

Bill Dunbar and Associates, LLC – IHA Strategic Partner

*Caveats for Evaluation and Management
Coding*

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Bill Dunbar and Associates

PARTNERS IN HEALTHCARE DOCUMENTATION & COMPLIANCE



Presenter

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Caveats for E&M Coding

History Caveat

- Applies to all E&M codes

Acuity Caveat

- Applies only to ED code 99285



History Caveat (applies to all E&M codes)

“If the physician is unable to obtain a history from the patient or other source, the record should describe the patient’s condition or other circumstances which precludes obtaining a history.”

Source: CMS 1995 Documentation Guidelines



History Caveat

- Document the reason why the history is not obtainable from the patient (i.e. too ill to speak, uncooperative, unconscious) or another source. Intubated patients and/or unconscious patients arriving alone cannot give a history. Documentation of patient limitations such as this will support waiving the patient history.

History Caveat

Five (5) recognized sources for history:

- » Family
- » Nursing home staff / records
- » Prior hospital chart
- » EMS
- » Personal physician

If partial history is available from the above 5 recognized sources, state specifically where the documented history was obtained and why additional history is unavailable.

Acuity Caveat (only applies to Emergency Medicine code 99285)

- Code 99285 is the only code in the CPT manual that has a caveat relative to the extent of history and exam recorded and taken. This states that all components, but most likely the history and exam, are required

“within the constraints imposed by the urgency of the patient’s clinical condition and/or mental status.”



Acuity Caveat

Often patients present in severe distress and it would not be clinically reasonable for the ED physician to perform a comprehensive history or exam.

Acuity Caveat

Document why the severity of the patient's illness/urgent condition precludes performing a full history or exam, along with the physician's thought process. As long as the ED physician documents the urgency of the situation, or the contraindications, the specific requirements for the history and exam may be waived.



Acuity Caveat

- If the physician has noted why they are unable to obtain key information from the patient and the documented medical decision making is high, code 99285 can be assigned.
- Use the 99285 Acuity Caveat only when medical decision making is high.

Acuity Caveat

Do not apply the 99285 Acuity Caveat to patients who involve a low to moderate amount of medical decision making.

Example: A patient comes in with low grade fever. The patient is demented and unable to provide information. Blood and urine are obtained after an expanded problem focused exam and the patient is discharged with UTI to be treated with antibiotics.



Acuity Caveat

Do not apply the 99285 Acuity Caveat to patients who have information available from family or other sources.

Example: A patient is in an auto accident and is confused. The family is present and is offering all information for the patient. The patient's mental status is ultimately recovered and the patient is awake and alert and discharged with a diagnosis of concussion.

Summary

History Caveat *(applies to all E&M codes)*

- State specifically where the documented history was obtained and why additional history is unavailable.

Acuity Caveat *(only applies to ED code 99285)*

- Document urgency or contraindications precluding performing a full history or exam.

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