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DOCTORS
MANAGEMENT
 Leave the business of medicine to us


1

| LAY DESCRIPTION VERSION OF THE Level of Medical Decision Making (MDM) | | Expansion by AMA Effective January 1, 2023: 99202 - 99215 OFFICE/CLINIC BASED SERVICES | |
|---|--|--|--|
| Level of Service (Based on 2 out of 3 Elements of MDM) | | Number and Complexity of Problems Addressed | Elements of Medical Decision Making Work Performed & Analyzed During the Encounter |
| Code | | Time | Risk of Complications and/or Morbidity or Mortality of Patient Management |
| 99211 | | Services at this level are provided by ancillary staff. *NOTE: Ancillary staff and providers must be employed by the same TAX ID number to meet supervision requirements | |
| 99202 | | Straightforward | Minimal |
| 99212 | | Low | Limited |
| 99203 | | Moderate | Moderate |
| 99204 | | High | Extensive |
| 99215 | | High | Extensive |

3

| Table 2 – CPT E/M Office Revisions | | Revisions effective January 1, 2021: | |
|--|--|--|--|
| Level of Medical Decision Making (MDM) | | Note: this content will not be included in the CPT 2020 code set release | |
| Code | | Number and Complexity of Problems Addressed | Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed |
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| 99211 | | N/A | N/A |
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| 99215 | | High | Extensive |

4



Audra the Auditor Asks...

- Recently while reviewing pediatric cases, documentation was reviewed that implied the physician visualized the patient during the telehealth visit.
- Upon research, there was no documentation in the notes that the patient was seen or visualized, although there were notes about the discussion with the caregiver about the signs and symptoms in these cases.
- How specific does the provider have to be?

5

Yuling is having trouble when reviewing a certain style of note...



With the 2021 guidelines, one grey area that we are unclear of is the difference between: “1 undiagnosed new problem with uncertain prognosis” (level 4) vs. “1 acute, uncomplicated illness or injury” (level 3). An example:

S: Complaining of right ear pain. This started about 2 days ago, worsened last night. Mom treated with ibuprofen, she notes that she came to her later in the evening with a draining ear and reported the pain had improved. She has had a cold for several days which mom thought was improving.

O: She is seen in the office accompanied by her mother. She appears generally well. T: 97.3. Wt: 52 lbs.

Ears: Left canal is clear, TM is injected, decreased mobility on insufflation but no pain. Right canal is clear, TM is shiny but erythematous, there is pain on insufflation. Perforation likely by history, but not grossly visible.

A/P: Bilateral acute otitis media with perforation on right. Amoxicillin 250 mg chewtabs, 3 tabs 3 times daily x10 days. Follow-up in 1 month. Time spent: 15 minutes.

My “opinion”, is that an ear infection is an acute uncomplicated problem, but the providers office appealed and identified it as “undiagnosed new problem with uncertain prognosis”.

6




Sabrina is frustrated...

Is visualization of images on independent interpretation of testing required to be documented in order to count in the MDM?

We have no claims policy indicating it does, so I am looking for authoritative guidance.

7



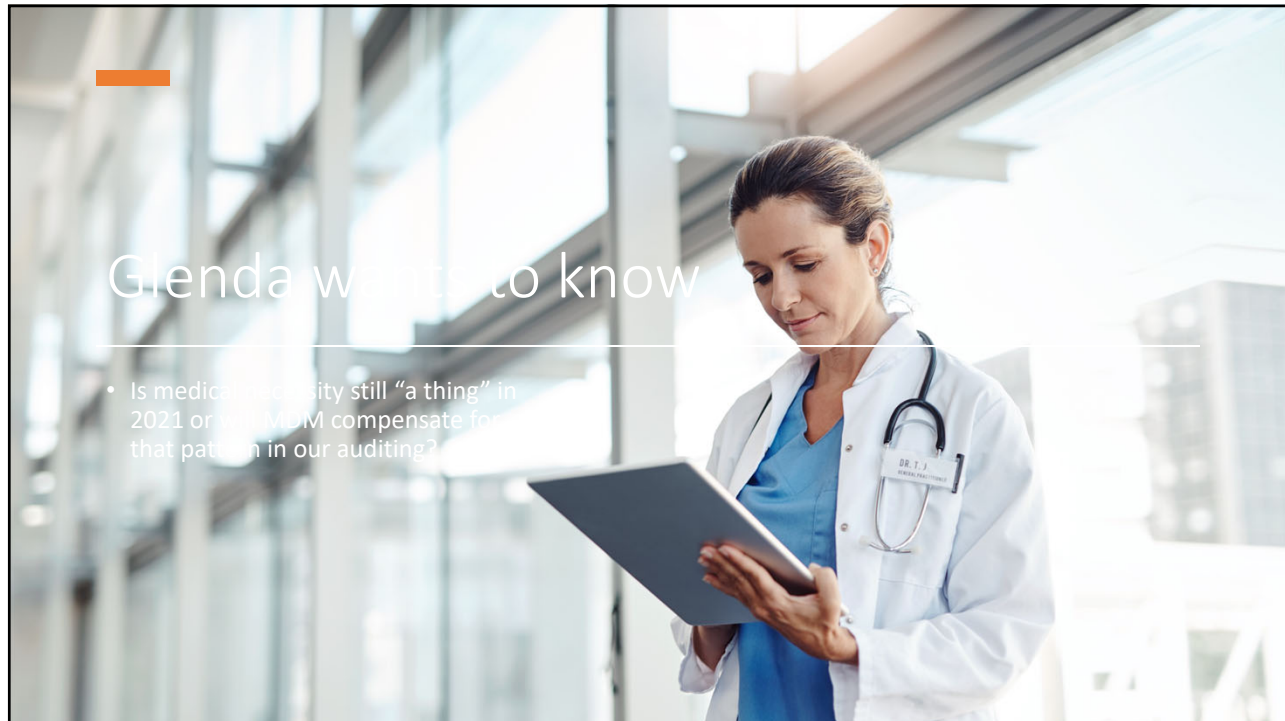
Chandler's Team needs help...

Can you, once and for all define RX Management vs. OTC use?

Please consider terms and documentation usage such as continue medication.

What really counts as RX management?


8



Glenda wants to know

- Is medical necessity still “a thing” in 2021 or will MDM compensate for that pattern in our auditing?

9



Gerald asks...

I am asking for thoughts on pre-populated check boxes or templated documentation that indicates labs and/or imaging has been reviewed through validation of them checking the box.

There is a MACRO statement that populates in the note, however, it is the same statement in all notes, and is not specific.

Thoughts?

10



Justine
asks...

D ## kd ## rvg ## d ## fhlhgvt ## fri h~ # rqlvghhg ## d ##
«fri h~ #lgghfhlhgD

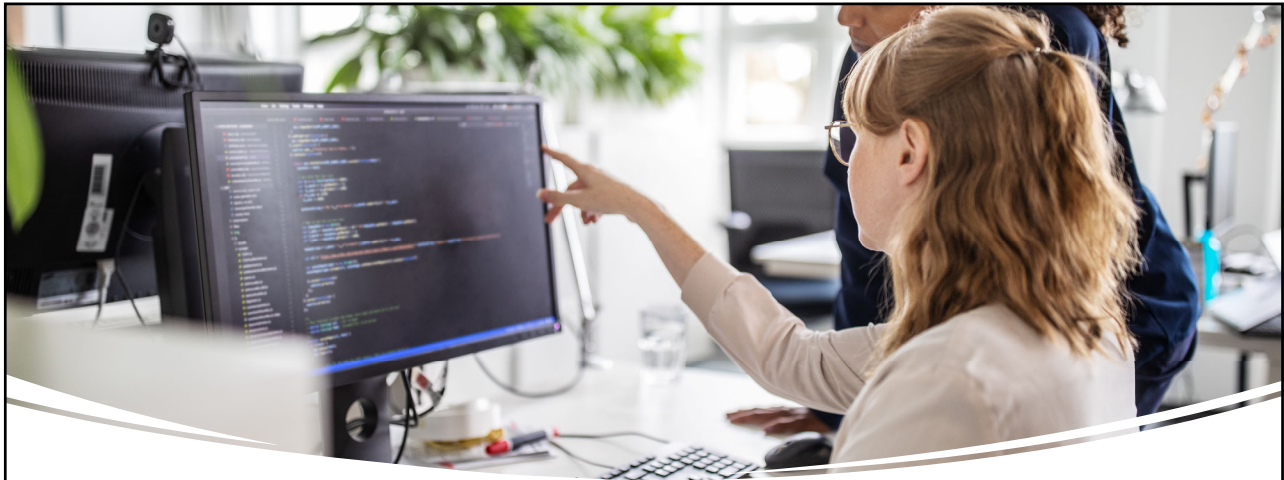
11



Shakira
Asks...

What are some
examples of issues
that would be eligible
for separate E&M
coding on the same
day as a procedure
such as wound care?

12



Haley asked
Vanesha, and then
they both asked...

Can you please discuss the separation of Preventive
Exams and New Problem relevant to 2021 Guidelines?

13


A close-up shot of a medical history form on a clipboard, with a stethoscope resting on it. The form includes fields for patient name, date of birth, and other medical information. The background is a solid light blue color.

Patient Chart Samples

Office Visit- Pediatrics

A close-up shot of a medical history form on a clipboard, with a stethoscope resting on it. The form includes fields for patient name, date of birth, and other medical information. The background is a solid light blue color.

14



NAMAS MEDICAL CLINICAL
Primary Care/Primary Care

PERRY, MARK
43 Y old Male, DOB: 06/27/2006
Account Number: 67457
14 SURPRISE WAY, LAKE COAST, FL-32444
Home: 999-999-9999

10/13/2022

Progress Note: MARY HEALY, ARNP

Current Medications
None

Past Medical History
Medical History Verified.

Surgical History
No Surgical History documented.

Family History
Mother: alive

Allergies
N.K.A.

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems
CONSTITUTIONAL:
 no Fever, no Chills, no Weight Loss,
 no Weight gain, no Loss of Appetite.
CARDIOLOGY:
 no Chest Pain/pressure,
 no Palpitations,
 no Dizziness/lightheaded, no Leg Edema.
DERMATOLOGY:
 no Lesion, no Itching, no redness,
 no Rash.
NEUROLOGIC:
 no Headache, no Weakness,
 no Tingling/Numbness, no Visual
 Changes, no Dizziness.
RESPIRATORY:
 no Shortness of Breath,
 no DOE (dyspnea on exertion),
 no Persistent Cough, no Chest
 Congestion.

Reason for Appointment
1. SINUS ISSUES - STARTED SWIM TEAM - TELEMED FACETIME

2. Pt had tested for covid at the Agriculture Center In St John's county today is negative.

3. Pt is taking over the counter Nasal saline spray,

Assessments
1. Acute rhinitis - Joo (Primary)

Treatment
1. **Acute rhinitis**
Start azelastine nasal spray, 137 mcg/inh, 2 spray(s), intranasally, 2 times a day, 30 day(s), 1 Bottle, Refills 1
Notes: Recommend Ayr saline spray/gel 2-3 x a day; may try 2nd generation antihistamine.
Monitor for worsening w fever, purulent dc, not improving.
Exposure in pool/swimming, symptoms may persist.

2. **Others**
Notes: Time with patient on televisit was greater than 12 minutes with 50% of the time involved in treatment plan and coordination of care. Patient is informed that an in-person visit with the doctor may discover additional findings, diagnostic and treatment options not considered in a Televisit.

Follow Up
prn, Please keep all previously scheduled appointments with providers

History of Present Illness
History on:
Telemed Visit:
Patient has given verbal consent to be treated virtually.
Interactive Visual and audio connectivity was obtained by Facetime.
I am in my St. Augustine, FL office, and the patient is at their home.
Participants in this telemed visit were myself, Mary Healy, APRN and patient/mother.
Explained quarantine restrictions and the prevention of transmission of COVID 19 communicable disease by utilizing the process of televisit for assessment, ROS and verbalized understanding to the best of their ability.
Est pt w c/o sinus pressure, congestion onset last Friday. On swim team, recently started. Using Afrin and nasal saline.

Afebrile, denies sinus HA, pain.
Stable.

ENT:
c/o NASAL CONGESTION. c/o POSTNASAL DRIP. c/o RHINITIS.
Denies : COUGH. Denies : EAR PAIN. Denies : EAR DRAINAGE. Denies

: SORE THROAT. Denies : EYE SYMPTOMS. Denies : FACIAL PAIN. Denies : HEADACHE. Denies : SWOLLEN LYMPH NODES. Denies : SICK CONTACTS. Denies : OTC MEDS. Denies : FEVER.

Vital Signs
Ht 67, Wt 117, BMI 18.32, Temp 97.9, INITIALS JR/verbal consent given by pt.

Examination
General Examination:
General Appearance: NAD, pleasant, non-ill appearing. SKIN no perioral cyanosis. HEENT: Head - NC/AT, sclera anicteric, clear conjunctiva. Lungs: regular breathing rate and effort. Neurologic Exam: alert and oriented x 3, non-focal exam.
Psychology:
Mood : pleasant.

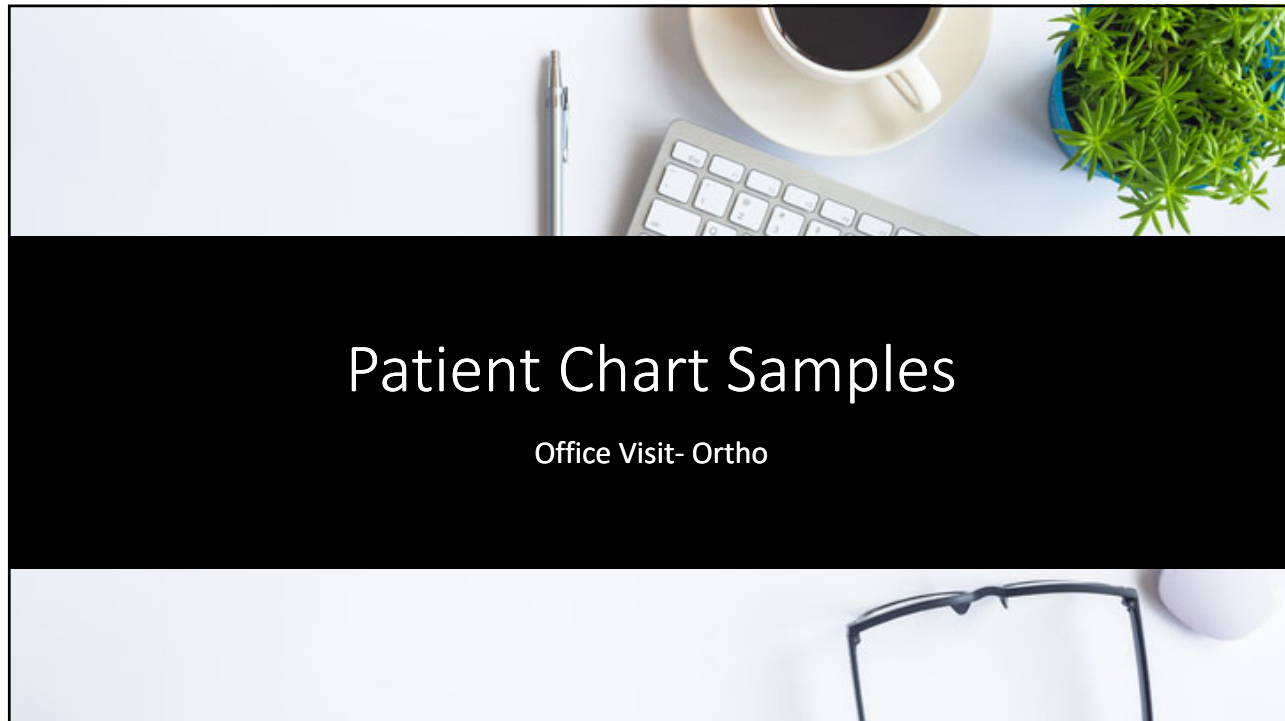
Visit Codes
99203 New Patient Level 3. Modifiers: 95

Care Plan Details
Electronically signed by Mary Healy on 09/14/2022 at 08:52 AM
Electronically co-signed by John Skaggs, MD on 09/20/2022 at 11:29 PM EDT
Sign off status: Completed


15

| Code | Level of MDM (Based on 2 out of 3 Elements of MDM) | Number and Complexity of Problems Addressed | Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i> | Risk of Complications and/or Morbidity or Mortality of Patient Management |
|----------------|--|--|--|---|
| 99211 | N/A | N/A | N/A | N/A |
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| 99203 99213 | Low OR Time: 99203: 30 - 44 99213: 20 - 29 | Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury | Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high) | Low risk of morbidity from additional diagnostic testing or treatment |
| 99204 99214 | Moderate OR Time: 99204: 45 - 59 99214: 30 - 39 | Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury | Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health |
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16



17



NAMAS MEDICAL CLINICAL
Serving Patients in ODS

Chief Complaint: right hip pain and low back.

History of Present Illness
The patient is a 83 year old female seen today for the right hip pain and low back. The symptoms have been present for 2 weeks. Pain is moderate with a rating of 8/10. Since the onset, she reports the problem is getting worse. Prior testing: No diagnostic tests have been performed.
Patient is a 82-year-old female with right hip pain that radiates from the lateral aspect of the hip down towards the knee for 3 weeks now. She does have some known knee problems and had arthroscopy a year ago in the past for that. She did have a cortisone injection in that knee as well. She has some low back pain but not significant. She had denies any numbness or tingling in the foot or lower leg. She denies any changes in bowel or bladder habits.

Conservative Care History: No prior treatments to date.

Medical History
Medical Conditions: Breast Cancer, Arthritis, High Cholesterol, Chemotherapy (Z92.21)
Current Medications: omeprazole 20 mg capsule, delayed release 1 cpDR oral as directed, atenolol 100 mg tablet 1 oral as directed, primidone 250 mg tablet 1 oral as directed, simvastatin 10 mg tablet 1 oral as directed, lorazepam 0.5 mg tablet 1 oral as directed
Allergies: No known allergies

Surgical History: cataract (eye) surgery, mastectomy and malignancy/cancer removal. Tonsilectomy arthroscopy of the right knee, arthroscopy of the left knee, arthroscopy of the right shoulder and rotator cuff repair on the right. Bone spur heel

Family History: Father: None.
Mother: None.
Sibling(s): None.

Personal and Social History: The patient does not smoke. The patient currently does not consume alcohol.

Review of Systems
Constitutional: The patient denies any unplanned weight loss, loss of appetite, fatigue or weakness.
Eyes: vision loss.
Ear/Nose/Throat: The patient denies any hearing loss, hoarseness, trouble swallowing, ear pain/ringing, tooth/gum issues or nose bleeds.
Cardiovascular: The patient denies any chest pain, palpitations, heart attack or high blood pressure.
Respiratory: The patient denies any chronic coughing, pulmonary embolism, pneumonia or shortness of breath.
Gastrointestinal: Patient denies heartburn, nausea, blood in stool or stomach pain.
Genitourinary: The patient denies any painful urination, blood in urine or kidney problems.
Skin: The patient denies any rashes, skin ulcers, lumps or psoriasis.
Neurological: The patient denies any frequent falls, loss of coordination, numbness, blackouts, frequent headaches, dizziness, change in bowel or bladder function.
Psychiatric: The patient denies any depression, drug addiction, alcohol abuse or sleep disorders.
Endocrine: The patient denies any fever, heat/cold intolerance or night sweats.
Hematological: The patient denies any bleeding problems, easy bruising, anemia or DVT.
Musculoskeletal:
The patient denies any osteoarthritis, muscular weakness or muscular pain.

18

Vital Signs: Height: 5ft 2.00in, Weight: 159lbs BMI 29.08 Pulse Blood Pressure

General Exam:

Constitutional:

Patient is adequately groomed with no evidence of malnutrition.

Mental Status:

The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

Right Hip/Pelvis Examination

Inspection: There is no swelling or ecchymosis. There is no obvious deformity.

Palpation: There is marked trochanteric tenderness.

Range of Motion: There is almost full ROM which some pain at the extremes.

Strength: Hip strength testing 5/5 in all muscle groups tested.

Sensation: Sensations are intact.

Reflexes: Reflexes are normal and symmetrical.

Special Tests: Stinchfield and Trendelenburg tests are negative.

Gait: Antalgic gait favoring the affected side.

Lumbar Spine Examination

Inspection: There was normal alignment of the lumbar spine

Palpation: There is no tenderness in the lumbar region. There is normal tone with no spasm noted.

Range of Motion: Range of motion of the lumbar spine was within normal limits.

Strength: There was 5/5 strength of the lower limbs..

Sensation: Sensation of the lower extremities is intact.

Reflexes: Lower extremity reflexes are intact and symmetric.

Special Tests: Dural stretch testing is negative.

Gait: Gait and station are normal without the use of an assistive device.

Additional Comments: she has full range of motion of the right hip. No significant groin pain with range of motion

Imaging Orders: 2 views of the lumbosacral spine were ordered, obtained and interpreted from an orthopaedic standpoint. 3 views of the pelvis were ordered, obtained and interpreted from an orthopaedic standpoint.

Lumbosacral Spine Xrays: Some lumbar degenerative disc disease with appears to be degenerative scoliosis. **Hip/Pelvis Xrays:** No significant hip arthritis. No evidence of any bony lesions. She does have some calcification right over the right greater troch area probably secondary to the bursitis

Diagnosis Codes: M70.61 Trochanteric bursitis, right hip, M54.59 Other low back pain

Impression: Right hipTrochanteric bursitis
Lumbar Pain

Office Procedures: The Right Hip Superior trochanter area was cleansed in preparation for injection. The Right Hip Superior trochanter was injected with and 3 cc of 0.25 marcaine and 20 mg of Kenalog. The patient tolerated the procedure welland a Band-Aidwas placed.

Treatment Plan: I feel her primary problem today is trochanteric bursitis. We did discuss treatment options for this to include a trochanteric bursa injection. She would like to proceed with this. I would like to see her back on a p.r.n. basis. I would like to x-ray her hip today as well after the injection.

Imaging Orders: 2 views of the lumbosacral spine were ordered, obtained and interpreted from an orthopaedic standpoint. 3 views of the pelvis were ordered, obtained and interpreted from an orthopaedic standpoint.

19

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

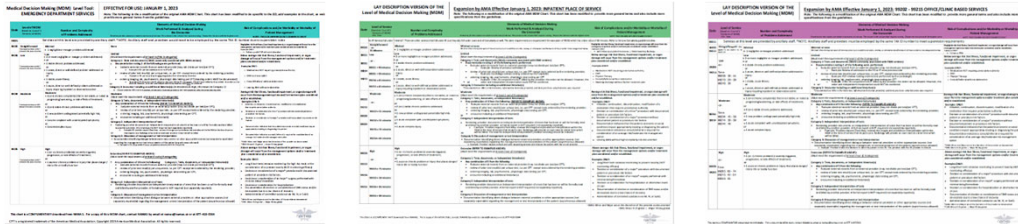
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20

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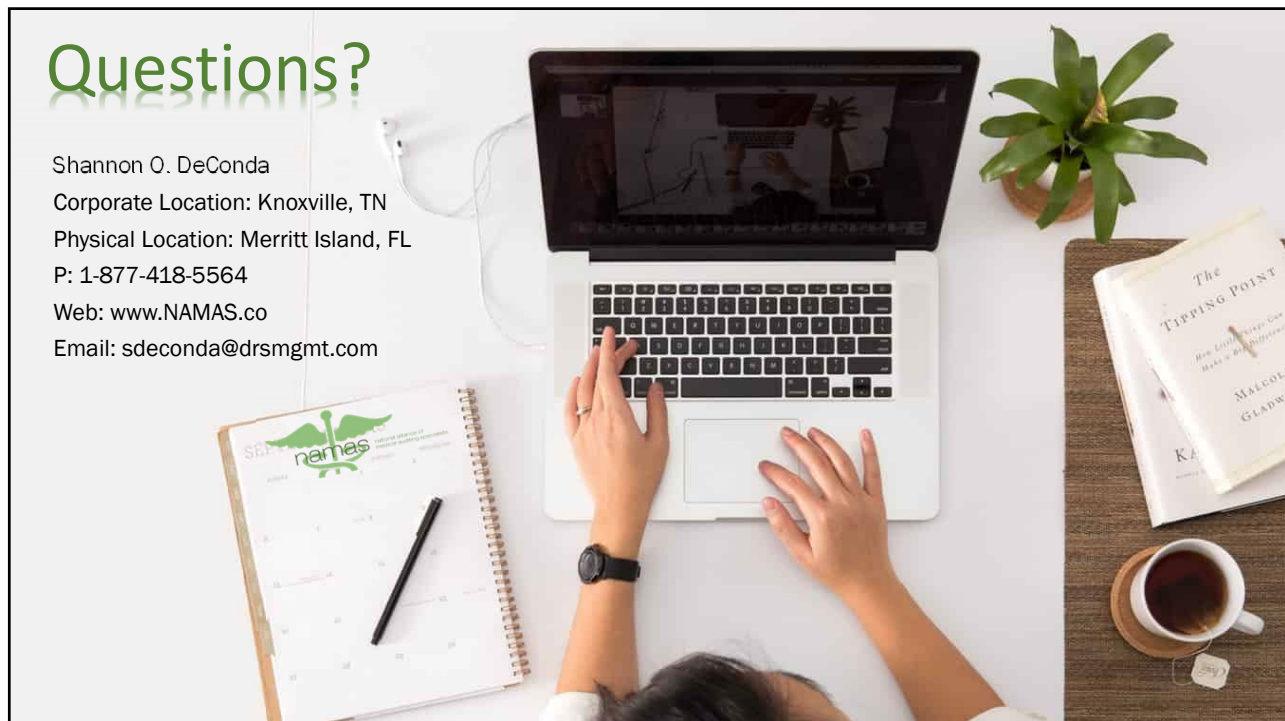
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21

Questions?

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22