



Rational Physician Coding for Hospital Progress Notes

Redacted Version

Peter R. Jensen, MD, CPC
www.EMuniversity.com

Rational Physician Coding for Hospital Progress Notes



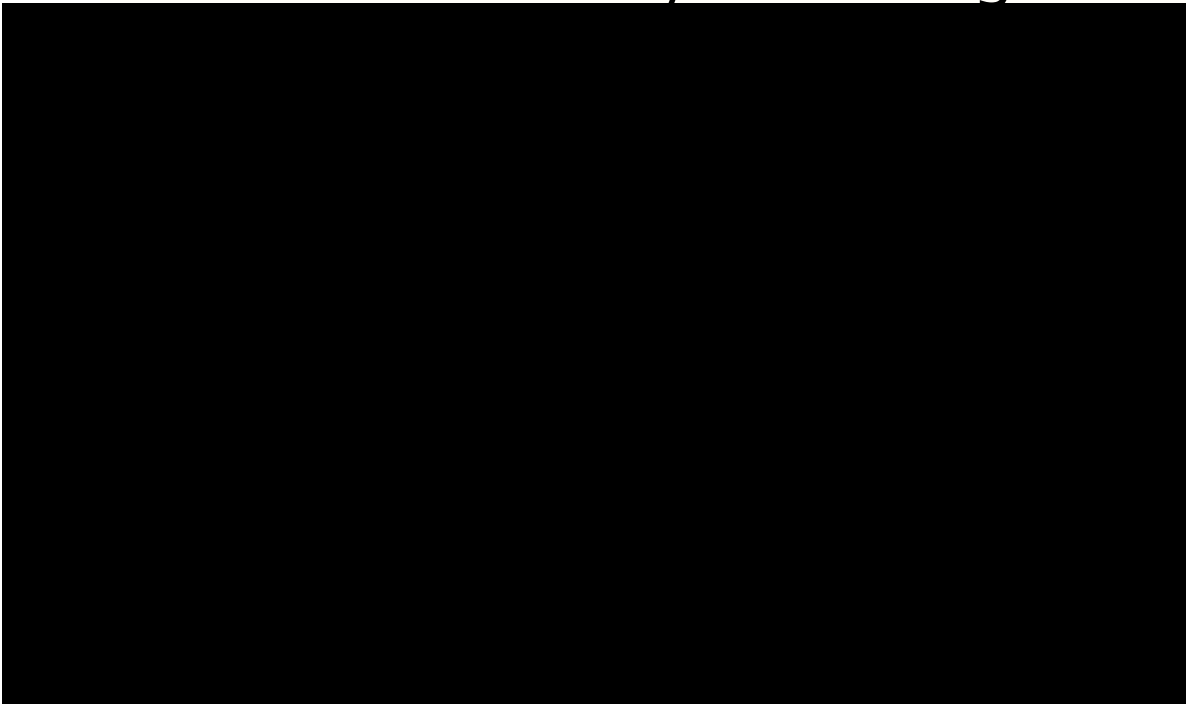
Peter R. Jensen, MD, CPC

For clinically driven E/M coding education go to
www.EMuniversity.com

Goals

- Learn the documentation requirements for hospital progress notes
- Understand how to identify the highest ethical level of care based on the cognitive labor provided
- Perform the documentation in an efficient manner to ensure compliance and save time
- Maintain the focus on patient care

Rational E/M Coding



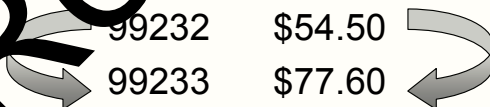
Hospital Progress Notes

- Accounted for a total of \$4,562,841,616 in allowed charges in 2003
- This adds up to 17.3% of E/M spending
- Three levels of care

99231 \$32.00

99232 \$54.50

99233 \$77.60



↑ 40%

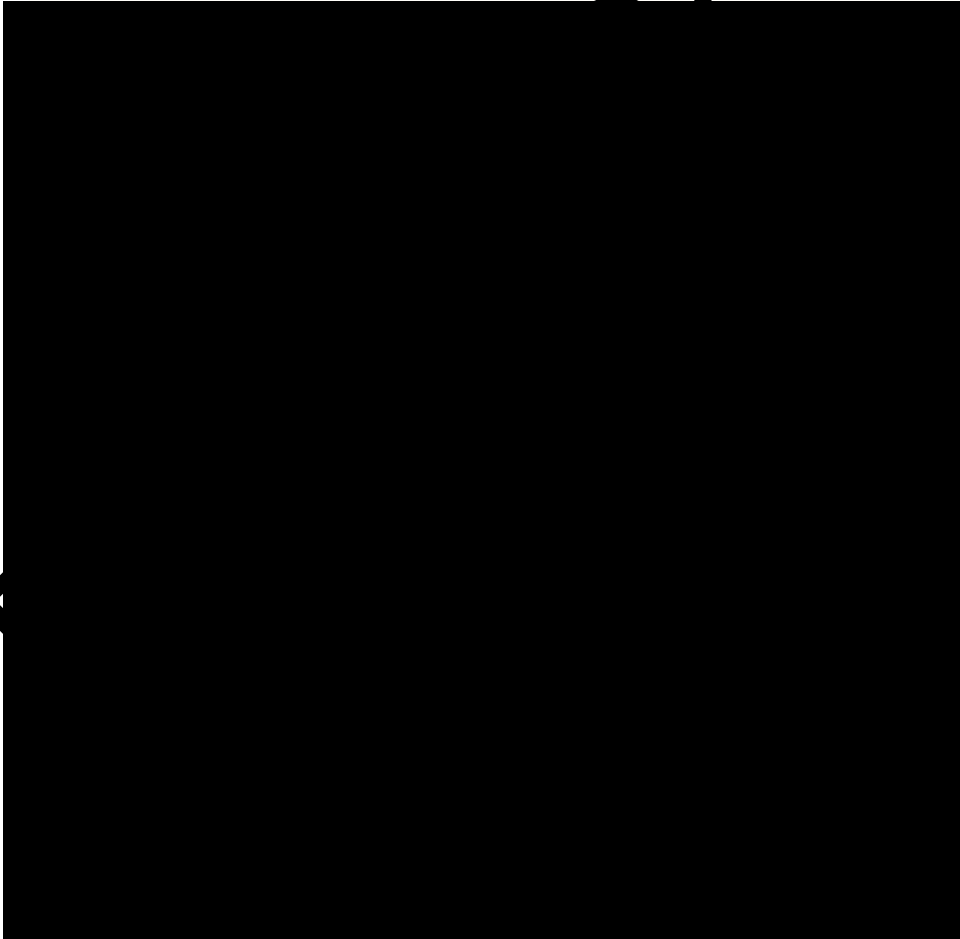
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Hospital Progress Notes

E/M Code	History	Exam	MDM	Time
99231	PF	PF	SF/Low	15
99232	EPF	EPF	Moderate	25
99233	Detailed	Detailed	High	35

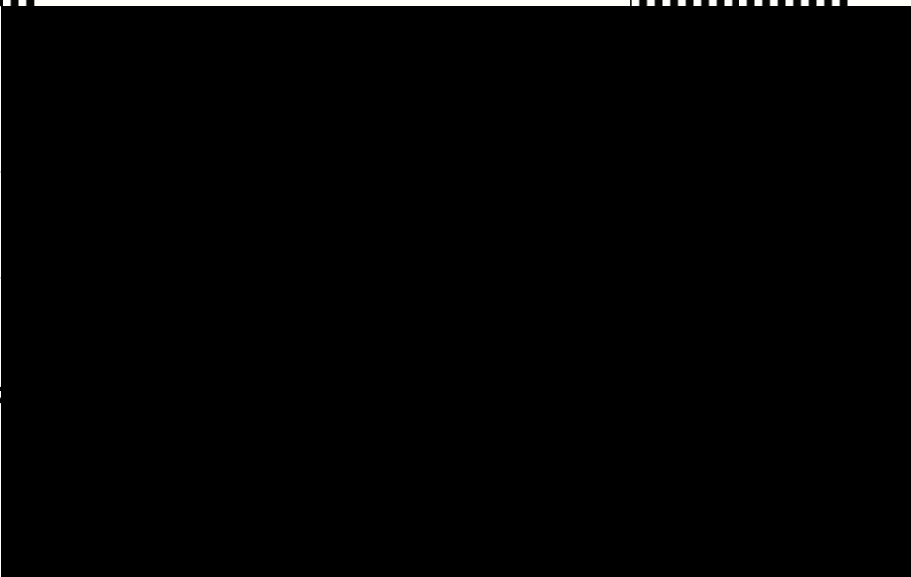
Only 2 out of 3 key components must qualify



Coding Based on Time

Hospital Progress Notes

E/M Cod
99231
99232
99233

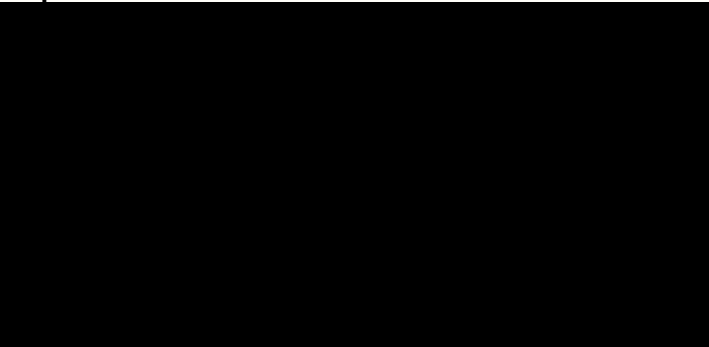


99231

E/M Code	History	Exam	MDM	Time
99231	PF	PF	SF/Low	15

2 out of 3 key components must qualify

Time required would be 15 minutes

- Second I frequently code for encounter
 - Reimbursement about \$3
- 

Redacted



99231

E/M Code	History	Exam	MDM	Time
99231	PF	PF	SF/Low	15

2 out of 3 key components must qualify

Problem Focused History

Hx	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	1	None
Det	Ext	2 – 9	1/3
Comp	Ext	10	3/3

Problem Focused Exam

Exam	Bullets
PF	1 – 5 from any systems
EPF	6 – 11 from any systems
Det	12 from any systems
Comp	2 from 9 systems

SF/Low Complexity MDM

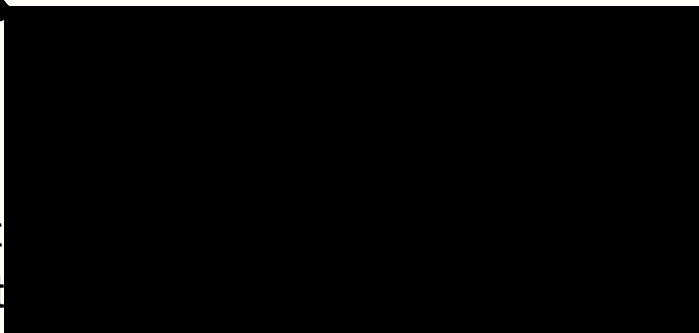
MDM	Prob Pts	Data Pts	Risk
SF	1	0 - 1	Min
Low	2	2	Low
Mod	3	3	Mod
High	≥4	≥4	High

Requires two out of three

What Does a 99231 Look Like?

- You are following a patient with dementia who is medically stable

- Pri
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- pat
- Tot



MDM

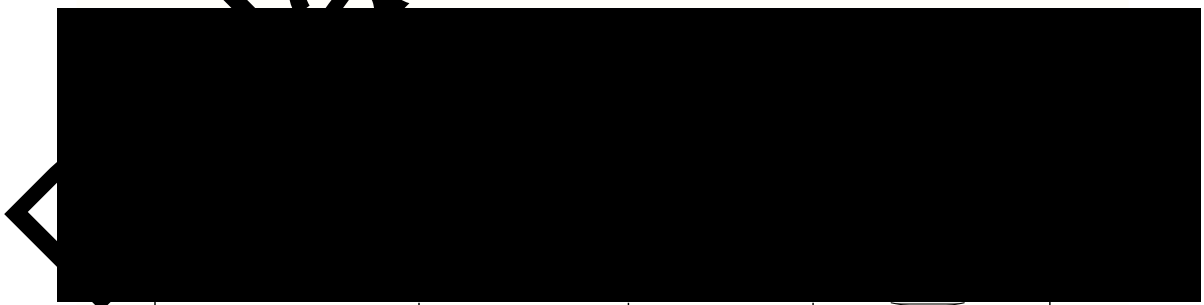


MDM Points

Problems/DD		Pts
Self limited or minor (tests	1
Established problem		1
Established problem, worsening		1
New problem, no add work-up planned		1
New problem, additio work-up planned		2
	ords	1
		2
Total		oints = 0

Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<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 •Chest X-rays •EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> •Rest •Gargles •Superficial dressings
Low	<ul style="list-style-type: none"> •Two or more self-limited or minor problems •One stable chronic illness •Acute uncomplicated injury or illness, e.g., cystitis, allergic rhinitis, sprain 	<ul style="list-style-type: none"> •Physiologic tests not under stress, e.g., PFTs •Non-cardiovascular imaging studies with contrast •ABG •Skin biopsies 	<ul style="list-style-type: none"> •Over the counter drugs •Minor surgery, with no risk factors •PT/OT •IV fluids, without additives
Moderate	<ul style="list-style-type: none"> •One chronic illness, with mild exacerbation, •Two stable chronic illnesses •Undiagnosed new problem, with uncertain prognosis 	<ul style="list-style-type: none"> •Cardiac stress test •Cardiovascular imaging studies, with contrast, with no identified risk factors 	<ul style="list-style-type: none"> •Prescription drug management •IV fluids, with additives
High	<ul style="list-style-type: none"> •One or more chronic illness, with severe exacerbation •Acute or chronic illness or injury, which poses a threat to life or bodily function •An abrupt change in neurological status 	<ul style="list-style-type: none"> •Cardiovascular imaging, with contrast, with identified risk factors •Cardiac EP studies •Diagnostic endoscopies, with identified risk factors 	<ul style="list-style-type: none"> •Parenteral controlled substances •Drug therapy requiring intensive monitoring for toxicity •Obtain DNR or de-escalate care

Calculating the Overall MDM

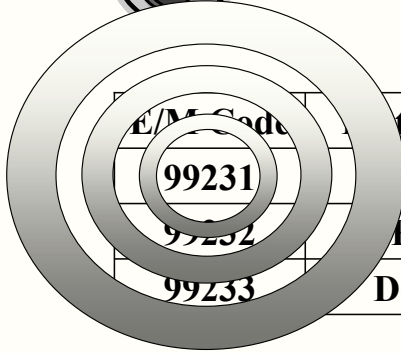


High	4	4	High
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Need 2 out of 3 to qualify for given level of MDM



Selecting the Target Code

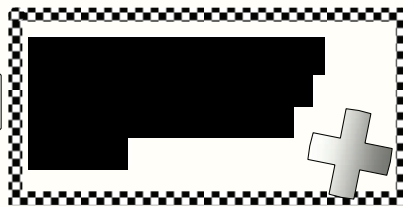


E/M Code	History	Exam	MDM	Time
99231	F	PF	SF/Low	15
99232	PF	EPF		25
99233	Det	Det	High	35

2 out of 3 key components must qualify



OR



99231	PF	PF	<input checked="" type="checkbox"/>

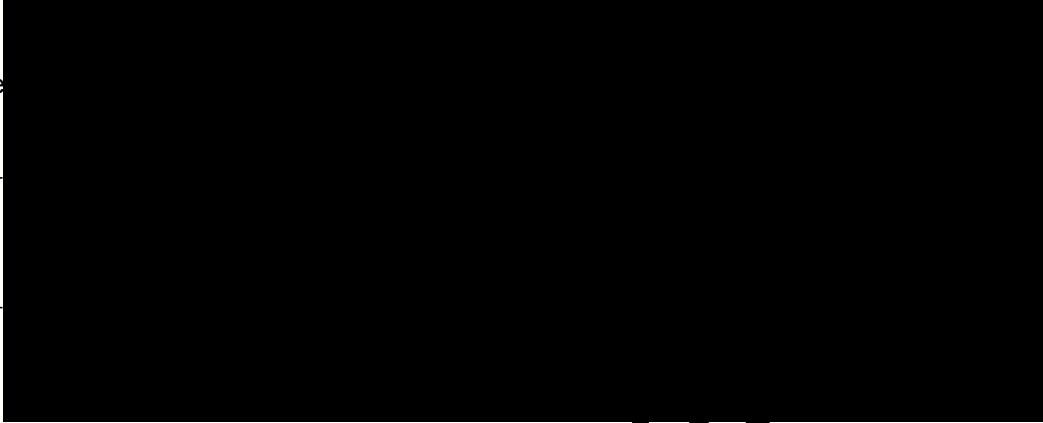


to go for the history and the MDM and didn't worry about the exam.

History

History	HPI	ROS	PFSH
PF	Brief	None	None

CC
Inter
rev



2 out of 3 key components must qualify

Target Code	History	Exam	MDM
99231	PF	PT	SF/Low

E/M Insight: A Problem Focused History

It doesn't take much to qualify for a problem focused history. It is difficult (but not impossible)

Here, we cover
all we need
elements of the
ROS or PFSH

One way to
state, "No n

This sort of
be essential

condition, which is
for more HPI ele-
No elements of

format and

history and would

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
						Chest/Breasts	

CC:
Inte
Pre
info
Phy

Ta

E/M Insight: No Problem Focused Exam

It doesn't take much to qualify for a problem focused exam. It is difficult *not* to qualify for this goal.

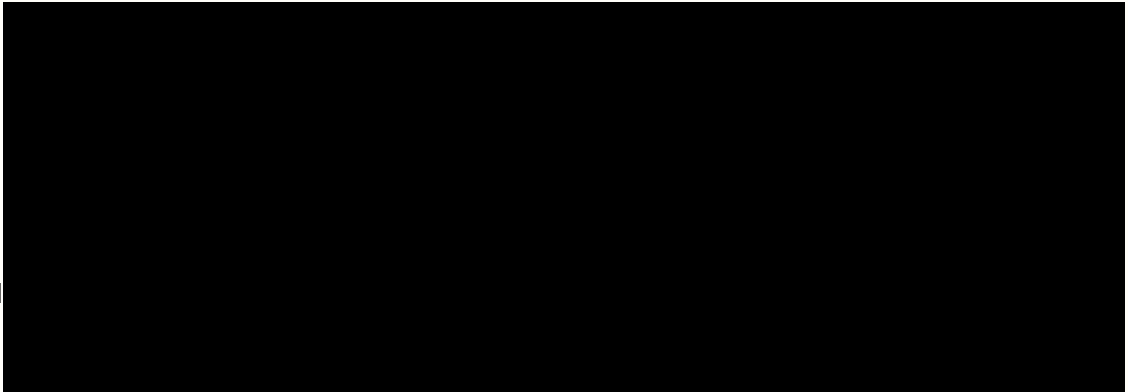
The exam is to bullets essentially
are recorded essentially
invisible

Not that the general
appear these ele-
ments an

Medical Decision-Making

CC: F/U dementia

In
P
in
P
A
Pl



2 out of 3 key components must qualify

Target Code	History	EX	MDM
99231	PF <input type="checkbox"/>	PF <input checked="" type="checkbox"/>	SF/Low <input checked="" type="checkbox"/>

E/M Insight: Straightforward Medical Decision-Making



decision-making with one prob-

ble, the threshold of minimal up to low risk.

efore assigning any “routine”

Alternative Ending

CC: F/U dementia

In
Pr
in
P
A
Pl

T	MDM
	SF/Low

Two out of Three is all You Need

Remember that hospital progress notes require qualifying documentation of only two out of three: Physician, Care, or Plan. However, you must document all three, but you can choose which two to document.

In the above example, we can see that the history and physical are documented, but the plan is not. This is a violation of compliance.

The next page

Alternative Ending

History	KPI 	ROC 	ECI
PF			

CC: F/U dementia

ullets
any systems
any systems
ny systems
systems

2 out of 3 key components must qualify

Target Code	Histo 	Exam 	MDM
99231	PF	PF	SF/Low

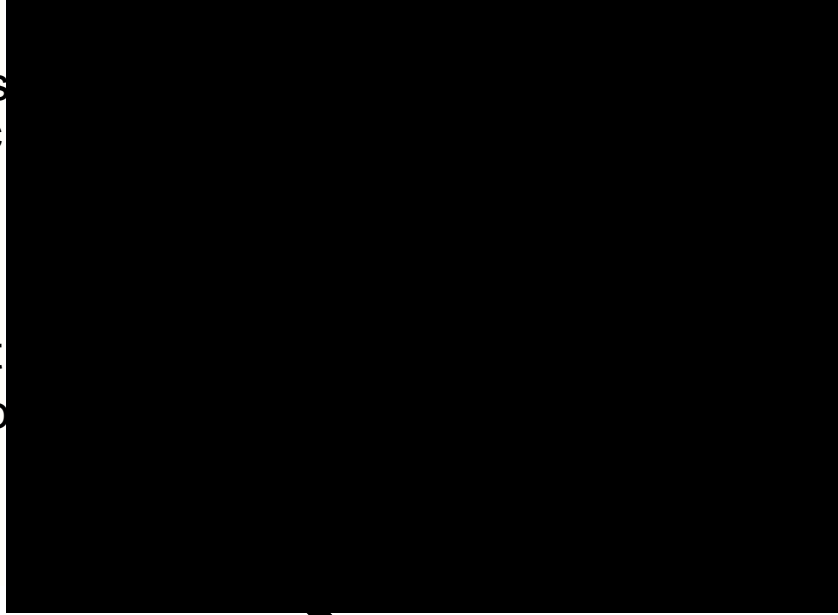
Alternative Ending: 99231

In this case, we did not use the history as one of our qualifying components. The

nts of history.
 lem focused.
 of the patient
 ich is more than
 g key compo-

Take-Home Messages: 99231

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ST
- Do
bot
- Pro
do



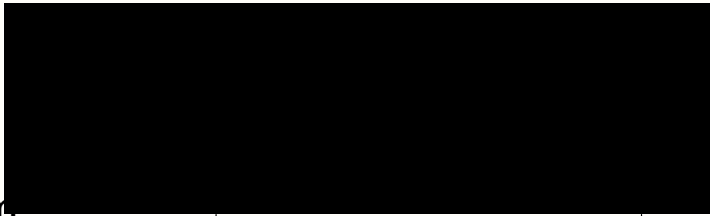
99232

E/M Code	History	Exam	MDM	Time
99232	EPF	EPF	Mod	25

2 out of 3 key components must qualify

Time required would be 25 minutes

- Most frequ
used code f
encounters
- Reimburse
about \$55.00





99232

E/M Code	History	Exam	MDM	Time
99232	EPF	EPF	Mod	25

2 out of 3 key components must qualify

Expanded Problem Focused History

Hx	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	1	None
Det	Ext	2 – 9	1/3
Comp	Ext	10	3/3

Expanded Problem Focused Exam

Exam	Bullets
PF	1 – 5 from any systems
EPF	6 – 11 from any systems
Det	12 from any systems
Comp	2 from 9 systems

Moderate Complexity MDM

MDM	Prob Pts	Data Pts	Risk
Low	1	0 - 1	Min
Low	2	2	Low
Mod	3	3	Mod
High	≥4	≥4	High

Requires two out of three

A “Routine” Hospital Patient

- You see a patient with improving COPD exacerbation
- The patient is stable

- You
- or
- To mi

Problems/DDx
Self limited or minor (M
Established problem, st
Established problem, worsening
New problem, no additio
work-up planned
New problem, additional
work-up planned

Total Points = 3

Independent review of image, tracing, or specimen	2
Decision to obtain old records	1
Review of old records	2

Total Points = 1

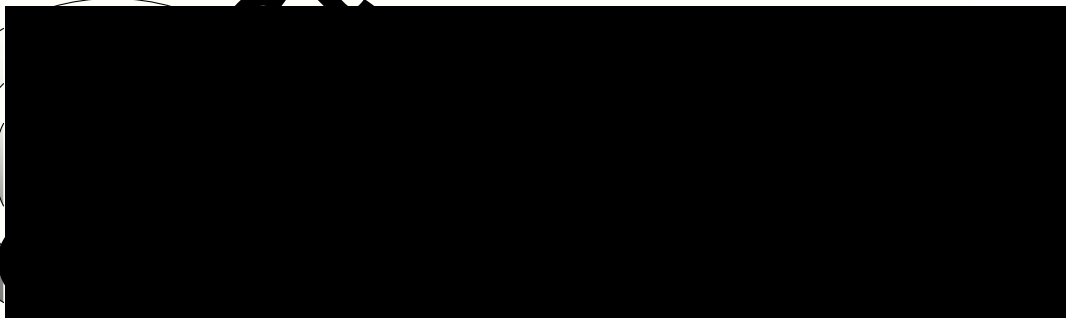
Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<ul style="list-style-type: none"> •One self-limited or minor problem, e.g., cold, insect bite, tinea corporis. 	<ul style="list-style-type: none"> •Laboratory tests •Chest X-rays •EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> •Rest •Gargles •Superficial dressings
Low	<ul style="list-style-type: none"> •Two or more self-limited or minor problems •One stable chronic illness •Acute, uncomplicated injury or 	<ul style="list-style-type: none"> •Physiologic tests not under stress, e.g., PFTs •Non-cardiovascular imaging studies with contrast 	<ul style="list-style-type: none"> •Over the counter drugs •Minor surgery, with no risk factors •PT/OT
	<ul style="list-style-type: none"> injury, which poses a threat to life or bodily function •An abrupt change in neurological status 	<ul style="list-style-type: none"> •Cardiac EP studies •Diagnostic endoscopies, with identified risk factors 	<ul style="list-style-type: none"> intensive monitoring for toxicity •Obtain DNR or de-escalate care

Calculating the Overall MDM

MDM Complexity	Problems	Data	Risk
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Selecting the Target Code



2 out of 3 key components must qualify



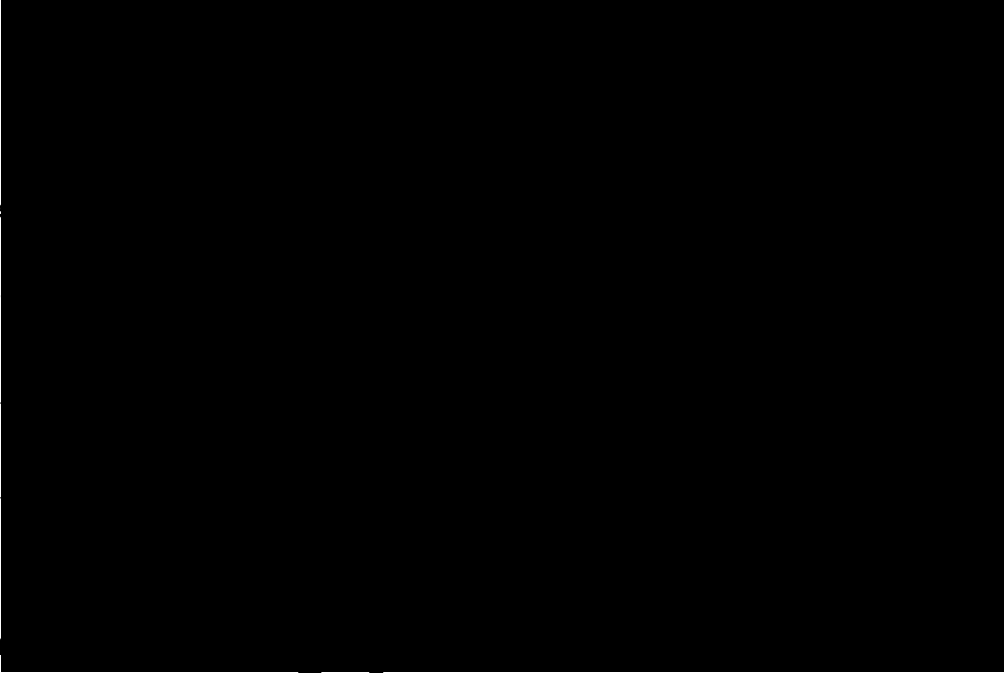
99232

- This level of care was billed 48,763,471 times in 2004
- \$
- T

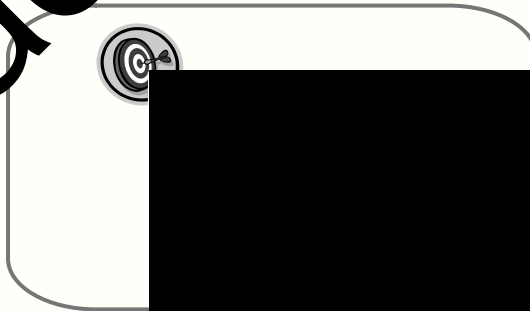
An expanded history requires HPI and on elements of

Target
9923

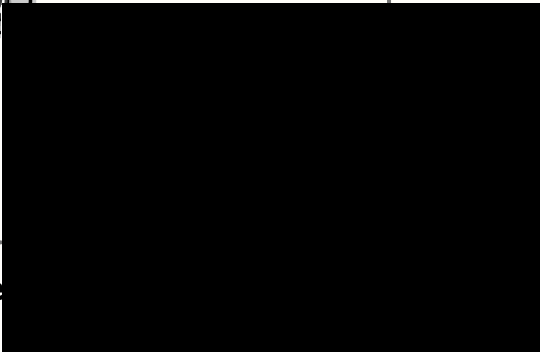
Remember, only t
let's see how the d
the MDM and didn



Purpose-Driven Documentation



2 out of 3 ke



Redacted

History

History	EPF	FQF	EFH
EPF	X	X	X

CC: F/U COPD

Interval History: The patient has no spontaneous somatic complaints.

2 out of 3 key components must qualify

Target Code	H	Exam	MDM
99232	X	EPF	Mod

E/M Insight: Not an Expanded Problem Focused History

In this case, the statement, "The patient has no spontaneous somatic complaints." contains no

[REDACTED]

[REDACTED]

[REDACTED]

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
1	2						

CC: F/U COPD
Interval History: The
Physical Exam:

An EPF exam requires at least 6 bullets from any organ system

2 out of 3 key components must qualify

Target Code	H	Exam	MDM
99232	X	EPF	Mod

Psychiatric

E/M Insight: An Expanded Problem Focused Exam

You can see that it doesn't take much to qualify for an expanded problem focused exam. All you need is 6 to 11 bullets from any organ systems.

In this case the following six bullets were documented:

1. Ab
2. Th
3. Au
4. As
5. Au
6. As

This a [redacted] required for an ex-
pande

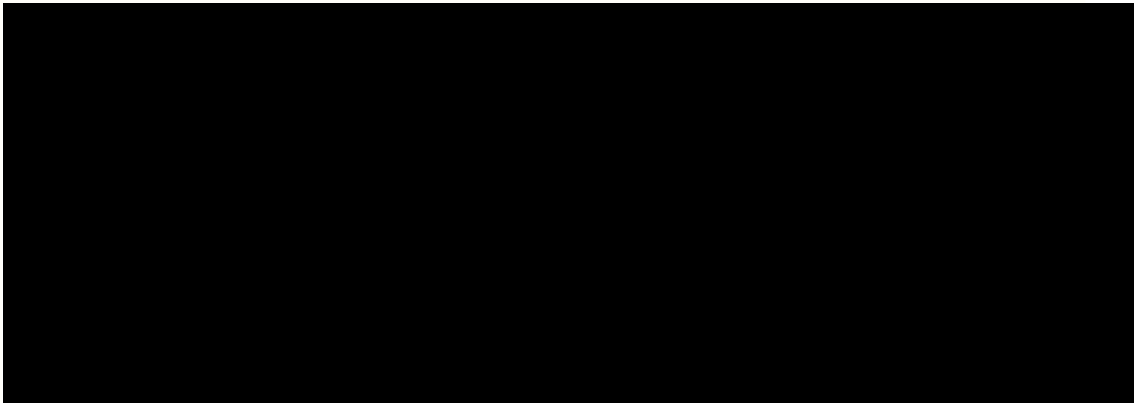
Medical Decision-Making

Interval History: The patient has no spontaneous somatic complaints.




Physical Exam: NAD, conversant; 120/80, 98.6, 24

Assess

Plan:

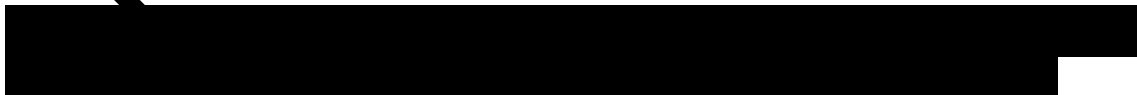
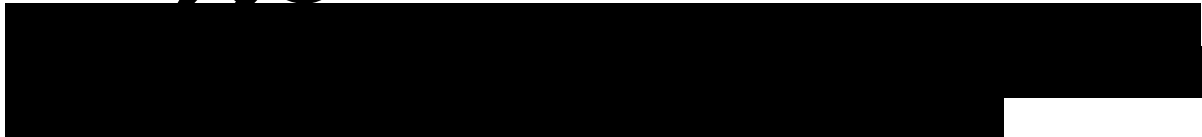
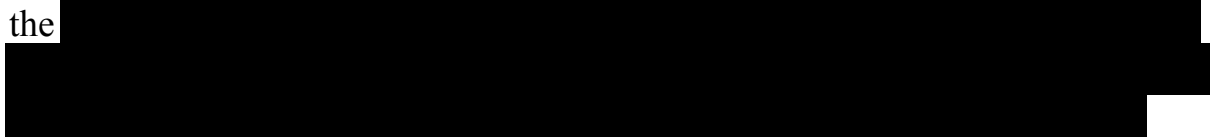


2 out of 3 key components must qualify

Target Code	H 	Exam	MDM
99232		EPF 	Mod 

E/M Insight Moderate Complexity MDM

We know that this adds up to moderate complexity MDM because we added up the



Alternative Ending

Interval History: The patient has no spontaneous somatic complaints.

Physical Exam:

Assessment:

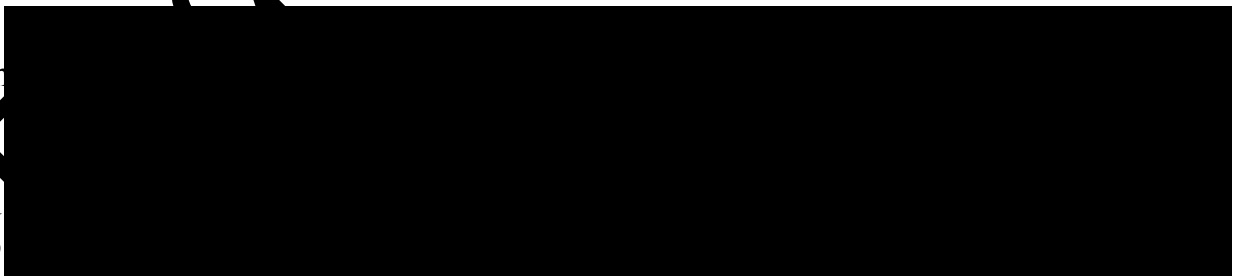
Plan:

pts	Risk
0 - 1	Min
2	Low
3	Mod
≥4	High

Target Cod	DM
99232	od

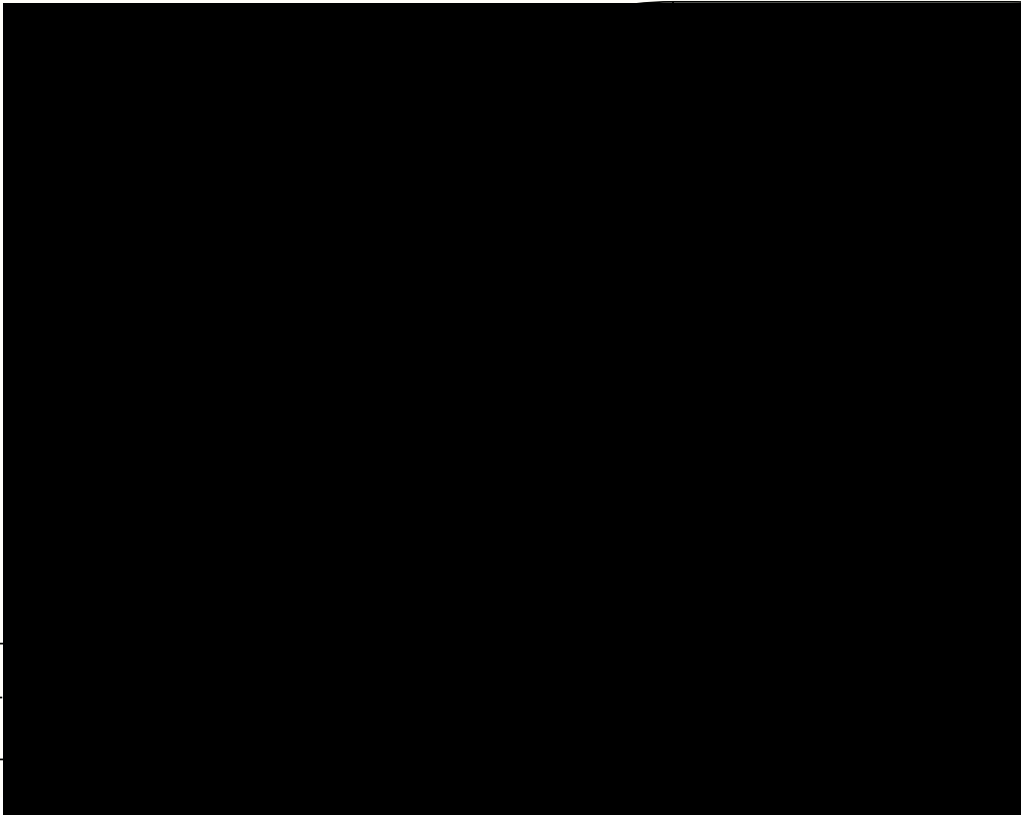
Two out of Three is all You Need

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exam
On
about
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Alternative Ending

History	HPI	ROS	PFSH
EPF	Brief	1	None



Alternative Ending: 99232

Now the history above does not qualify as being an expanded problem focused history:

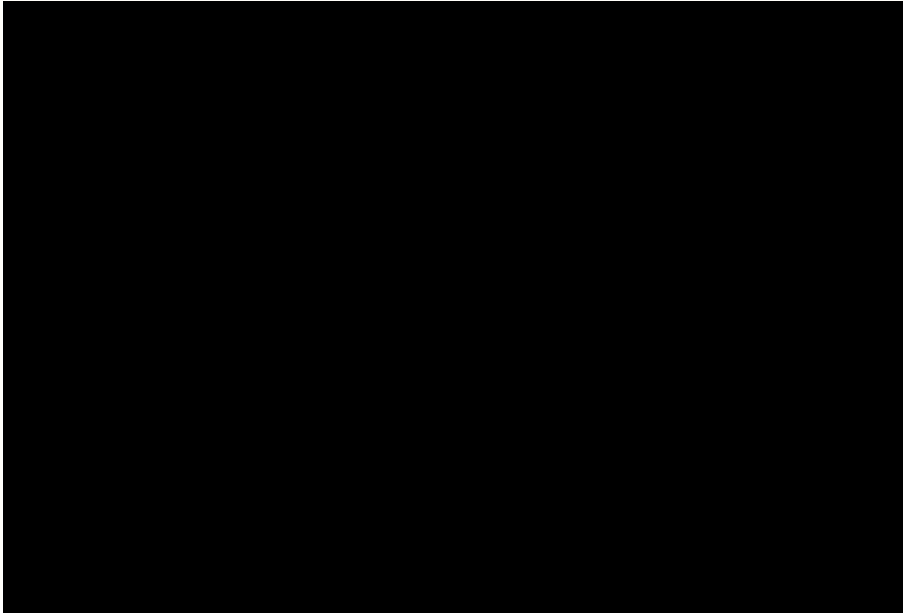
Brief HPI: Q

One ROS: Q

On the other
we only incl
tion of the lu

The MDM d

Take-Home Messages: 99232



99233

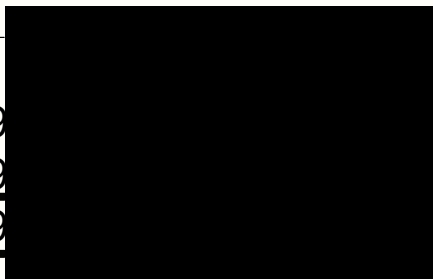
E/M Code	History	Exam	MDM	Time
99233	Det	Det	High	35

2 out of 3 key components must qualify

Time required would be 35 minutes

- Least frequently used code for these encounters
- Reimbursement is about \$78.00

99
99
99





99233

E/M Code	History	Exam	MDM	Time
99233	Det	Det	High	35

2 out of 3 key components must qualify

Detailed History				Detailed Exam		High Complexity MDM			
Hx	HPI	ROS	PFSH	Exam	Bullets	MDM	Prob Pts	Data Pts	Risk
PF	Brief	None	None	PF	1 – 5 from any systems	S	1	0 - 1	Min
EPF	Brief	1	None	EPF	6 – 11 from any systems	L	2	2	Low
Det*	Ext	2 – 9	0/3	Det	12 from any systems	Mod	3	3	Mod
Comp	Ext	10	3/3	Comp	2 from 9 systems	High	≥4	≥4	High

Requires two out of three

*When completing a detailed history for a hospital progress note, the usual requirement for one element of PFSH is waived. This means you can qualify for a detailed history for these encounters WITHOUT using any elements of PFSH.

- You see [redacted] who has [redacted]
- The patient [redacted]

134 | 101 | 74

11
35

- [redacted] V diuretics and broaden
- [redacted]
- [redacted] entation is about 24

MDM Points

Problems/DDx	Pts	Data Reviewed	Pts
Self limited			
Established			
Established worsening			
New problem work-up planned			
New problem, additional work-up planned	4		
		Decision to obtain old records	1
		Review of old records	2

Total Points = 10

Total Points = 4

Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<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 Chest X-rays EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> Rest Gargles Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness Acute uncomplicated injury or illness, e.g., cystitis, allergic rhinitis, sprain 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g., PFTs Non-cardiovascular imaging studies with contrast ABG Skin biopsies 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery, with no risk factors PT/OT IV fluids, without additives
Moderate	<ul style="list-style-type: none"> One or more self-limited or minor problems One stable chronic illness Acute complicated injury or illness, e.g., pneumonia, cellulitis, fracture 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., stress test Cardiovascular imaging studies with contrast ABG Skin biopsies 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery, with no risk factors PT/OT IV fluids, without additives
High	<ul style="list-style-type: none"> One or more self-limited or minor problems One stable chronic illness Acute complicated injury or illness, e.g., pneumonia, cellulitis, fracture 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., stress test Cardiovascular imaging studies with contrast ABG Skin biopsies 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery, with no risk factors PT/OT IV fluids, without additives

Calculating the Overall MDM

MDM Complexity	Problems	Data	Risk
SF	1	0 - 1	Min
Low	2	2	Low
Medium	3	3	Med
High	4	4	High

Need 2 out of 3 to qualify for given level of MDM



Selecting the Target Code

Exam Code	History	Exam	MDM	Time
00021	PF	PF	SF/Low	15
00022	PF	EPF	Med	25
00033	Det	Det	High	35

2 out of 3 key components must qualify

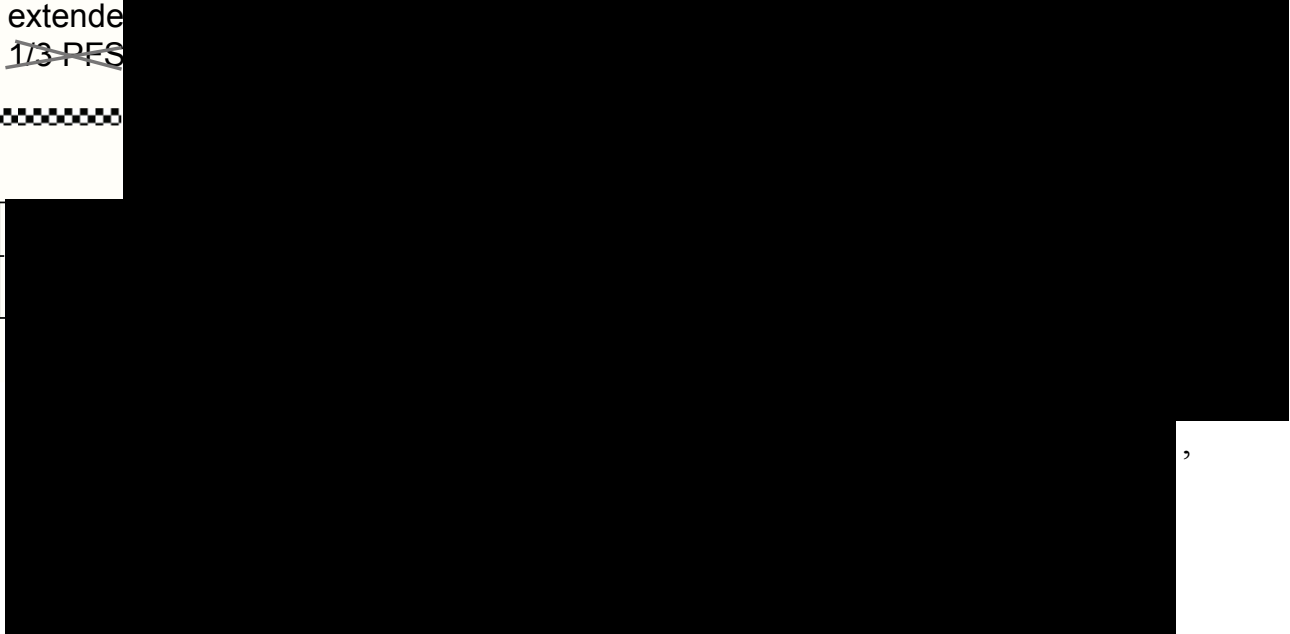


99233

- This level of care was billed 16,060,105 times in 2004
- \$1,236,591,817 in allowed charges
- Time required would be 35 minutes


A detailed* history requires an extended
 173-PFS

A detailed exam requires at



Purpose-Driven Documentation

Required

 **99233**

Detailed History

Detailed Exam

High Complexity MDM

2 out of 3 key components must qualify

History

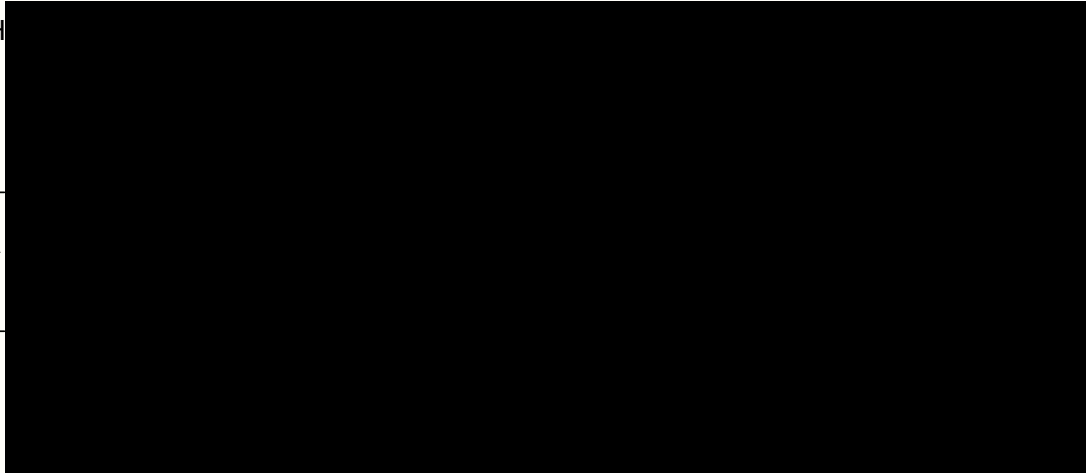
History	HPI	ROS	PFSH
Detailed	Extended	2 - 9	None

CC: F/U CHF

Interval H
volume o

ROS:

Sta



2 out of 3 key components must qualify

Target Code	History	Exam	MDM
99232	EPF	EPF	Mod

E/M Insight: A Detailed History

The above history qualifies as being a detailed history:

Ex

mo

R

PF

Ho

Drafted

e or

SH.

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
1	2			3			

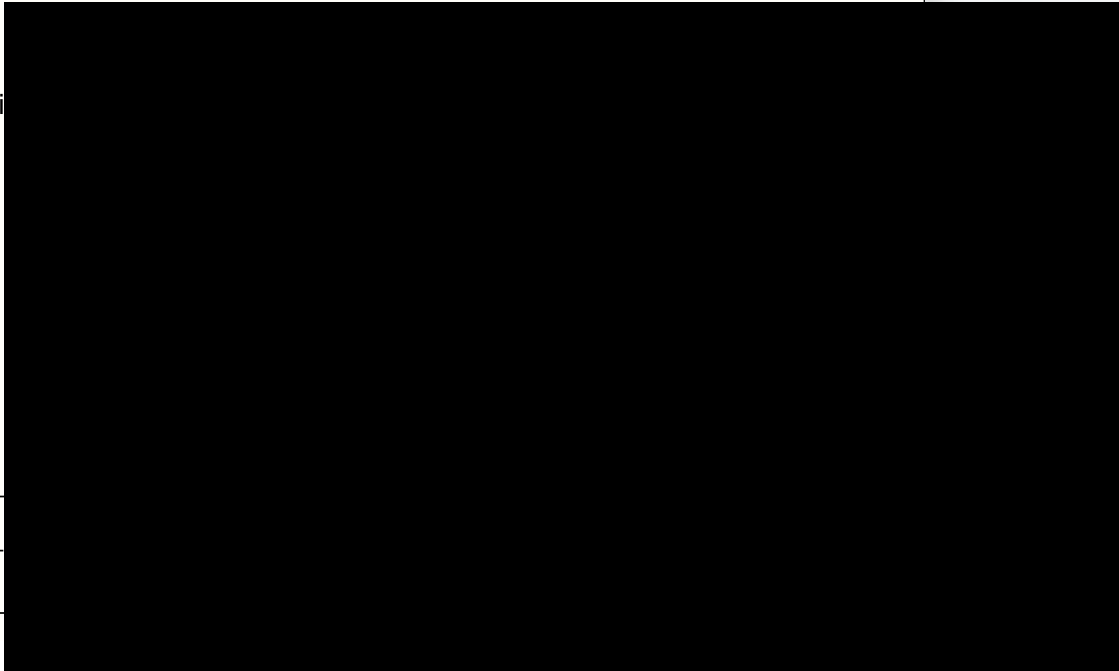
CC: F/U CHF

Interval History: The patient's CHF has worsened. HTN is poorly controlled due to volume overload. Diabetes is not controlled on current insulin sliding scale.

ROS:

Physi
Lung

Chest/Breasts



tal

E/M Insight: Not a Detailed History

The ab

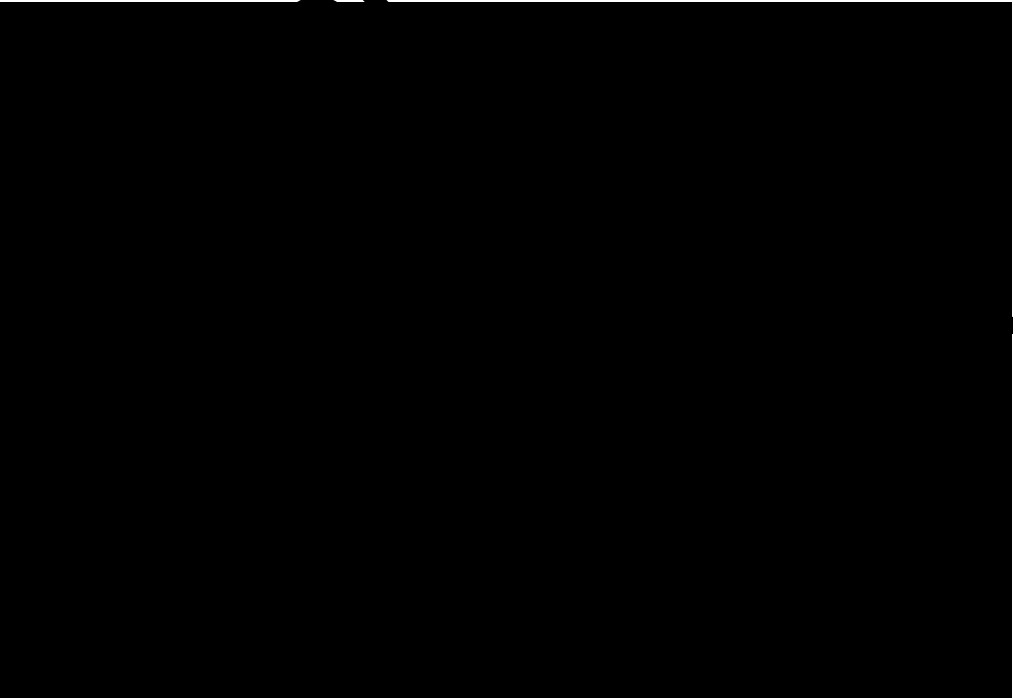
1. Gen
2. Aus
3. Ass

A detai
to qual

n close

That's
ready h
making

al-



Medical Decision-Making

CC: F/U CHF

Interval History: The patient's CHF has worsened. HTN is poorly controlled due to volume o

ROS: C
P

Physical Exam
bibasilar cra

Assessment

Plan:

Target Code

99233

The example above qualifies as being of high complexity medical decision-making because of the number of diagnoses, the amount of data reviewed, and the amount of time spent on the patient's care. This example is eligible for credit for

He do de addressed (to re as acute in or- re hidden behind in order to get

Alternative Ending

CC: F/U CHF

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to vo

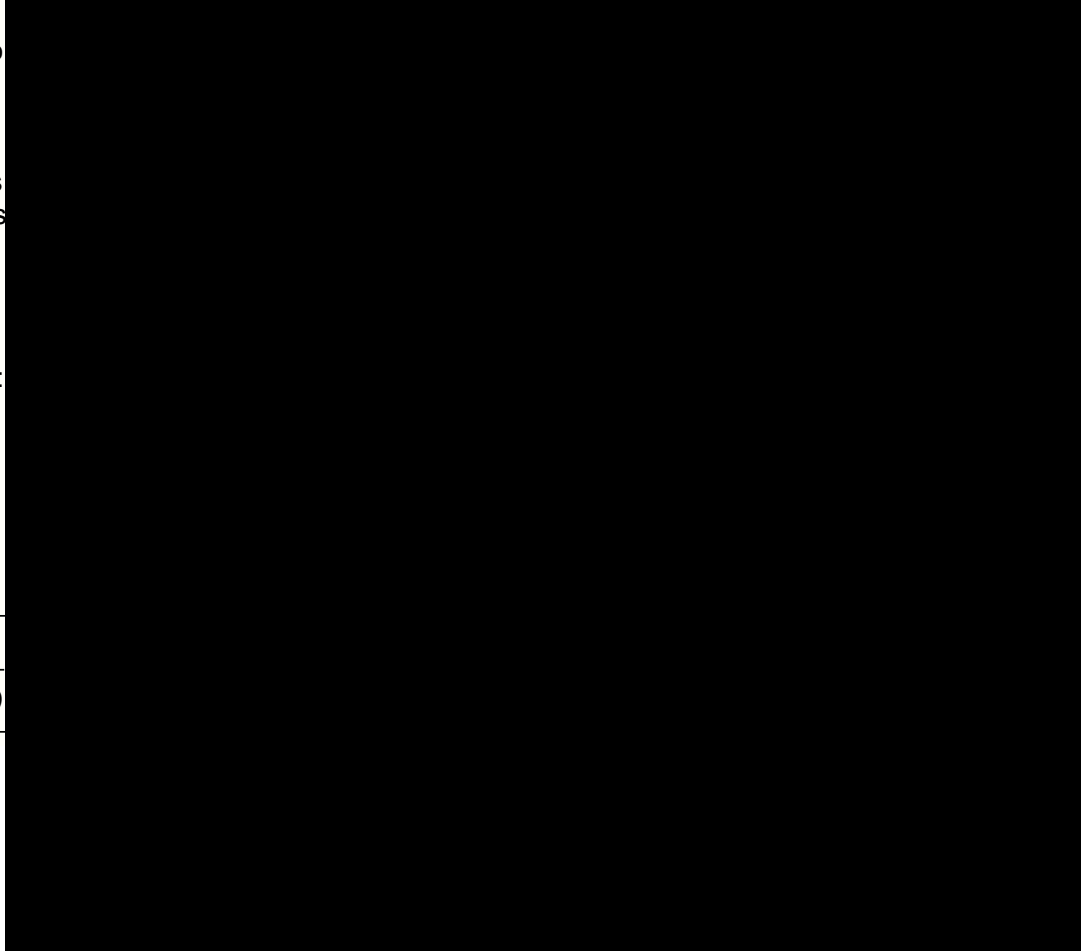
ROS

Phys
bibas

Asse

Plan:

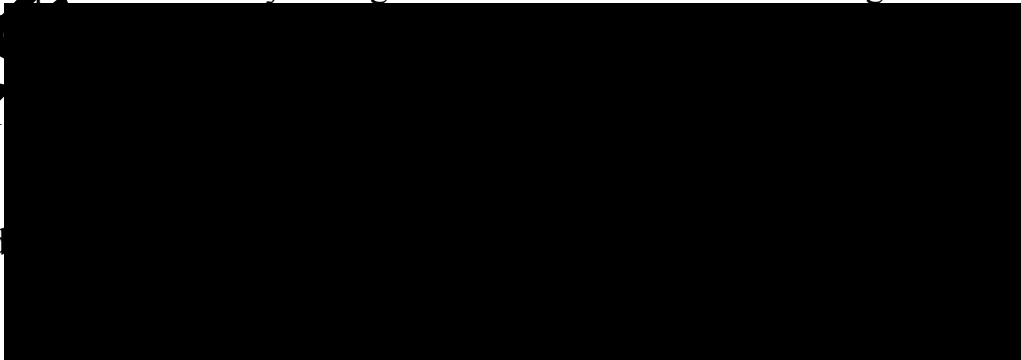
Tar
9



Two out of Three is all You Need

The above example shows how you might document this encounter using the history and the

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Alternative Ending

History	Expanded	Expanded	Expanded
Detailed	Expanded	Expanded	Expanded

Interval History: The patient feels worse today.

Exam: Conversant, NAD; 165/90, 28, 78

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The history no longer qualifies as being a detailed history. In fact, the statement, "The p

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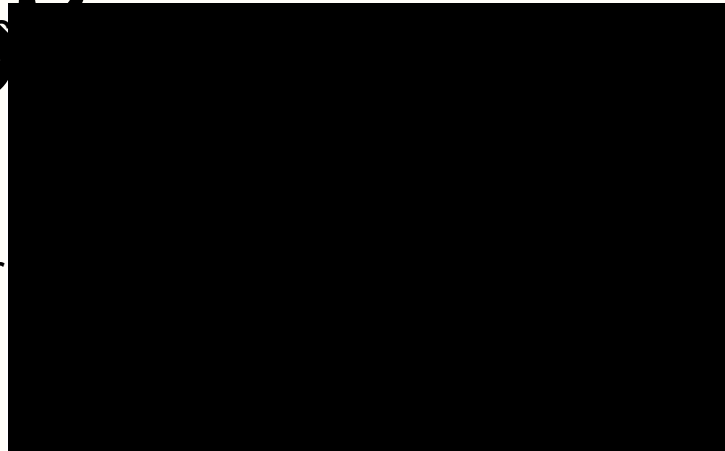
Take-Home Messages: 99233

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Can We Use Templates?

- It is acceptable to use templates to
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Redacted Version

H o s p i t a l P r o g r e s s N o t e

Patient:	2 out of 3 Key Components Required					ROS	(-)	Positive Findings
	E/M	Hx	Exam	MDM	Time	Constitutional		
	99231	PF	PF	SF/Low	15	Eyes		
	Date:	99232	EPF	EPF	Mod	25	ENT	
	99233	Det	Det	High	35	Cardiovascular		

H i s t o r y	CC:								
	Interval History:								

PF: 1 - 3 HPI elements or status of 1 - 3 problems (No ROS required) (99231) **EPF:** 1 - 3 HPI elements or status of 1 - 3 problems plus 1 ROS (99232) **Det:** ≥ 4 HPI elements or status of 3 problems, 2 - 9 ROS; **NO** PFSH required (99233)

Constitutional: NAD, conversant, pleasant (appearance)
 BP HR RR T (three vital signs)

Exam Findings & Data Reviewed

Eyes: Anicteric sclerae, moist conjunctiva, no lid-lag
 PERRLA fundi clear, disc margins sharp

ENMT: NC/AT oropharynx clear; no erythema/exudate

Neck: Supple, FROM; no masses or JVD no carotid bruits

Lungs: CTA and percussion normal respiratory effort

CV: RRR, no MRGs normal PMI no peripheral edema

ABD: Soft, NABS, no masses no HSM no hernias

Skin: Normal temperature, tone, texture and turgor; no induration or subcutaneous nodules no rash, lesions or ulcers

Ext: No digital cyanosis/ischemia Pedal and femoral
 pulses intact and symmetrical; Normal gait and station

Psych: A & O X 3 appropriate affect intact judgment

Neuro: CNS II - XII intact no focal sensory deficits

PF: 1 - 5 bullets **EPF:** 6 bullets **Det:** 7 bullets

Data Reviewed	Pts
Review and/or order clinical lab tests	1
Review and/or order radiology tests	1
Review and/or order medical test (PFTs, EKG, echo, cath)	1
Discuss test with performing MD	1
Review of image, tracing, specimen	2
Decision to obtain old records	1
Review and summarize old records	2

M D M										
		4	3	1	2	1	Assessment & Plan			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

MDM	Prob Pts	Data Pts	Risk	E/M
SF <input type="checkbox"/>	≤ 1	1	Min	99231
Low <input type="checkbox"/>	2	2	Low	
Mod <input type="checkbox"/>	3	3	Mod	99232
High <input type="checkbox"/>	≥ 4	4	High	99233

Only 2 out of 3 components required

Signature _____

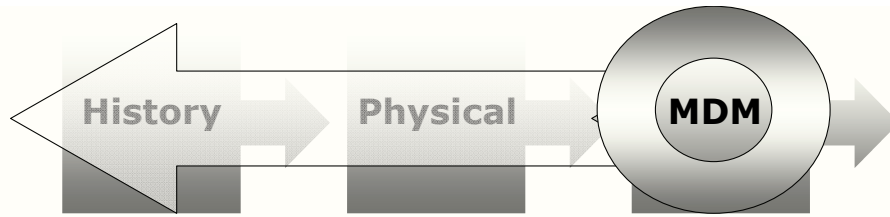
Minimal Risk <input type="checkbox"/>	Low Risk <input type="checkbox"/>	Moderate Risk <input type="checkbox"/>	High Risk <input type="checkbox"/>
<ul style="list-style-type: none"> • One self limited problem (e.g., cold, insect bite) 	<ul style="list-style-type: none"> • Two self-limited problems • One stable chronic illness • Acute uncomplicated illness (e.g., cystitis/rhinitis) • OTC drugs 	<ul style="list-style-type: none"> • Mild exacerbation of one chronic illness • Two stable chronic illnesses • Undiagnosed new problem • Acute illness with systemic symptoms (e.g., pyelonephritis, colitis) • Prescription drug management 	<ul style="list-style-type: none"> • Severe exacerbation of chronic illness • Illness with threat to life or bodily function • Abrupt change in neurological status (e.g., TIA/weakness) • Parenteral controlled substances • Decision for DNR or to de-escalate care • Drugs requiring intensive monitoring for toxicity

H o s p i t a l P r o g r e s s N o t e

Patient:	2 out of 3 Key Components Required					R05	(-)	Positive Findings
	E/M	Ix	Exam	MDM	Time	Constitutional		
	99231	PF	PF	SF/Low	15	Eyes		
	99232	EPF	EPF	Mod	25	ENT		
	99233	Det	Det	High	35	Cardiovascular		
Date:						Respiratory		
CC: F/U CHF						Gastrointestinal		
Interval History:	The patient feels worse today.					Genitourinary		
						Skin		
						Musculoskeletal		
						Psychiatric		
						Endocrine		
PF: 1-3 HPI e								
problems (No)								
Constitution								
BP 165/90								
Eyes: Anisoc								
PERRLA								
ENMT: NC								
Neck: Suppl								
Lungs: CTA								
CV: RRR, n								
ABD: Soft, n								
Skin: Norma								
or subcutane								
Ext: No dig								
pulses intact								
Psych: A & C								
Neuro: CNs								
PF: 1 - 5 bull								
	4	3	2	1				
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New, further wti is planned								
New, no further wti planned								
Self-limited or minor (max 2)								
Minimal								
•One self limit								
(e.g., cold, ins								

The document
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It is important
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(patient).
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- Focus on the Medical Decision-Making
- Perform the documentation in a purpose-driven manner
- Only two out of three are needed!
- Avoid time-wasting over-documentation
- Relax and let the patient choose the level of care



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