

How To Document a 99214 E/M Code Office, Established Patient, Follow-Up Visit

Or, What Do I Use to Replace 90862 ?

Knowing how to use and document E/M codes is now important for outpatient prescribing clinicians because as of January 1, 2013 the widely used 90862 CPT code has been eliminated and is being replaced by E/M codes.

In this article I am going to explain how ICANotes achieves a 99214, which is the equivalent to the soon-to-be-eliminated 90862 (99214 may even provide somewhat higher reimbursement). 99214 is the code for an established outpatient who is having a follow-up, including a medication management follow-up. ICANotes is an EHR that keeps track of the documentation elements in your clinical note and automatically calculates the highest possible Evaluation/Management (E/M) service code supported by your note.

The ICANotes coding algorithm has been scrutinized by many coders and billers and found to be correct. Even more important, notes made and coded by ICANotes have undergone many audits, and have uniformly passed these audits. The clinician who is diligent can achieve the same results (just not as easily!).



E/M coding, as is well known, is a three-legged stool; one leg is the complexity of the case, one leg represents how detailed the history is, and one leg represents how detailed the exam is. Let's start with the first leg, the complexity of the case.

ICANotes uses the general criteria established by CMS for complexity, and so should you.

- A patient who is recovering, improving, or is stable is a **low complexity** case.
- A patient who is worse or is having an inadequate or partial response to treatment or who has a minor complication is a **moderate complexity** case.
- A patient who is unstable and unimproved or noisy or agitated or there is a significant complication or a new problem is a **high complexity** case.

Each progress note created in ICANotes starts with a statement supporting the complexity of the case. For example, the statement, "*Mr. Jones is worse today*" supports moderate complexity because the patient is worse. This is a good way to start a note because the reader knows right at the beginning of the note the basic status of the patient and what the note is going to describe. So, I recommend starting your note this way. In addition, if there are other elements that, in your

opinion, increase the complexity of the case--such as serious medical problems or the need for multiple psychotropics—they should be mentioned in your note.



The second leg of our stool is the amount of detail in your History. CMS wants to see you address history elements such as **Location, Severity, Timing, Duration, Quality, Modifying Factors and Associated Signs and Symptoms**. You may recognize these qualities as typical of how pain is described. In the mental health field it may be difficult to identify, for example, the location of anxiety. Nevertheless, some of these items must be addressed. In fact, to code a 99214 four of these documentation elements must be present. Severity was already achieved when we reported that the patient was worse. Reporting that the symptoms are chronic meets the Duration element. By including a few descriptions of the patient's symptoms (e.g., "*His anergia is the same.*"), the four needed documentation elements are achieved.

It is not enough, however, to achieve the four history elements. CMS also want you to do a **Problem Pertinent Review of Symptoms**. What is that? It's a review of other possible mental health symptoms. For a patient who is depressed you might mention in your note whether there are anxiety symptoms, OCD symptoms, or signs of psychotic process.



The third leg of our stool is how detailed is the Exam. To achieve a 99214, the Mental Status Exam must address nine of the following eleven Mental Status elements:

- Speech
- Language
- Thought Processes
- Psychosis
- Judgment
- Insight
- Orientation
- Memory
- Attention
- Fund of Knowledge
- Mood

Observing and taking mental note of many of these Mental Status Elements is often observational and efficient; it is the need to document these findings that can be tedious and time consuming. In ICANotes, 14 sets of pre-templated buttons make this task much easier, and as you push the buttons the program keeps track of which Mental Status elements have been documented in your note.

So, with a moderately complex case, four history elements, and a Problem Pertinent Review of Symptoms, and a Mental Status Exam that addresses nine of the eleven items above, your note will achieve a 99214 that will stand up under audit.

ICANotes Behavioral Health EHR | 12/3/2012 Note Date | Agnos, Diandra Patient's Name | 1000010646682 78 Yrs Patient's ID

Prog Note, part 1 | Continue to Prog Note, part 2

Mental Status Exam

Message

<input checked="" type="checkbox"/> Appearance: <table border="1"> <tr><td>Angry</td><td>Calm</td><td>Friendly</td><td>Flat</td><td>Glum</td></tr> <tr><td>Sad</td><td>Morose</td><td>Downcast</td><td>Listless</td><td>Doleful</td></tr> <tr><td>Guarded</td><td>Happy</td><td>Irritable</td><td>Wary</td><td></td></tr> <tr><td>Attentive</td><td>Inattentive</td><td>Distracted</td><td></td><td></td></tr> </table> <table border="1"> <tr><td>Comm.</td><td>Min. Comm.</td><td>Uncommun.</td></tr> </table> <table border="1"> <tr><td>Well Groom</td><td>Cas. Groom</td><td>Disheveled</td></tr> </table> <table border="1"> <tr><td>Under Wt</td><td>Normal Wt</td><td>Over Wt</td></tr> </table> <p>end with...</p> <table border="1"> <tr><td>& Relaxed</td><td>& Tense</td><td>& Unhappy</td></tr> <tr><td>& Slow</td><td>& Anxious</td><td>& Happy</td></tr> </table>	Angry	Calm	Friendly	Flat	Glum	Sad	Morose	Downcast	Listless	Doleful	Guarded	Happy	Irritable	Wary		Attentive	Inattentive	Distracted			Comm.	Min. Comm.	Uncommun.	Well Groom	Cas. Groom	Disheveled	Under Wt	Normal Wt	Over Wt	& Relaxed	& Tense	& Unhappy	& Slow	& Anxious	& Happy	<input checked="" type="checkbox"/> Homicidal Ideas: <table border="1"> <tr><td>+</td><td>-</td></tr> </table> <input checked="" type="checkbox"/> Cognition/Dementia: See List <table border="1"> <tr><td>Not Testable</td><td>Normal</td><td>Not Tested</td></tr> </table> <input checked="" type="checkbox"/> I.Q.: <table border="1"> <tr><td>Abv Avg</td><td>NI</td><td>Brdline</td><td>Disabled.</td></tr> </table> <input checked="" type="checkbox"/> Insight: Judgment: <table border="1"> <tr><td>+</td><td>+/-</td><td>-</td><td>+</td><td>+/-</td><td>-</td></tr> </table> <input checked="" type="checkbox"/> Anxiety: See List <table border="1"> <tr><td>No Signs</td><td>Has</td></tr> </table> <input checked="" type="checkbox"/> Attention: <table border="1"> <tr><td>Normal</td><td>or</td><td>Short Attention Span</td><td>Distracted</td></tr> <tr><td>Hyper</td><td>Fidgety</td><td>Restless</td><td></td></tr> </table> Behavior: <table border="1"> <tr><td>Normal</td><td>or</td><td>Oppositional</td><td>Defiant</td></tr> <tr><td>Uncooperative</td><td>Intrusive</td><td>Poor Eye Contact</td><td>Noise Sens.</td></tr> </table> <input type="checkbox"/> Drug Withdrawal/Intoxication: See List <table border="1"> <tr><td>None</td></tr> </table>	+	-	Not Testable	Normal	Not Tested	Abv Avg	NI	Brdline	Disabled.	+	+/-	-	+	+/-	-	No Signs	Has	Normal	or	Short Attention Span	Distracted	Hyper	Fidgety	Restless		Normal	or	Oppositional	Defiant	Uncooperative	Intrusive	Poor Eye Contact	Noise Sens.	None	<input type="checkbox"/> Normal MSE Spell Check Create New MSE Button <p>MENTAL STATUS: Ms. Agnos appears sad looking, downcast, inattentive, minimally communicative, disheveled, and appears unhappy. Her speech is monotonal, slow, and soft. There is no difficulty naming objects or repeating phrases. Signs of moderate depression are present. Body posture and attitude convey an underlying depressed mood. Facial expression and general demeanor reveal depressed mood. Suicidal ideas are convincingly denied. Her affect is appropriate to verbal content. There are no signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content is appropriate. Homicidal ideas or intentions are convincingly denied. Cognitive functioning and fund of knowledge is intact and age appropriate. Short and long term memory are intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Vocabulary and fund of knowledge indicate cognitive functioning in the normal range. Insight into problems is fair. Social judgment is fair. There are no signs of anxiety. She is easily distracted. Ms. Agnos made poor eye contact during the examination.</p> <p>Use this Exam for Default MSE Carry Forward Default MSE</p> <p>Physical Exam *Constitutional / Vital Signs AIMS Musculoskeletal</p>	<table border="1"> <tr><td>1</td><td>Speech</td></tr> <tr><td>1</td><td>Thought Process</td></tr> <tr><td>1</td><td>Associations</td></tr> <tr><td>1</td><td>Psychosis</td></tr> <tr><td>1</td><td>Judgment / Insight</td></tr> <tr><td>1</td><td>Orientation</td></tr> <tr><td>1</td><td>Memory</td></tr> <tr><td>1</td><td>Attention</td></tr> <tr><td>1</td><td>Language</td></tr> <tr><td>1</td><td>Fund of Knowledge</td></tr> <tr><td>1</td><td>Mood</td></tr> <tr><td>11</td><td>MSE total elements</td></tr> </table>	1	Speech	1	Thought Process	1	Associations	1	Psychosis	1	Judgment / Insight	1	Orientation	1	Memory	1	Attention	1	Language	1	Fund of Knowledge	1	Mood	11	MSE total elements
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Speech and Language: See List
Both Normal | Not Testable

Mood: Cannot Be Assessed
Elevated | Euthymic | Depressed

Affect: See List
Normal

Psychosis: See List
Unstable | Not Psychotic

Suicidality:
Not Suicidal
Wishes To Be Dead
Ideas, No Intent
Ideas And Intent | No Plans

What if, you may ask, the patient is improving or stable and the complexity is low? How then do I achieve a 99214? In this case, because the complexity is low the history must be slightly more detailed. That is, you have to do a review of one of the following: The Past Psych History, the Family History, or the Social History, and document that it was done.



Richard Morgenstern, M.D., is a Psychiatrist and is one of the founders of ICANotes. Currently, he is the Clinical Director.



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