something”. Sometimes “doing nothing” is the right thing to do. This does not subtract from the complexity of managing patients with 3 or more interlocking diagnosis.

Coding Tip -99204

- A new patient is someone who has not been seen within the past 3 years
- 99204 requires –
 - Comprehensive **history**
 - Comprehensive **exam**
 - Moderate **medical decision making**