

## Chapter 19

### Section Review 19.1

---

1. C. Outpatient consultation

RATIONALE: Dr. Smith requests Dr. Parker to see Mr. Andrews for a neurologic consultation. Dr. Parker evaluates the patient and provides a written report to Dr. Smith with a recommendation. The requirements for a consultation have been met and an evaluation and management code from outpatient consultation would be selected.

2. B. Preventive medicine, established patient

RATIONALE: The mother "takes her 2-year-old back to Dr. Denton" indicates this is an established patient. This is a well child exam with no complaints and a code from preventive medicine, established patient, would be selected. The preventive medicine, individual counseling codes are used for risk reduction such as diet and exercise, substance abuse, family problems, etc.

3. D. Initial observation care

RATIONALE: The patient presented to the Emergency Department and was admitted to observation by the ED physician. The guidelines for Initial Observation Care tell us that all services provided by the admitting physician for the same date of service are included in the initial hospital care, and in this instance the emergency department services would not be coded. If the patient was discharged on the same date of service, a code from Observation or Inpatient Care Services (Including Admission and Discharge Services) would be selected.

4. C. Nonbillable

RATIONALE: The follow up visit from the neurosurgeon the day following surgery bundled in the surgical procedure and not billable. The visit is within the global period of the procedure.

5. A. Office visit, new patient

RATIONALE: Consultations performed at the request of a patient are coded using office visit codes. Because the patient has not seen Dr. Howard before, this would be considered a new patient visit.

## Section Review 19.2

### 1. A. Problem Focused

#### RATIONALE:

History				
HPI Location Severity Timing Modifying Factors Quality Duration Context Assoc Signs & Symptoms	Brief (1–3)	Brief (1–3)	Extended (4 or more)	Extended (4 or more)
ROS Const GI Integ Hem/lymph Eyes GU Neuro All/Immuno Card/Vasc Musculo Psych All other negative Resp ENT, mouth Endo	None	Pertinent to problem (1 system)	Extended (2–9 systems)	Complete
PFSH Past history (current meds, past illnesses, operations, injuries, treatments) Family history (a review of medical events in the patient's family) Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 (est) or 3 (new) history areas)
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

**CC:** Follow-up of hospitalization for pneumonia.

**HPI:** Modifying Factor: He was placed back on Singulair® and has been improving with his breathing since then.

**ROS:** None

**PFSH:** None

2. C. Detailed

**RATIONALE:**

<b>History</b>				
HPI Location Severity Timing Modifying Factors Quality Duration Context Assoc Signs & Symptoms	Brief (1-3)	Brief (1-3)	Extended (4 or more)	Extended (4 or more)
ROS Const GI Integ Hem/lymph Eyes GU Neuro All/Immuno Card/Vasc Musculo Psych All other negative Resp ENT, mouth Endo	None	Pertinent to problem (1 system)	Extended (2-9 systems)	Complete
PFSH Past history (current meds, past illnesses, operations, injuries, treatments) Family history (a review of medical events in the patient's family) Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 est) or 3 (new) history areas
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

**CC:** Asthma exacerbation

**HPI:** Duration—2-3 days

Assoc S & S: cough

Quality—”productive” cough

Severity—getting worse

**ROS:** Constitutional—denies fever or chills

Respiratory—difficulty breathing

**PFSH:** Past History—Currently uses inhalers (current medication)

## 3. B. Expanded problem focused

## RATIONALE:

History				
HPI Location Severity Timing Modifying Factors Quality Duration Context Assoc Signs & Symptoms	Brief (1–3)	Brief (1–3)	Extended (4 or more)	Extended (4 or more)
ROS Const GI Integ Hem/lymph Eyes GU Neuro All/Immuno Card/Vasc Musculo Psych All other negative Resp ENT, mouth Endo	None	Pertinent to problem (1 system)	Extended (2–9 systems)	Complete
PFSH Past history (current meds, past illnesses, operations, injuries, treatments) Family history (a review of medical events in the patient’s family) Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 (est) or 3 (new) history areas)
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

**CC:** skin lesions

**HPI:** Location—forehead & lateral to right eye

Duration—about a year

**ROS:** Integumentary—history of squamous cell carcinoma

Stated “Otherwise well,” but this is not an indication that all other systems were reviewed.

**PFSH:** Past, Family, and Social all reviewed as it relates to skin.

4. D. Comprehensive

**RATIONALE:**

<b>History</b>				
HPI Location Severity Timing Modifying Factors Quality Duration Context Assoc Signs & Symptoms	Brief (1-3)	Brief (1-3)	Extended (4 or more)	Extended (4 or more)
ROS Const GI Integ Hem/lymph Eyes GU Neuro All/Immuno Card/Vasc Musculo Psych All other negative Resp ENT, mouth Endo	None	Pertinent to problem (1 system)	Extended (2-9 systems)	Complete
PFSH Past history (current meds, past illnesses, operations, injuries, treatments) Family history (a review of medical events in the patient's family) Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 (est) or 3 (new) history areas)
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

**CC:** Fever

**HPI:** Duration—less than one day

Severity—high fever

Associated S & S—decreased appetite

Modifying Factor—Tylenol has been given which reduced the fever

**ROS:** GI—no vomiting or diarrhea

Resp—parents unaware of any cough

Rest of review of systems reviewed and negative: Complete ROS

**PFSH:** Personal history—current meds

Social history—not exposed to second hand smoke

## 5. B. Expanded problem focused

## RATIONALE:

History				
HPI Location Severity Timing Modifying Factors Quality Duration Context Assoc Signs & Symptoms	Brief (1–3)	Brief (1–3)	Extended (4 or more)	Extended (4 or more)
ROS Const GI Integ Hem/lymph Eyes GU Neuro All/Immuno Card/Vasc Musculo Psych All other negative Resp ENT, mouth Endo	None	Pertinent to problem (1 system)	Extended (2–9 systems)	Complete
PFSH Past history (current meds, past illnesses, operations, injuries, treatments) Family history (a review of medical events in the patient's family) Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 (est) or 3 (new) history areas)
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

**CC:** ATV accident

**HPI:** Context—ATV Accident

Location—Lip and chin lacerations

**ROS:** GI—negative for nausea & vomiting

Eyes— negative for blurred vision

Neuro—negative for headache

**PFSH:** Past history—surgeries and illnesses reviewed, current meds

Social history—nonsmoker, moderate alcohol

**Note:** only 2 of 3 PFSH are needed for complete for Emergency Department, but all three are needed for a complete PFSH for a hospital admit.

### Section Review 19.3

---

1. C. Detailed

RATIONALE: Organ Systems: Constitutional, Skin, Respiratory, Cardiovascular. There are four organ systems examined with detailed documentation. The level of exam is Detailed.

2. D. Comprehensive

RATIONALE: Organ Systems: The documentation supports a comprehensive/complete single system (Female Genitourinary) exam. The level of exam is Comprehensive.

3. D. Comprehensive

RATIONALE: Organ Systems: Constitutional, ENMT, Lymphatic, Respiratory, Cardiovascular, Gastrointestinal, Skin, Musculoskeletal. There are eight organ systems examined. The level of exam is Comprehensive.

4. B. Expanded problem focused

RATIONALE: Body Areas: Neck, Abdomen

Organ Systems: Constitutional, ENMT, Respiratory

There three organ systems examined and two Body Areas. This is a limited exam of the affected body areas. The level of exam is Expanded Problem Focused.

5. D. Comprehensive

RATIONALE: Organ Systems: Constitutional, Eyes, ENMT, Respiratory, Cardiovascular, Gastrointestinal, Integumentary, Neurologic, Lymphatic, Musculoskeletal. Ten organ systems were examined. The level of exam is Comprehensive.

## Section Review 19.4

---

1. B. Low

RATIONALE: The patient is in for follow up of chronic conditions. The conditions are both established and stable (two points). There is no data reviews and moderate risk (two stable chronic conditions). Medical Decision Making is Low.

2. D. High

RATIONALE: New problem to examiner, additional workup—dialysis (four points); Labs, EKG, and X-Ray Reviewed (three points); Risk is High (chronic illness posing a threat to life). The medical decision making is high.

3. B. Low

RATIONALE: Established problem worsening (two points); Ultrasound reviewed (one point), Risk is moderate (simple mastectomy). The medical decision making is Low.

4. D. High

RATIONALE: Three problems worsening (six points); Labs reviewed (one point); Chronic illness posing a threat to life (Exacerbation of Chronic Heart Failure, Poorly Controlled Hypertension, Worsening Acute Renal Failure due to cardio-renal syndrome). The medical decision making is high.

5. C. Moderate

RATIONALE: Two problems worsening (four points). No data reviewed with moderate risk (elective major surgery). The medical decision making is Moderate.

## Section review 19.5

---

1. B. 99213

RATIONALE: Established patient codes require two of three key components be met to determine a level of visit. In this case, the expanded problem focused exam and low level of medical decision making support a level III established patient office visit (99213).

2. C. 99223

RATIONALE: Initial hospital care codes require all three key components be met to determine a level of visit. In this case, the comprehensive history and exam, and the high level of medical decision making support a 99223.



## 3. B. 99202

RATIONALE: For a new patient visit, all three key components must be met:

History—HPI (Extended), ROS (Extended), PFSH (none) = EPF

Exam—Expanded problem focused (limited exam of ears, nose, throat, and neck)

MDM—Moderate for the prescription drug management

The documentation supports 99202.

## 4. C. 99309

RATIONALE: For subsequent nursing facility care codes, two of three key components must be met.

History—(Extended), ROS (Extended), PFSH (1-Pertinent) = Detailed

Exam—Detailed exam of Eyes, ENT, Neuro

MDM—New problem with additional workup, lab ordered, moderate risk (undiagnosed new problem with uncertain prognosis) = moderate medical decision making

The documentation supports 99309.

## 5. B. 99243

RATIONALE: A consultation requires all three key components be met to support the level of visit.

History—HPI (extended), ROS (Extended), PFSH (complete) = Detailed

Exam—Detailed

MDM—New problems, no credit given in the EM for the EMG or Nerve conduction study because they will be billed with a separate CPT® code. The level of risk is moderate (elective major surgery).

This supports a 99243.

---