

99213
\$66.22

Case of the Week

By Peter R. Jensen, MD, CPC

CC: HTN and diabetes

INTERVAL HISTORY: The patient's diabetes has gone completely haywire due to dietary non-compliance. HGBA1c is in the double digits. HTN is also poorly controlled despite a handful of different blood pressure medications from almost every class available.

EXAM: BP 180/80, HR 76, RR 22. NAD, conversant. **NECK:** FROM, no JVD or carotid bruits. **LUNGS:** CTA with normal respiratory effort. **Heart:** RRR, no MRGs, normal PMI in the MCL. There is trace bipedal edema. **ABDOMEN:** Soft, non-tender, no HSM. **MUSCULOSKELETAL:** Normal gait and station. No digital cyanosis.

Labs: HGBA1c 12.4, creatinine 0.7, HGB 14.4, spot prot/creat 99 mg/G.

IMPRESSION:

- Poorly controlled Type 1 diabetes
- Poorly controlled HTN

PLAN:

- Add MINOXIDIL 5 mg PO BID.
- Add DOXAZOSIN 4 mg PO QHS.
- Increase 70/30 INSULIN to 60 units BID.
- RTC in two weeks 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)

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

TrailBlazer Problem Points		
A "problem" is defined as a definitive diagnosis or, for undiagnosed problems, a related group of presenting symptoms and/or clinical findings.		PTS
Each new or established problem for which the diagnosis and/or treatment plan is evident		1
Each new or established problem for which the diagnosis and treatment plan is not evident	2 plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	2
	3 plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	3
	4 or more plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	4
	Total Points	2

TrailBlazer is the Medicare carrier for CO, NM, OK, TX and VA. They have their own set of rules for quantifying the medical decision-making. The most notable difference is that you only get one problem point for each known diagnosis irrespective of whether it is stable or worsening. That means you get just two problem points for this patient.

Traditional Problem Points	Pts
Self-limited or minor (maximum of 2)	1
Established problem, stable or improving	1
Established problem, worsening	2
New problem, no work-up planned (max of 1)	3
New problem, with additional work-up planned	4
Total Points	4

Using the "standard" problem points used in the non-TrailBlazer states, it is easy to see that we would get TWO points each for the established, but worsening problems of DM1 and HTN. This would add up to four total problem points which would be enough to qualify the encounter as being of moderate complexity. In other words, a 99213 in Texas would be a 99214 everywhere else (except CO, NM, OK and VA which are also covered by TrailBlazer). Difference in reimbursement would be about \$30.