



# E/M Coding and Medical Documentation

September 13-15, 2011



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Presented By



First Coast Service Options, Inc.  
Provider Outreach & Education

Robert Lewis, BA, CPC  
Provider Relations Representative

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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## Acronym List



- CDC – CERT Documentation Contractor
- CERT – Comprehensive Error Rate Testing
- CMS – Centers for Medicare & Medicaid Services
- CRC – CERT Review Contractor
- E/M – Evaluation and Management
- FCSO – First Coast Service Options
- HPI – History of Present Illness
- MDM – Medical Decision Making
- PFSH – Past, Family and Social History
- ROS – Review of Systems

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## Agenda Items



- Comprehensive Error Rate Testing (CERT)
- Evaluation and Management (E/M)
  - History component
  - Examination component
  - Medical decision-making component
- E/M interactive worksheet
  - Documentation example/review
- Additional E/M topics
- Additional resources

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## Learning Objectives



- **At the conclusion of this session you will be able to**
  - Define the CERT process
  - Understand the “construction” of E/M codes
    - Review the guidelines, components and levels of E/M
  - Apply an E/M interactive worksheet to determine proper code levels
  - Identify common issues pertaining to E/M code selection
  - Locate resources to assist with today's topics

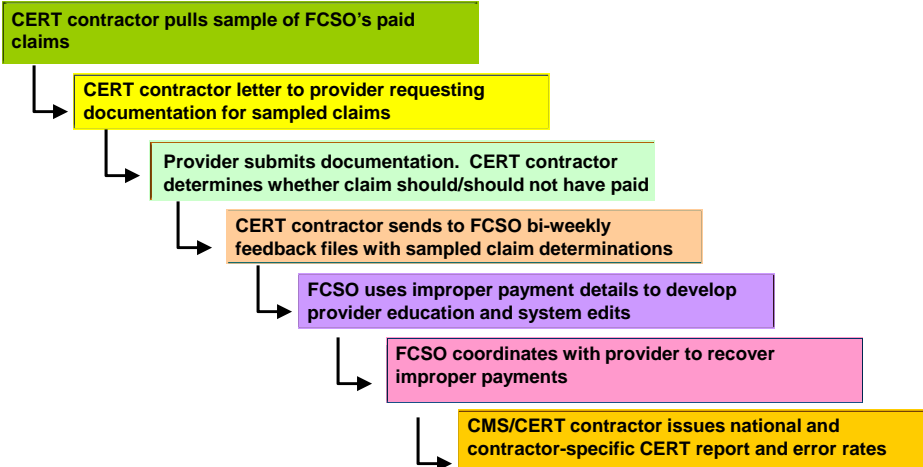
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# Comprehensive Error Rate Testing (CERT)

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## CERT Process



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## CERT: Five Categories of Errors



1. **No documentation** – provider fails to respond to request
2. **Insufficient documentation** – medical documentation submitted does not include pertinent patient facts
3. **Medically unnecessary service** – services billed not medically necessary based on Medicare coverage policies
4. **Incorrect coding** – medical documentation supports lower or higher code
5. **Other** – service not rendered, duplicate payment error, not covered or unallowable service

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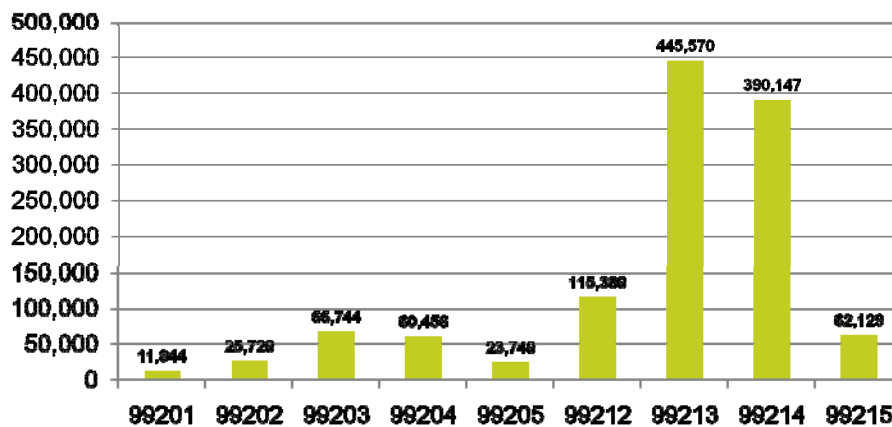
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## E&M Procedures Billed in 2010



### 2010 E&M Services Billed

■ Total for E&M Code



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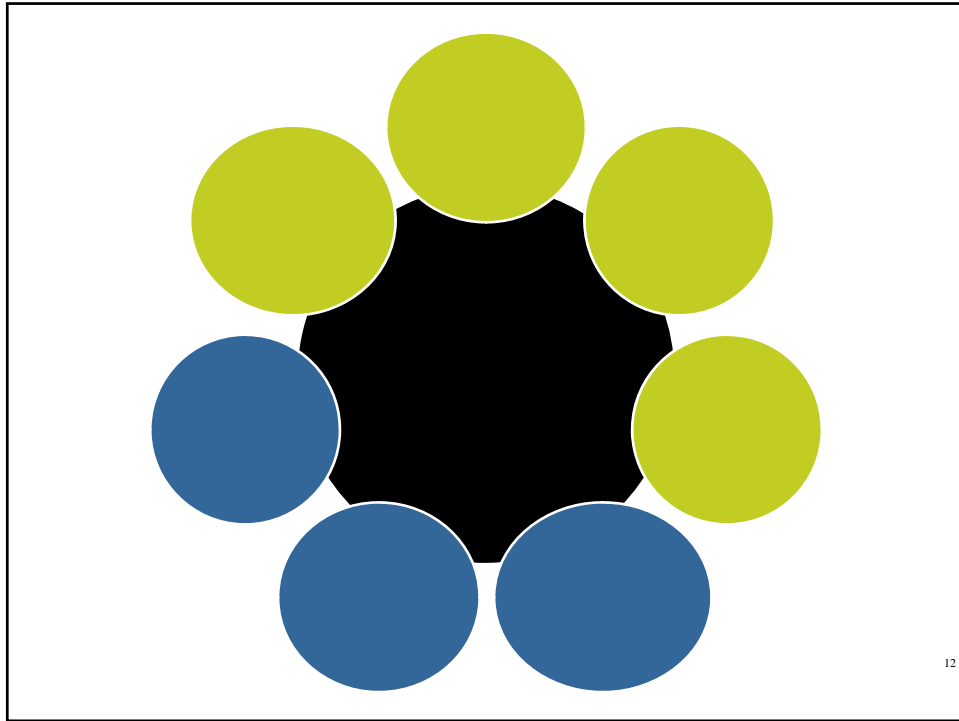
## Evaluation & Management (E/M)

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## E/M Guidelines

- 1995 and/or 1997 Documentation Guidelines for E/M Services

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## E/M Services



- **New Patient**
  - One who has not received any professional services from physician or other physician of the same specialty who belongs to the same group practice within past 3 years
- **Established Patient**
  - One who has received professional services from a physician or another physician of the same specialty who belongs to the same group practice within past 3 years

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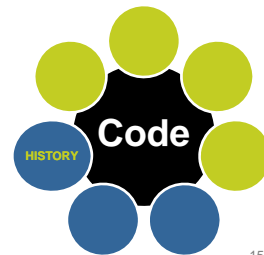
## History Component

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## History

- Chief Complaint
- History of Present Illness (HPI)
- Review of Systems (ROS)
- Past, Family and/or Social History (PFSH)



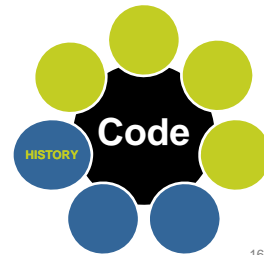
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## The Chief Complaint



- Reason for visit
  - Brief statement in patient's own words
  - Required for every level of E/M service
  - Puts remaining record in context
- What to avoid
  - Avoid statement of "follow-up"
  - Avoid listing diagnosis only



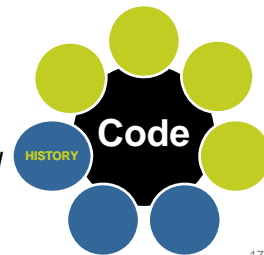
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## History of Present Illness (HPI)



- Chronological description of development of patient's present illness
  - Location – *arm, ankle, throat, abdomen*
  - Quality - *sharp, shooting, aching, fullness*
  - Severity - *mild, or on a scale of 1 to 10*
  - Duration - *started three days ago, yesterday*
  - Timing - *after eating, in the morning*
  - Context - *pain happens while standing still*
  - Modifying factors - *better when heat is applied*
  - Associated signs and symptoms -  
*coughing causes chest pain*



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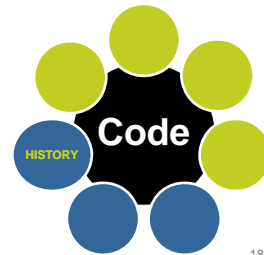
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## History of Present Illness (Cont.)



### ■ Level of HPI

- Per 1995 and 1997 E/M guidelines
  - A **brief** HPI contains 1 to 3 elements, e.g., “*Three day history of severe headache*”
  - An **extended** HPI contains 4 or more elements, e.g., “*Three day history of severe, throbbing headache with associated photophobia*”
- Per 1997 E/M Guidelines only:
  - An **extended** HPI contains the status of 3 or more chronic problems



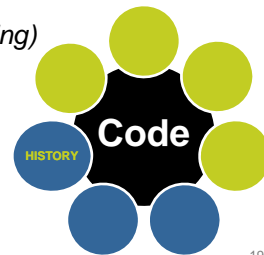
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## Review of Systems (ROS)



- Constitutional – (*fever, weight loss, etc.*)
- Eyes - (*blurred vision, contacts, strain*)
- Ears, nose, throat, mouth - (*nose bleed, ear pain*)
- Cardiovascular - (*edema, syncope, palpitations*)
- Respiratory - (*shortness of breath, cough, chest pain*)
- Gastrointestinal - (*appetitive, bloating*)
- Genitourinary - (*frequency, burning, hematuria*)
- Musculoskeletal - (*joint pain, swelling or stiffness*)
- Integumentary-(skin and/or breast) - (*rashes, itching*)
- Neurological - (*headaches, tremors, seizures*)
- Psychiatric - (*attitude, insomnia*)
- Endocrine - (*excessive hunger, thyroid problems*)
- Hematologic/Lymphatic - (*anemia, bruising*)
- Allergic/Immunologic - (*allergy symptoms*)



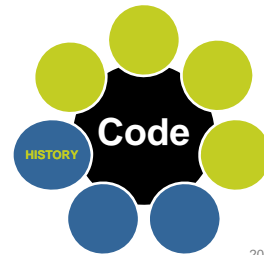
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## Review of Systems (Cont.)



- There are 3 levels of ROS
  - Problem pertinent
    - System directly related to problem(s) identified in HPI
  - Extended
    - Between 2 and 9 systems are reviewed
  - Complete
    - 10 or more systems are reviewed



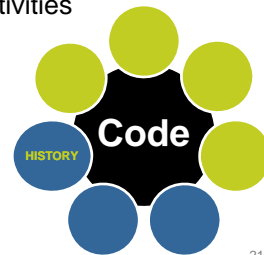
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## Past, Family and Social History



- Past History
  - Patient's history of illnesses, operations, injuries, treatments, medications
- Family History
  - Review of medical events in patient's family, including diseases which may be hereditary or place patient at risk
- Social History
  - Age appropriate review of past/current activities
- Levels of PFSH
  - Pertinent: contains at least one aspect of history
  - Complete: contains 2 or 3 aspects of history (based on type of visit)



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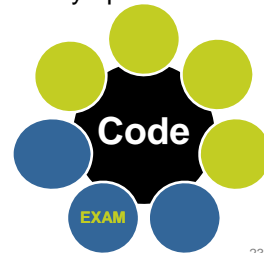
## Examination Component

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## Levels of Examination

- Problem focused
  - Limited exam of affected body area or organ system
- Expanded problem focused
  - Limited exam of affected body area or organ system and other symptomatic or related organ system(s)
- Detailed
  - Extended exam of affected body area(s) and other symptomatic or related organ system(s)
- Comprehensive
  - A general multi-system exam or complete exam of a single organ system



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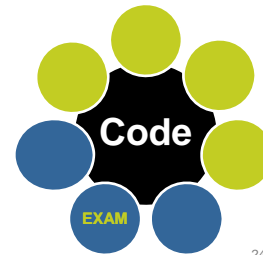
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## E/M Guidelines: Examination



### ■ 1995 vs. 1997

- 1995: One set of examination guidelines
- 1997: General Multi-system vs. Single Organ system examination guidelines
  - 10 separate organ systems specified
    - Levels of examination specified for each
  - Tables and bullet points
  - Shaded and unshaded boxes



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## Medical Decision-Making Component

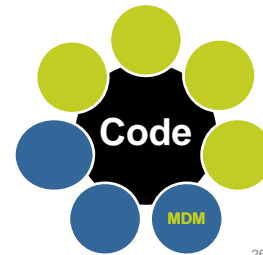
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## Medical Decision-making (MDM)



- Number of diagnoses/management options
- Amount/complexity of data reviewed
- Risk of complications



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## Medical Decision-Making (MDM)



Number of Possible Diagnoses and/or Management Options	Amount and/or Complexity of Data Reviewed or Ordered	Risk of Complication and/or Mortality	Level of Decision Making
Minimal	Minimal or none	Minimal	<u>Straightforward</u>
Limited	Limited	Low	<u>Low Complexity</u>
Multiple	Moderate	Moderate	<u>Moderate Complexity</u>
Extensive	Extensive	High	<u>High Complexity</u>

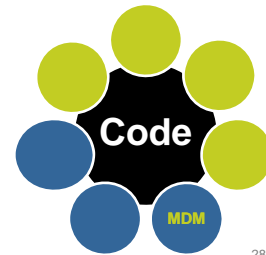
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## Diagnoses/Management Options



- Self-limited or minor
- Established problem, stable or improving
- Established problem, worsening
- New problem, no work-up
- New problem, further work-up planned
- Levels:
  - Minimal
  - Limited
  - Multiple
  - Extensive



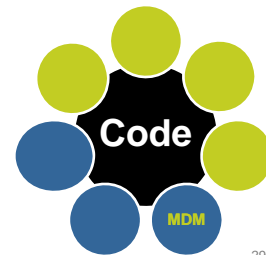
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## Amount/Complexity of Data



- Diagnostic services ordered or performed during visit
- Results of diagnostic studies reviewed during visit
- Decision to obtain information from another source
- Results of discussion with another physician
- Results from a review of old records
- Direct visual and independent interpretation of image
- Levels:
  - Minimal or None
  - Limited
  - Moderate
  - Extensive



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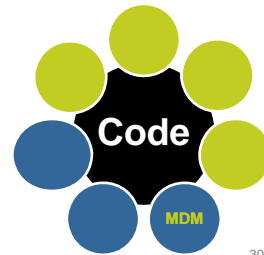
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# Risk of Complications



## ■ Based on

- Presenting problem(s)
- Diagnostic procedures ordered
- Management options selected
- Levels:
  - Minimal
  - Low
  - Moderate
  - High



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# E/M Interactive Worksheet

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## Interactive E/M Worksheet



- <http://medicare.fcso.com/EM/165590.asp>
  - Disclaimer
  - Select 1995 or 1997 guidelines (or both)
  - Use “hover” function of mouse to expand and clarify
  - Will automatically determine E/M code based on selections made

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## Interactive E/M Worksheet



- Select setting/type of service
- HISTORY component
  - Make selections for HPI, ROS and PFSH → automatically determined
- EXAMINATION component
  - Make selections of body areas/organ systems examined
  - Based on selections, choose corresponding level
- MEDICAL DECISION-MAKING component
  - For diagnoses, enter numeric values
  - For amount of data, make selections
  - For risk, make selections – use hover function to see options
- Summary shows guidelines used, type of E/M, levels of each component and corresponding E/M code

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## Documentation Example/Review

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## Results of Review

Component	E/M code submitted:	Requirements	E/M code approved after review: 99203	Documentation findings
History	<u>Comprehensive</u> HPI: Extended ROS: Complete PFSH: Complete	= 4 elements = 10 systems = 3 elements	<u>Detailed</u> HPI: Extended ROS: Extended PFSH: Pertinent	
Exam	<u>Comprehensive</u>	= 8 or more organ systems OR All bulleted elements	<u>Detailed</u>	
Medical Decision-Making	<u>High Complexity</u> Dxs: Extensive Data: Extensive Risk: High	Usually presenting problem moderate to high severity	<u>Moderate Complexity</u> Dxs: Extensive Data: None Risk: Moderate	

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## Points of E/Mphasis

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## Time Does Matter!

- Time can be the only component
  - When 50% or more of the visit consists of counseling and/or coordination of care
    - Time must be clearly documented
    - Basis for counseling and/or coordination of care must be indicated

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## Common E/M Issues



- If it wasn't documented, it wasn't done
- E/M guidelines not specialty specific
  - All providers expected to follow E/M guidelines
- Patient condition not the primary determinant of code
- E/M code selection is not "goal-oriented" process

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## Question & Answer Session



- What questions do you have?



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## Additional Resources

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First Coast Service Options Inc.

[medicare.fcso.com](http://medicare.fcso.com)

[medicareespanol.fcso.com](http://medicareespanol.fcso.com)

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## FCSO Resources



- CERT Center
  - <http://medicare.fcso.com/Landing/203608.asp>
  - Medical record checklists
  - Courses and interactive tools
- Evaluation and Management
  - <http://medicare.fcso.com/EM/index.asp>
  - Interactive worksheet
  - FAQs
  - Tips and tools

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## FCSO Resources (Cont.)



- Webcast recordings
  - <http://medicare.fcso.com/Events/160889.asp>
- Online learning
  - [http://medicare.fcso.com/Online\\_learning](http://medicare.fcso.com/Online_learning)
  - FCSO University
    - Web-Based Trainings (WBTs): CERT and E/M

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## Centers for Medicare & Medicaid Services

[www.cms.gov](http://www.cms.gov)

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## CMS Resources/Manuals

- CERT
  - <http://www.cms.gov/manuals/downloads/pim83c12.pdf>
    - Publication 100-08 Medicare Program Integrity Manual
      - Chapter 12 – Comprehensive Error Rate Testing
  - New CERT 101 PowerPoint presentation
    - [https://www.cms.gov/CERT/Downloads/CERT\\_101.pdf](https://www.cms.gov/CERT/Downloads/CERT_101.pdf)
- E & M
  - [www.cms.hhs.gov/manuals/downloads/clm104c12.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf)
    - Publication 100-04 Medicare Claims Processing Manual
      - Chapter 12, Section 30.6 – Evaluation and Management Service Codes - General (Codes 99201 - 99499)

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## Summary of Today's Topics



- Today we have reviewed
  - The CERT process
  - The “construction” of E/M codes
    - Guidelines, components and levels of E/M
  - An E/M interactive worksheet to determine proper code levels
  - Common issues pertaining to E/M code selection
  - Resources to assist with today's topics

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## Thank You for Participating



- FCSO values your feedback
  - It is important that you complete the evaluation form and return it before leaving the class



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# New patient office visit

## ENT specialist

4/16/2009

**Summary:** 75 year old female patient who refers the presence of a non-tender, mobile lump in the left supraclavicular area. She denies history of skin cancer in the head and neck area, or in any other site. No history of recent URI. She has a mild cough every now and then. She takes Lotrel for HTN.

### ROS

Constitutional: denies anorexia, chills, fatigue, fevers, malaise, sweats, and weight loss.  
ENMT: denies ear discharge, nosebleeds, sore throat, or dysphagia.  
Respiratory: denies, dyspnea, or wheezing.

### Past Medical, Family, and Social History

Medical, surgical, and social history reviewed. No additions or corrections made.

### EXAMINATION:

**GENERAL:** No acute distress. BP:108/56; P:59; SPO2:98%

**COMMUNICATION:** Voice is strong, breathing unlabored.

**FACE:** Facial nerve - Grade I, No cellulitis.

**EYES:** No orbital chemosis. EOMI. PERLA.

**EARS:** The canals are clear. The drums were pearly white, intact and mobile on insufflation.

**NASAL:** Intranasal exam shows a fairly straight septum, no turbinate hypertrophy, congested mucosa, or purulent secretions. The airway is patent.

**ORAL/PHARYNGEAL:** Pink and moist mucosa. No lesions or exudates.

**NECK:** Small slippery adenopathy measuring approximately 6mm in the left supraclavicular area.

**CHEST:** Symmetrical, no retractions. No fremitus.

**NEUROLOGIC:** No focal cranial nerve deficits. No nystagmus.

### PROCEDURE PERFORMED IN OFFICE: FLEXIBLE LARYNGOSCOPY

(31575)- The nose was decongested with Neosynephrine/Xylocaine 4% nasal spray. The flexible scope was then passed through the nose, and nasopharynx into the oropharynx where the larynx, and hypopharynx were visualized. No lesions seen. Clear piriform sinuses. Symmetric, mobile vocal cords, without nodularities. Good abduction. The nasopharynx was also clear. No purulence or mucosal lesions seen.

**Impression/Plan:** Left supraclavicular lymphadenopathy. My findings were discussed with the patient. I discussed with the patient a CT Scan of the head and neck to check for hidden disease as the cause of the adenopathy. They are going back home to Georgia in two weeks and they will like to pursue further investigation there. I will hand them a copy of her visit with my findings.