Outpatient Coding
Where the money is
Don’t even think about it! Is your brain turned on? Then you can’t bill this level!
This is very difficult to bill. 1 point in HPI, 1 problem related exam and no prescription medicine management. (No review of their meds, no writing new prescriptions.)
Key points to remember are that level 3 just adds a ROS and at least 1 more body system to your exam.
You are covering at least 4 points in the HPI and 1 PFSH (honestly, we do this on everyone) and we ask at least 2 points on the ROS. You focus on a specific body area, as well as, look at related physical exam findings. It does require moderate complexity in management.
The real difference between a level 4 and 5 is that a 5 requires 10 ROS, 2 pertinent PFSH and 8 systems on exam. These are patients you are admitting to the hospital or are in because they have multiple complex problems.
99213

Decision Making
• 2 or more self limited problems
• one stable chronic illness
• acute uncomplicated illness (cystitis, sprain)

And

History
• 1-3 HPI elements
• Pertinent ROS

OR

Physical
• Expanded problem focused

15 min
99214

Decision Making
- 1+ chronic illness with exacerbation
- 2+ or more chronic stable illnesses
- Undiagnosed new problem with uncertain diagnosis
- Acute illness with systemic symptoms
- Acute complicated injury

History
- 4 HPI elements
- 2-9 ROS
- 1 of 3 PFSH

Physical
- Detailed (affected area and related organ system)

25 min
99215

Decision Making

- 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment
- Acute or chronic illnesses or injuries posing threat to life or function (MI, PE, Resp distress)
- Abrupt neuro status change (TIA, Sx, weakness, sensory loss)

History

- 4 HPI elements
- 10 ROS
- 1 of each PFSH

Physical

- Comprehensive (general multisystem or complete single organ)
Patient presents with cough
99212 v. 99213
Typical level 2 visit

*Patient: “Doc I have a runny nose”*

*Doctor, looks at the patient’s nose, sees that’s running: “I don’t think you have a problem. It’s a cold”*
Typical level 3 visit

Patient: “Doc I have a runny nose... and a cough”
Doctor, looks at the patient’s nose, sees that it’s running... listens to their lungs and says, “I don’t think you have a problem. It’s a cold”
But this visit is a level 4 if...

*Doctor:* "Patient has past history of allergies and asthma and has not been using their inhaler but has not had wheezing or a fever."

*Doctor prescribes patient refills on their albuterol giving some reminders of good asthma management.*
Typical Level 5 Visit

Patient’s complexity is such that you are concerned about their overall wellbeing. (See 99215 Medical Decision Making)
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<tr>
<th>Code</th>
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Level 1- You don’t need to be there

Level 2- 1 HPI, 1 exam systems, minimal decision

Level 3- 1 ROS, 2-7 exam systems, low decision

Level 4- 4 HPI, 2 ROS, 1PFSH, moderate decision

Level 5- 10 ROS, 2 PFSH, 8 exam systems, high complexity