

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

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