

The E/M service documented outside New England is a level FOUR established office patient.

99214
\$95.29

The E/M service documented in New England* is only a level 3 established office patient.

99213
\$64.12 ↓ 33%

CC: F/U HTN and other chronic problems

Red = New England,* Green = Everywhere else, Purple = Same for both

INTERVAL HISTORY: The patient's HTN remains well controlled with systolic pressures in the 120s at home. Diabetes appears to have stabilized on current dose of METFORMIN. CHF remains well controlled on sliding scale of diuretics adjusted during out last visit.

ROS: CV: Negative for chest pain/PND/orthopnea. Endocrine: Negative for polyuria or polydipsia.

Pertinent PFSH is remarkable for hyperlipidemia which is stable on statin therapy and CAD with no symptoms on long-acting oral nitrates.

PHYSICAL EXAM: NAD, conversant. BP 120/80, RR 20, HR 72. Lungs are clear. Heart is RRR with no MRGs. Extremities show no significant edema.

HGBA1c 6.2, creatinine 0.7, LDL 88

IMPRESSION: DM2, HTN, CHF, hyperlipidemia and CAD all of which are optimally controlled. Patient is doing remarkably well considering all his chronic medical problems and co-morbidities.

PLAN: No changes needed. RTC in 3 months with the usual labs.

E/M	History	Exam	MDM	Time
99211	No	MD	needed	5
99212	PF	PF	SF	10
99213	EPF	EPF	Low	15
99214	Det	Det	Mod	25
99215	Comp	Comp	High	40

(Requires 2 out of 3 key components)

(*MA, NH, VT, ME, RI)

History	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	≥ 1	None
Detailed	Ext	2 - 9	1/3
Comp	Ext	≥ 10	3/3

Exam	Bullets Required
PF	1 - 5 from any organ systems
EPF	6 - 11 from any organ systems
Detailed	≥ 12 from any organ systems
Comp	2 bullets from NINE systems

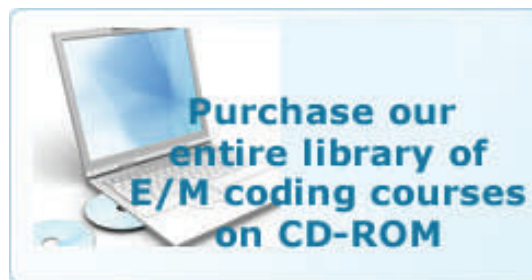
MDM	Prob. Pts	Data Pts	Risk
SF	≤ 1	≤ 1	Min
Low	2	2	Low
Mod	3	3	Mod
High	≥ 4	≥ 4	High

Requires 2/3 dimensions

The Medicare carrier for the New England States (except CT) is NHIC. They have recently changed the rules for auditing the key component of medical decision-making by putting a ceiling on how many stable problems can count toward the problem points. They have maxed that number at two (outlined in red below). This means physicians in these states will receive significantly less reimbursement for managing (and optimizing) multiple chronic illnesses than physicians in other states.

Newly Adopted NHIC Rules		Standard MDM Rules	
Problems Addressed	Pts	Problems Addressed	Pts
Self-limited or minor (max of 2)	1	Self-limited or minor (max of 2)	1
Established problem, stable (max of 2)	1	Established problem, stable	1
Established problem, worsening	2	Established problem, worsening	2
New problem, no work-up planned (max of 1)	3	New problem, no work-up planned (max of 1)	3
New problem, additional work-up planned	4	New problem, additional work-up planned	4

- Problem Points
- Data Points
- Risk



On-Site Physician-to-Physician E/M Coding Education



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