

OB/GYN Hospitalist Progressive Case Study

This month, we are doing a side by side progressive case study of documentation criteria.

You will note how documentation is reviewed and applied from a CPT/billing perspective.

The following three scenarios outline/cross reference criteria for new patients seen in an outpatient location and/or patients seen in an Emergency Department (ED/ER) location. CPT Code criteria for 99201-203/99281-283.

Next Month, we will review the “comprehensive” scenario’s for CPT code criteria for 99204-05/99284-85

99201/99281 New Patient/Emergency Dept Progressive Case Study

Patient a 23-year-old gravida 4, para 1-0-2-1 at 38+ weeks who comes in complaining of leaking fluid from vagina this morning

PHYSICAL EXAMINATION:

GENERAL: Well-nourished, well-developed, white female in no acute distress.

VITAL SIGNS: Blood pressure is 119/64, heart rate 96. She is afebrile.

GU: No cervical exam was done. No blood was seen. no contractions were palpated by exam.

ASSESSMENT:

Intrauterine pregnancy 38+ weeks, not in active labor, no evidence of ruptured membranes.

PLAN:

Discharge home. Follow up as scheduled

HPI (History of Present Illness)			
q Location	q Severity	q Timing	q Modifying factors
q Quality	q Duration	q Context	q Associated signs and symptoms
ROS (Review of Systems)			
q Constitutional (wt. Loss, etc)	q Ears, noe mouth, throat	q GI q GU	q Integumentary (skin, breast) q Endo q Hem/lymp
q Eyes	q Card/vasc q Resp	q Musculo	q Neuro q All/Imm q "All others negative"
PFSH (past medical, family and social history)			Established/ Subsequent
q Past medical history (illnesses, injuries, current meds, allergies, immunizations, etc.)	q Family history (health status or cause of death of parents, siblings, etc.)		New/Initial
q Social history (marital status, sexual hx, use of drugs, alcohol, tobacco, hobbies, etc)			
No PFSH required for E/M levels only requiring interval histories.			
1995 Organ Systems			
q Constitutional (vitals, gen app, etc)	q Ears, nose, mouth, throat	q Resp q GI	q Musculo q Skin q Neuro q Hem/lymp/ Immuno
q Eyes	q Cardiovascular	q GU	
Risk Level:^{1*}	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
M I N	One self-limited or minor problem, e.g.	Laboratory tests requiring venipuncture	Rest
	cold, insect bite	Chest x-rays	Gargle
	tinea corporis	EKG/EEG	Elastic Bandages
		Urinalysis	Superficial dressings
		Ultrasound e.g. echo	

In this scenario - The case study outlines the minimum necessary to meet the CPT documentation guidelines for billing a 99201 New Patient or a 99281 Emergency Dept patient.

In this example, it is very minimal, no additional tests were run this is a very basic quick check performed by the physician.

99201/99281 Office or other outpatient (ED) visit for the evaluation and management of a new patient, which requires these 3 key components:

- * A problem focused history;
- * A problem focused examination;
- * Straightforward medical decision making.

99202/99282 Progressive Case Study

23-year-old gravida 4, para 1-0-2-1 at 38+ weeks who comes in complaining of leaking fluid from vagina x 2 episodes this morning after showering.

ROS: Intermittent migraines during this pregnancy.

PHYSICAL EXAMINATION:

GENERAL: Well-nourished, well-developed, white female in no acute distress.

VITAL SIGNS: Blood pressure is 119/64, heart rate 96. afebrile 98.3

GU: No cervical exam was done. No blood was seen. no contractions palpated by exam

NST: baseline was noted to be 140 with reactivity and moderate variability. 20 min NST observation period. no contractions were seen or noted on strip. AmniSure ordered and was negative

ASSESSMENT:

Intrauterine pregnancy 38+ weeks, not in active labor, no evidence of ROM. Patient instructed regarding signs of rupture of membrane and onset of labor. May take OTC tylenol for headache/migraine s/s

PLAN:

Discharge home. Follow up as scheduled later this week with primary OB

HPI (History of Present Illness)				
q Location	q Severity	q Timing	q Modifying factors	
q Quality	q Duration	q Context	q Associated signs and symptoms	
ROS (Review of Systems)				
q Constitutional (wt. Loss, etc)	q Ears, nose, mouth, throat	q GI	q Integumentary (skin, breast)	q Endo
q Eyes	q Card/vasc	q Musculo	q Neuro	q All/Imm
	q Resp			q "All others negative"
PFSH (past medical, family and social history)				Established/ Subsequent
q Past medical history (illnesses, injuries, current meds, allergies, immunizations, etc.)	q Family history (health status or cause of death of parents, siblings, etc.)			New/Initial
q Social history (marital status, sexual hx, use of drugs, alcohol, tobacco, hobbies, etc)				
No PFSH required for E/M levels only requiring interval histories.				
1995 Organ Systems				
q Constitutional (vitals, gen app, etc)	q Ears, nose, mouth, throat	q Resp	q Musculo	q Psych
q Eyes	q Cardiovascular	q GI	q Skin	q Hem/lymph/Immuno
		q GU	q Neuro	
Risk Level*	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected	
L O W	2 + self-limited or minor problems	Physiologic test not under stress e.g. pulmonary function tests.	Over-the-counter drugs Minor surgery with no identified risk factors. Physical therapy Occupational therapy IV fluids w/o additives	
	1 stable chronic illness e.g. well controlled HTN, no n-ins. dep. diabetes, cataract, BPH	Non-cardio. Imaging studies with contrast e.g. barium enema.		
	Acute uncomplicated illness or injury e.g. cystitis, allergic rhinitis, simple sprain	Superficial needle bxs. Clinical Lab test requiring arterial puncture. Skin biopsies.		

In this scenario - The case study outlines the minimum necessary to meet the CPT documentation guidelines for billing a 992012 New Patient or a 99282 Emergency Dept patient.

In this example, it is stepped up to include a bit more relevant history and only 1 ROS. The 1995 guidelines for exam require 2-7 "body systems" and low medical decision making (eg the OTC meds_

99202/99282 Office or other (ED) outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- * An expanded problem focused history;
- * An expanded problem focused examination
- * Low medical decision making

99203/99283 Progressive Case Study

23-year-old gravida 4, para 1-0-2-1 at 38+ weeks who comes in complaining of leaking clear fluid from vagina x 2 episodes this morning after showering. Patient states she felt a "crampy" type sensation after noting the fluid leakage and thought she should be evaluated.

ROS: Intermittent migraines during this pregnancy. Patient denies GERD symptoms, has seasonal allergies.

Hx: previous pregnancy delv'd at 35 wks. Pt is smoker, quit when found out she was pregnant

PHYSICAL EXAMINATION:

GENERAL: Well-nourished, well-developed, white female in no acute distress.

VITAL SIGNS: Blood pressure is 119/64, heart rate 96. afebrile 98.3
 GU: No cervical exam was done. No blood was seen. no contractions palpated by exam

HEART: Regular rate and rhythm, no murmur.

LUNGS: Clear

NST: baseline was noted to be 140 with reactivity and moderate variability. 20 min NST observation period. mild contractions seen on strip no decelerations. AmniSure ordered and was negative

ASSESSMENT:

Intrauterine pregnancy 38+ weeks, not in active labor, no evidence of ROM. Patient instructed regarding signs of rupture of membrane and onset of labor. RX : Fioricet for migraine headache x 5 (no refill)

PLAN: Discharge home. Follow up as scheduled later this week with primary OB

HPI (History of Present Illness)				
q Location	q Severity	q Timing	q Modifying factors	
q Quality	q Duration	q Context	q Associated signs and symptoms	
ROS (Review of Systems)				
q Constitutional (wt. Loss, etc)	q Ears, nose, mouth, throat	q GI q GU	q Integumentary (skin, breast)	q Endo q Hem/lymp
q Eyes	q Card/vasc q Resp	q Musculo	q Neuro q Psych	q All/Imm q "All others negative"
PFSH (past medical, family and social history)				Established/ Subsequent
q Past medical history (illnesses, injuries, current meds, allergies, immunizations, etc.)	q Family history (health status or cause of death of parents, siblings, etc.)			New/Initial
q Social history (marital status, sexual hx, use of drugs, alcohol, tobacco, hobbies, etc)				
No PFSH required for E/M levels only requiring interval histories.				
1995 Organ Systems				
q Constitutional (vitals, gen app, etc)	q Ears, nose, mouth, throat	q Resp q GI	q Musculo q Skin	q Psych q Hem/lymph/Immuno
q Eyes	q Cardiovascular	q GU	q Neuro	

Risk Level*	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
M O D E R A T E	1 + Chronic illnesses with mild exacerbation, progression or side effects of treatment	Physiologic test under stress e.g. cardiac stress test, fetal contraction stress test	Minor surgery with identified risk factors
	Two or more stable chronic illnesses	Diagnostic endoscopies with no identified risk factors	Elective major surgery (open percutaneous or endoscopic) with no identified risk factors
	Undiagnosed new problem with uncertain prognosis e.g. lump in breast	Deep needle or incisional bx Cardiovascular imaging studies with contrast and no identified risk factors e.g. arteriogram, cardiac cath	Prescription drug mgmt Therapeutic nuc med
	Acute illness with systemic symptoms e.g. pyelonephritis, pneumonitis, colitis	Obtain fluid from body cavity e.g. lumbar puncture, thoracentesis, culdocentesis	IV fluids with additives Closed treatment of fracture or dislocation without manipulation
	Acute complicated injury e.g. head injury with brief loss of consciousness		

As the case study progresses, CPT documentation for 99203/99283 changes slightly. For the ED only an XPF history and exam are needed, but for a new pt, a detailed history & detailed exam are required.

Moderate complexity Medical decision making is noted by the inclusion of NST testing, and a RX given for migraine

99203/99283 Office or other (ED) outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- * An XPF history(ED); Detailed History (New Pt)
- * An XPF Exam (ED); Detailed Exam (New Pt)
- * Moderate Complexity medical decision making