

Morgan Lewis

FAST BREAK:

E/M CODING

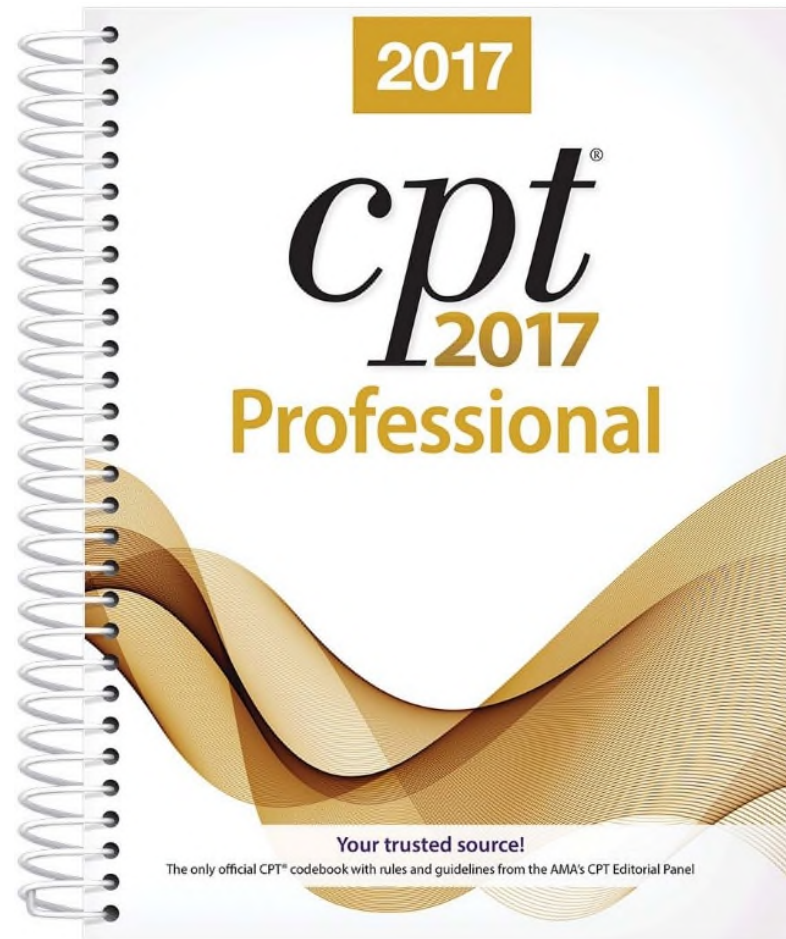
Jake Harper

April 20, 2017

Agenda

- E/M Tools
 - CPT
 - 95/97 Guidelines
 - Benchmarks
- Key Components of an E/M Code
 - Medical Decision-Making
- Medical Necessity Considerations
- Time-based Coding
- Government Data Mining and Auditing

Tools



Tools

1995 DOCUMENTATION GUIDELINES FOR EVALUATION AND MANAGEMENT SERVICES

I. INTRODUCTION

WHAT IS DOCUMENTATION AND WHY IS IT IMPORTANT?

Medical record documentation is required to record pertinent facts, findings, and observations about an individual's health history including past and present illnesses, examinations, tests, treatments, and outcomes. The medical record chronologically documents the care of the patient and is an important element contributing to high quality care. The medical record facilitates:

- the ability of the physician and other healthcare professionals to evaluate and plan the patient's immediate treatment, and to monitor his/her healthcare over time;
- communication and continuity of care among physicians and other healthcare professionals involved in the patient's care;
- accurate and timely claims review and payment;
- appropriate utilization review and quality of care evaluations; and
- collection of data that may be useful for research and education.

An appropriately documented medical record can reduce many of the "hassles" associated with claims processing and may serve as a legal document to verify the care provided, if necessary.

WHAT DO PAYERS WANT AND WHY?

Because payers have a contractual obligation to enrollees, they may require reasonable documentation that services are consistent with the insurance coverage provided. They may request information to validate:

- the site of service;

1997 DOCUMENTATION GUIDELINES FOR EVALUATION AND MANAGEMENT SERVICES

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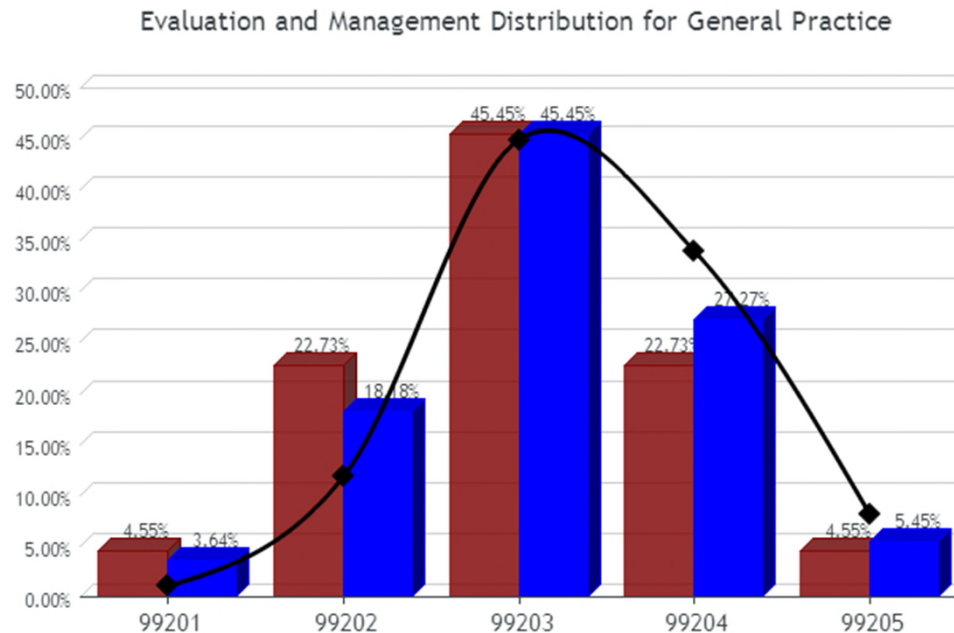
95 E/M Guidelines

97 E/M Guidelines

Tools

Benchmarking Tools

- [AAPC E/M Utilization Benchmarking Tool](#)
- [MGMA Data Solutions Tool](#)
- [DecisionHealth E/M Bell Curve & Auditing Sourcebook](#)



Key Components of an E/M Code

- CPT establishes 7 components for E/M coding
 - 3 “key” components
 - History
 - Physical Exam
 - Medical Decision-Making
 - 3 contributory factors
 - Counseling
 - Coordination of Care
 - Nature of Presenting Problem
 - Time component
 - Component “rabbit holes”
- Various CPT codes require different key components to be met

History

- First key component
- Each assessment of patient history contains 4 elements:
 - chief complaint
 - history of present illness (“HPI”)
 - review of systems (“ROS”)
 - past, family and/or social history (“PFSH”)
- Broken into 4 categories:
 - Problem focused
 - Expanded problem focused
 - Detailed
 - Comprehensive

History

Chief Complaint	HPI	ROS	PFSH	Level of History
Yes	Brief	N/A	N/A	Problem Focused
Yes	Brief	Problem Pertinent	N/A	Expanded Problem Focused
Yes	Extended	Extended	Pertinent	Detailed
Yes	Extended	Complete	Complete	Comprehensive

- HPI, ROS, and PFSH are then further broken down based on specific elements of review

Physical Examination

- Second key component
- Like History component, consists of several sub-parts (based on physical exam of body areas/organ systems)
 - Recognized body areas (10) are: head, neck, chest, abdomen, back, each extremity, and genitalia, groin, and buttocks
 - Recognized organ systems (12) are: constitutional, eyes, ears, nose, mouth, and throat, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, skin, neurologic, psychiatric, and hematologic/lymphatic/immunologic

Physical Examination

- Also like History component, PE broken down into 4 categories:
 - A **problem focused exam** is a limited exam of the affected body area or organ system.
 - An **expanded problem focused exam** includes a problem focused exam with exam of other symptomatic or related organ systems.
 - A **detailed exam** is an “extended” exam of the affected body area and other symptomatic organ systems.
 - A **comprehensive exam** is a “general multi-system exam” (8 to 12 organ systems) or complete exam of a single organ system.

Medical Decision-Making

- Third key component
- Again broken down into 4 categories based on 3 subparts:
 - the number of possible diagnoses or management options that must be considered
 - the amount or complexity of records, tests, and other data to be obtained and analyzed
 - the risk of significant complications, morbidity, or mortality.

Medical Decision-Making

Number of Diagnoses or Management Options	Amount or Complexity of Data to be Reviewed	Risk of Complications, Morbidity, or Mortality	Decision Making Level
Minimal	Minimal or None	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

- What is “minimal,” “limited,” “multiple,” and “extensive?”
- How about “minimal,” “low,” “moderate,” or “high?”
- Who decides?

Medical Decision-Making

- Highly subjective standards
- May lead to disagreement among physicians, coders, risk managers, and government contractors
- Importance of documentation
 - “Show Your Work”
 - Best practice: documenting to evidence the data practitioners are considering, how it is affecting their analysis, and how that process leads to a particular course of action

Medical Necessity

- Hand-in-hand with medical decision-making
- Subjective standard, not officially defined by Medicare
 - But also the main basis of denials – “documentation does not support medical necessity”
- Definition appearing in some LCDs and non-binding, very old contractor guidance:
 - defined as the need for an item(s) or service(s) to be reasonable and necessary for the diagnosis or treatment of disease, injury or defect. The need for the item or service must be clearly documented in the patient’s medical record. Medically necessary services or items are:
 - Appropriate for the symptoms and diagnosis or treatment of the patient’s condition, illness, disease or injury
 - Provided for the diagnosis or the direct care of the patient’s condition, illness, disease or injury
 - In accordance with current standards of good medical practice and not primarily for the convenience of the patient or provider
 - The most appropriate supply or level of service that can be safely provided to the patient

Time-based Coding

- Time is not a key component and *usually* should not be considered in E/M coding decisions
- Used in critical care cases or when counseling/coordination of care is the predominant activity of the encounter
- That said, often forms basis for initial coding decision and/or compensation determinations
- Often important to educate government reviewers, particularly outside of the MAC context, that time is usually irrelevant
 - AMA suggests a 99205 should take about 60 minutes
 - What if physician does 25 in a day?
 - While unlikely, theoretically possible because time is not determinative factor – depth of review and intensity of MDM are

Government Auditing/Monitoring

- Remember those benchmarks earlier?
 - MACs and other contractors certainly do – use of data mining to identify aberrant billing patterns that could suggest errors or even fraud
 - Use as a basis to establish “good cause” for extended – potentially extrapolated – review
 - While Medicare contractors are not limited in only review of aberrant billing behaviors, likely to invest resources in those cases before others that are more consistent with observed benchmarks
- Also remember – time-based coding, administrative burden in doing in-depth E/M code review, etc. not relevant to contractor review
 - Typically only review a small number of claims under microscope
 - Thorough review using MAC-developed “score cards”

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard - History

E/M Documentation Auditor's Instructions

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the *RIGHT* in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

HISTORY	HPI: Status of chronic conditions: <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OR				
	HPI (history of present illness) elements: <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ROS (review of systems): <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Ears,nose, mouth, throat <input type="checkbox"/> GI <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> Eyes <input type="checkbox"/> Card/vasc <input type="checkbox"/> Musculo <input type="checkbox"/> Neuro <input type="checkbox"/> All/immuno <input type="checkbox"/> Resp <input type="checkbox"/> Psych <input type="checkbox"/> All others negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFSH (past medical, family, social history) areas: <input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, injuries and treatments) <input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) <input type="checkbox"/> Social history (an age appropriate review of past and current activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Complete ROS: 10 or more systems or the pertinent positives and/or negatives of some systems with a statement "all others negative".	PROBLEM FOCUSED	EXP.PROB. FOCUSED	DETAILED	COMPREHENSIVE	

****Complete PFSH:** 2 history areas: a) Established Patients - Office (Outpatient) Care; b) Emergency Department.

3 history areas: a) New Patients - Office (Outpatient) Care, Domiciliary Care, Home Care; b) Initial Hospital Care; c) Initial Hospital Observation; d) Initial Nursing Facility Care.

NOTE:For certain categories of E/M services that include only an interval history, it is not necessary to record information about the PFSH. Please refer to procedure code descriptions.

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard - Exam

2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.

Limited to affected body area or organ system (one body area or system related to problem)	PROBLEM FOCUSED EXAM
Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)	EXPANDED PROBLEM FOCUSED EXAM
Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 or more depth than above)	DETAILED EXAM
General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single exam not defined in these instructions)	COMPREHENSIVE EXAM

EXAM	Body areas: <input type="checkbox"/> Head, including face <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Back, including spine <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Each extremity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organ systems: <input type="checkbox"/> Constitutional (e.g., vitals, gen app) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Resp <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> Eyes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> GU <input type="checkbox"/> Skin <input type="checkbox"/> Hem/lymph/imm	1 body area or system	Up to 7 systems	Up to 7 systems	8 or more systems
		PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard - MDM

3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.)

Number of Diagnoses or Treatment Options			
A	B	X	C = D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New prob. (to examiner); add. workup planned		4	
TOTAL			

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to **line A** in Final Result for Complexity (table below)

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to **line C** in Final Result for Complexity (table below)

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard – MDM con't

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

MEDICAL DECISION	Risk of Complications and/or Morbidity or Mortality			
	Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
	<i>Minimal</i>	<ul style="list-style-type: none"> One self-limited or minor problem, e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, e.g., echo KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
	<i>Low</i>	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
	<i>Moderate</i>	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
<i>High</i>	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic with identified risk factors) Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis 	

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard – MDM con't and Time

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
Type of decision making		STRAIGHT-FORWARD	LOW COMPLEX.	MODERATE COMPLEX.	HIGH COMPLEX.

4. Time

If the physician documents total time *and* suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? <small>Time: Face-to-face in outpatient setting Unit/floor in inpatient setting</small>	Yes	No
Does documentation describe the content of counseling or coordinating care?	Yes	No
Does documentation reveal that more than half of the time was counseling or coordinating care?	Yes	No

If all answers are "yes", select level based on time.

Government Auditing – Scoring E/M Services

- Novitas Solutions E/M scorecard – Final E/M Level

New Office, Outpatient and Emergency Room

	New Office / Outpatient / ER					Established Office / Outpatient				
	Requires 3 components within shaded area					Requires 2 components within shaded area				
History	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C	<i>Minimal problem that may not require presence of physician</i>	PF	EPF	D	C
Examination	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C		PF	EPF	D	C
Complexity of medical decision	SF ER: SF	SF ER: L	L ER: M	M ER: M	H ER: H		SF	L	M	H
Average time (minutes)	10 New (99201)	20 New (99202)	30 New (99203)	45 New (99204)	60 New (99205)	5	10	15	25	40
ER has no average time	ER (99281)	ER (99282)	ER (99283)	ER (99284)	ER (99285)	(99211)	(99212)	(99213)	(99214)	(99215)
Level	I	II	III	IV	V	I	II	III	IV	V

Hospital Care	Initial Hospital/Observation			Subsequent Hospital/Observation		
	Requires 3 components within shaded area			Requires 2 components within shaded area		
History	D/C	C	C	PF interval	EPF interval	D interval
Examination	D/C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M	H	SF/L	M	H
Average time (minutes)	30 Init hosp (99221) 30 Init observ Care (99218)	50 Init hosp (99222) 50 Init observ Care (99219)	70 Init hosp (99223) 70 Init observ Care (99220)	15 Sub hosp (99231) 15 Sub observ care (99224)	25 Sub hosp (99232) 25 Sub observ care (99225)	35 Sub hosp (99233) 35 Sub observ care (99226)
Level	I	II	III	I	II	III

Takeaways

- E/M coding not simple, but not unintuitive
- Importance of documentation for all components
 - Enables better supporting evidence of medical necessity
- Try to avoid time component when assessing E/M services for both coding services and financial considerations
- Government auditors are auditing E/M codes in-depth and with eye toward significant downcoding if not total denial
 - When assessing E/M coding risks, need to employ the same methodologies and standards used by contractors to accurately reflect risk

Thanks!



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Join us next month!

Please join us for next month's webinar:

Change in Washington – Impact on FDA and Medical Devices

Featuring Michele Buenafe

➤ May 23, 2017 3:00 PM (EST)