

# UBMD Internal Medicine

Clinical Documentation Example Established Outpatient Visit - 99214

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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](mailto:pkiesel@buffalo.edu)

# Purpose

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

# Established Outpatient visit-99214

## History – Detailed

**HPI** – The patient's hypertension has been well controlled on current medications. Diabetes is stable as well, with no significant hyperglycemia or episodes of symptomatic hypoglycemia. Dyslipidemia remains well controlled on statin therapy.

**Meds** – Lisinopril 20 mg po qd, Atorvastatin 10 mg po qd, Glyburide 10 mg po bid

**ROS** – General-negative for fatigue, weight loss, anorexia  
CV – negative for chest pain, orthopnea, PND  
Neurologic – Negative for paresthesias

# 99214 – Exam – Expanded Problem Focused

- **Exam**
- **General:** NAD conversant, 120/80, 65, 98.6
- **Lungs:** CTA, nml effort
- **CV:** RRR, no peripheral edema

# 99214 - Medical Decision Making Moderate

- **Labs:** BUN 12, creatinine 0.8, HGBA1C 6.8, spot microalbumin/creatinine ratio is 28 mcg/g; LDL 77
- **Assessment:**
  - Well controlled Type 2 NIRDDM
  - Well controlled hypertension
  - Stable dyslipidemia
- **Plan:**
  - Continue current medications unchanged.
  - Repeat renal profile, spot microalbumin/creatinine at next visit along with cbc
  - Check LFTs at next visit as well due to ongoing statin therapy
  - Continue lifestyle modifications and exercise for weight loss
  - Return visit in four months.

# 99214 Documentation Analysis

- **History** –the history is detailed. It has 4 HPI elements, ROS – 3 systems reviewed and medications listed/reviewed.
- **Exam** – The exam is expanded problem focused – 3 organ systems with 2 bullets in each.
- **Medical Decision Making** – Moderate, note that although multiple clinical issues are addressed, the acuity of care remains fairly routine. No dramatic changes are made to the course of treatment, but this does NOT diminish the complexity of dealing with multiple (at least 3) interlocking diagnosis. Labs were reviewed. Two or more stable chronic illnesses were documented.

# Coding Tip -99214

- 99214 requires that 2 of the 3 key components - **History, Exam, Medical Decision Making** - be met.
- In this example, the **History** and **Medical Decision Making** meet this requirement.
- It can also be met by the **Exam** and **Medical Decision Making**.
- The **Medical Decision Making** is an essential component because it directly correlates to the Medical Necessity of the visit which is the overarching criterion for code selection. 3 or more well controlled diagnosis support 99214. The risk is moderate when there are 2 or more stable chronic conditions. Labs were reviewed but are not required in this scenario.