DOCTOR'S DIGEST

Pocket Coding Adviser

99213 or 99214? Solve the Dilemma

The evaluation and management (E/M) codes used to report office visits are the five most commonly used codes – and often the least understood. When it comes time to select an E/M code many physicians rely on intuition or guesswork – and most choose the code in the middle: 99213.

The chart below shows Medicare documentation requirements for 99213 and 99214. Look carefully; you may be in 99214 territory more often than you thought.

Most physicians under-document some elements of their history-taking (especially review of systems), and many also underestimate the complexity of medical decision making because it's something they do so often.

Experts estimate that practices may lose up to 20% of income due to undercoding. Documentation should never be driven by reimbursement, but learning just a few basics can ensure coding accuracy and provide payment that reflects the work that you have done.

Element *	99213	99214
History Chief Complaint (CC) History of Present Illness (HPI) Review of Systems (ROS) Past medical Family and Social History (PFSH	Required 1-3 elements Pertinent N/A	Required 4 or more elements 2-9 systems 1 element in 1 history
Exam (choose one set) (1995) (1997)	2-4 systems 6-11 elements	5-7 systems 12+ elements
Medical Decision Making (MDM) Level	Low	Moderate

^{* 2} of 3 Elements must meet or exceed the criteria

TIPS

- Note any HPI elements and all pertinent ROS. Just one documented element from PFSH can bump up a Level III history to Level IV.
- If presenting problems include an undiagnosed problem with an
 uncertain prognosis, or exacerbation/progression of two or more chronic
 conditions, or acute illness with systemic symptoms *and* management
 options include surgery or prescription drug therapy, the level of risk
 qualifies as Moderate.
- Choose and sequence ICD9 codes accurately, and remember to assign codes for each problem managed during the encounter. This will establish medical necessity and reduce unnecessary claim denials.
- Every practice should periodically run E/M distribution reports for each physician to make sure they haven't fallen into a habit of reporting all of their services with just one or two codes.



Your Guide to Practice Management















Your Guide to Practice Management



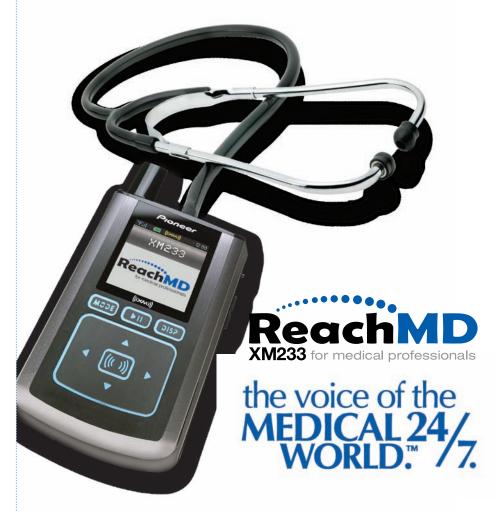












New Dedicated Radio Channel for Medical Professionals

Discover what you can learn in 15 minutes. by tuning in to informative and thought-provoking radio programs like Doctor's Digest on ReachMD XM233, the voice of the medical world, 24/7,™





