Documenting an Outpatient Visit

Part 1: Overview of Basic Principles

This education is Part 1 of a 9-part series on documenting and selecting the level of service for outpatient visits.

All presentations are available on the Tulane University School of Medicine website: [http://tulane.edu/counsel/upco/billing-ed/](http://tulane.edu/counsel/upco/billing-ed/)

**Part 1: Overview of Basic Principles**

- Part 2: Documenting a History
- Part 3: Documenting an Exam
- Part 4: Documenting Medical Decision Making
- Part 5: Documenting Consults
- Part 6: Documenting Pre-Operative and Confirmatory Consults
- Part 7: Time-Based Codes
- Part 8: Linking to Resident Notes
- Part 9: Modifiers -24 and -25

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To check to see how many compliance credits you have and to check which training sessions you have completed, contact the University Privacy and Contracting Office at 504-988-7739

It is the policy of TUMG to provide healthcare services that are in compliance with all state and federal laws governing its operations and consistent with the highest standards of business and professional ethics. Education for all TUMG physicians is an essential step in ensuring the ongoing success of compliance efforts.

**Table of Contents**

- Purpose of Presentation .......................................................... page 1
- WYSIWIG Principle ................................................................. page 1
- Outpatient Visit Essentials ........................................................ page 2
- Importance of Documentation .................................................. page 3
- E/M Guidelines: “Meet or Exceed” Principle ................................ page 4
- Quiz .................................................................................... pages 7-8

The TUMG Compliance Staff are available to any physician/section/department that would like further information on outpatient documentation guidelines or other compliance topics.

- TUMG Business Services

Man’s mind, once stretched by a new idea, never returns to its original dimensions.

Oliver Wendell Holmes
Tulane University Medical Group (TUMG) physicians are responsible for documenting their outpatient visits and selecting the level of service to be billed to the carrier.

The purpose of this presentation is to
Provide information regarding documenting and selecting a level of service for outpatient visits.
Provide links to source documents that will assist physicians in the understanding and application of documentation guidelines.

The WYSI-WYG Principle:
The WYSIWYG (wissy-wig) principle defines the relationship between documentation and level of service for an outpatient visit:

What You See Is What You Get
There is a corollary:
If it isn’t written, it didn’t happen, and it can’t be billed.

An understanding of Evaluation and Management Guidelines, paired with the WYSIWYG Principle, greatly reduces the potential for Level of Service – Documentation Mismatches.

Physician: I know the service is a 99204
Reviewer/Coder: I see a 99202

Physician Note
Chief Complaint
Expanded History
Detailed Exam
Moderate
Decision Making
Outpatient Visit Essentials

- Documentation that supports the level of service billed.
  o Does the note contain all the elements required to support the level of service (LOS) selected?
  o To avoid “under-documenting,” the physician’s note must reflect all the elements of History, Exam and Medical Decision Making to support the level of service for the outpatient encounter.

Clearly established Medical Necessity

  o Does the note provide a clear reason for the visit, and are the assessment and plan related to the reason for the visit?

To Insure that Documentation Supports the Level of Service (LOS)

  Understand and apply the General Principles of Medical Records Documentation and Evaluation and Management Guidelines
  
  For the 1995 Principles and Guidelines
  
  For the 1997 Principles and Guidelines
  
  Link to other supporting documentation (resident notes, patient questionnaires)
  
  For the Teaching Physician Guidelines and how to link to resident notes:
  http://www.med.ufl.edu/complian/Q&a/CMS_Transmittal_R1780B3.pdf

To insure that Medical Necessity is established a note should contain:

- A clearly stated Chief Complaint
  
  o “The Chief Complaint is a concise statement describing the symptom, problem, condition, diagnosis, physician-recommended return, or other factor that is the reason for the encounter, usually stated in the patient’s own words.”
  

  The Chief Complaint cannot be inferred: for follow-up visits/treatments, the physician must identify the problem/condition that is prompting the visit.

A clearly stated diagnosis(es), or in absence of a diagnosis, signs and symptoms.
A clearly stated or easily inferred rationale for ordering diagnostic or other ancillary services.

  o Word of caution:
    . The only instance where information can be inferred is for the ordering of diagnostic or other ancillary services.
    . The Chief Complaint and Diagnosis cannot be inferred, they must be clearly documented.
To avoid "underdocumenting," the physician’s note must reflect all the elements of History, Exam and Medical Decision Making for each outpatient encounter.

I sense a complete review of systems...but the crystal ball is cloudy regarding a chief complaint and the exam...

Auditors are not psychics

Medical Record Reviewers or Coders do not fill in gaps in a note. Each outpatient visit must stand alone. Reviewers will not look back at prior notes to support a level of service, determine a chief complaint or a diagnosis.
Evaluation and Management (E/M) Guidelines – “Meet or Exceed Principle”

The **MEET or EXCEED** (ME) principle in E/M coding means that for

- **New Patients OR Initial Consults**, the Physician must **MEET or EXCEED**, three of three E/M Components
  - History
  - Exam
  - Medical Decision Making
- **Established Patients OR Follow-Up Consults**, the Physician must **MEET or EXCEED**, two of three E/M Components.
  - History/Exam
  - History/Medical Decision Making
  - Exam/Medical Decision Making

**NOTE:** Although Established Patient/Follow-Up Consult E/M level of service is based on two of three E/M components, that does not mean that the physician should not document elements of all three E/M components if the information is germane to the treatment of the patient. If 3 or 3 key components are documented, the LOWEST of the three components will be dropped and the level of service determined from the remaining two components.

**New Patients/ Initial Consults E/M Level Calculation Table**

Three of three E/M components needed to support level of billing

<table>
<thead>
<tr>
<th>CPT Code/ Time in minutes</th>
<th>1-History of Present Illness</th>
<th>2 - Exam</th>
<th>3 - Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201 - 10 99241 - 15</td>
<td>Problem-Focused</td>
<td>Problem-Focused</td>
<td>Straight-Forward</td>
</tr>
<tr>
<td>99202 - 20 99242 - 30</td>
<td>Expanded Problem-Focused</td>
<td>Expanded Problem-Focused</td>
<td>Straight-forward</td>
</tr>
<tr>
<td>99203 - 30 99243 - 40</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Low</td>
</tr>
<tr>
<td>99204 - 45 99244 - 60</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>Moderate</td>
</tr>
<tr>
<td>99205 - 60 99245 - 80</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
</tr>
</tbody>
</table>

Determine the level of New Patient or Initial Consult: A physician note documents

- Detailed History
- Expanded Problem-Focused Exam
- Moderate Decision Making

**Answer:** 99202/99242 – All three key components of a new patient or consult must MEET OR EXCEED the level of service selected. This means the LOWEST of the three elements (History, Exam or Medical Decision Making) determines the level of service. In this case, the EXAM is the lowest element; hence a level of service of 99202/99242.
Established Patients E/M Level Calculation Table

Two of three E/M elements needed to support level of service billed

<table>
<thead>
<tr>
<th>CPT Code/Time in minutes</th>
<th>1 - History of Present Illness (HPI)</th>
<th>2 - Exam (95 Guidelines)</th>
<th>3 - Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 – 5</td>
<td>Does not require the presence of a physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99212 - 10</td>
<td>Problem-Focused</td>
<td>Problem-Focused</td>
<td>Straight-forward</td>
</tr>
<tr>
<td>99213 - 15</td>
<td>Expanded Problem-Focused</td>
<td>Expanded Problem-Focused</td>
<td>Low</td>
</tr>
<tr>
<td>99214 - 25</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Moderate</td>
</tr>
<tr>
<td>99215 - 40</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
</tr>
</tbody>
</table>

Determine the level of Established Patient visit: A physician note documents
  Detailed History
  Expanded Problem-Focused Exam
  Moderate Decision Making

Answer: 99214—For Established Patients, two key components must MEET OR EXCEED the level of service selected. Since all three key components were documented, the first step in determining a level of service would be to eliminate the LOWEST of the three elements; in this case, the EXAM. Apply the MEET OR EXCEED Principle to the HISTORY and MEDICAL DECISION MAKING, and the level of service supported by the documentation is 99214.
Documenting an Outpatient Visit Quiz

Name (Print) __________________________ Date: ________________ Score: ______

Department: ___________________________ Signature: ___________________________

Questions 1- 2 Determine the level of service that is supported by the documentation.

- **New Patients OR Initial Consults**, the Physician must *MEET or EXCEED*, three of three E/M Components (the LOWEST of the three elements determines the level)
  - o History
  - o Exam
  - o Medical Decision Making

**New Patients/ Initial Consults E/ M Level Calculation Table**
Three of three E/M components needed to support level of billing

<table>
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<tr>
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<td>99203 or 99243</td>
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<td>99205 or 99245</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
</tr>
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</table>

**Question 1**: Physician documents a
- Detailed History
- Expanded Exam
- Moderate Decision Making

Level of Service _______________

**Question 2**: Physician documents a
- Comprehensive History
- Detailed Exam
- High Medical Decision Making

Level of Service _______________

**Questions 3-8**

3. **WYSIWYG** is an acronym for:

   ____________________________________________________________

4. The two essential elements for outpatient visits are:
   a. _________________________________________________________
   b. _________________________________________________________
5. Which of the following would NOT be considered a Chief Complaint?
   a. A 21 year-old female here for a follow-up of weight gain and anxiety with panic, with a complaint of a cough for the past two weeks.
   b. Patient self-referred for evaluation of epilepsy.
   c. Patient here for follow-up injection.
   d. Follow-up for acne after three-week trial of Renova.

6. An outpatient visit note must stand alone. ___True ___False

7. The only instance where information can be inferred from a note is for:
   a. Chief complaint
   b. Diagnostic or ancillary services
   c. Diagnosis

8. Auditors are not _______________________.

Questions 9 and 10

Established Patients E/ M Level Calculation Table

Two of three E/M elements needed to support level of service billed

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Question 9: Physician documents a

Comprehensive Exam
Moderate Decision Making

Level of Service _______________

Question 10: Physician documents a

Detailed Interval History
Expanded Problem-Focused Exam
Straight-forward decision making

Level of Service _______________

To receive one compliance credit: Complete quiz, be sure to print name (must be legible), the date, and your department at the top of the form.
SIGN the form (no credit will be given without a signature)
Fax to 504-988-7777 (fax information at top of form, no cover sheet required)