HOW TO USE THE CODING SCENARIOS

Reading over the rules and consulting the MDM table is one way to get acquainted with the E/M office visit changes. But to really learn the E/M office visit guidelines, there is nothing better than seeing how they are used in real life. The following code scenarios, organized by new and established patient visits and code level, will allow you to do just that.

For each scenario, you'll find rationales so you can see the decision-making process that went into selection of each MDM element and, when applicable, the time element. In addition, you'll discover "bonus tips" showing other details that are likely to come under consideration during code selection.

You'll learn from these examples when it makes the most sense to code an office visit based on MDM versus coding based on time. You'll find how scoring the same scenario will sometimes produce a different code level selection when operating under 2021-effective E/M office visit guidelines versus the 1995 guidelines. In addition, you will see how history and exam continue to contribute to the selection of MDM elements — even though the documentation requirements for history and exam (outside of what is "medically appropriate) have been as of 2021.

A key point: You're still required to document history and exam when it is medically appropriate. In the following examples, you will get a view of when you'll need to note history and exam, and further, which history and exam details will continue to be important.

Key tip

For your reference as you go through these scenarios, it is recommended that you keep handy a copy of the 2021 MDM table and designated time ranges for each office visit code. You can find the 2021 MDM table as a special insert to this book. You can also find it on the AMA's website here: *https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management.*

Definitions of typical medical abbreviations found in the following office notes

- **ASCVD —** Atherosclerotic cardiovascular disease
- **BID (also b.i.d.) —** "bis in die" – Latin for "twice a day"
- **ECOG performance status —** A scale of a patient's ability to care for themselves, developed by the Eastern Cooperative Oncology Group
- **ENMT —** Ears, nose, mouth, throat
- **ETOH —** Ethanol acohol
- **HEENT —** Head, ears, eyes, nose, throat
- **N/V/D —** Nausea, vomiting, diarrhea
- **NARP —** Neuropathy, ataxia, and retinitis pigmentosa
- **NKDA —** No known drug allergies
- **PDD —** Pervasive developmental disorder
- **PERRL —** Pupils equal, round and reactive to light
- **PND —** Paroxysmal nocturnal dyspnea, a feeling of shortness of breath that awakens patient while sleeping
- **prn —** *pro re nata* – Latin for "as needed"
- **RRR —** Regular rate and rhythm
- **WNL —** Within normal limits

Medical Decision-Making Coding Scenarios

99202

Scenario #1: 99202

LEFT KNEE PAIN

Provider Documentation

Visit Type:

New patient

Chief Complaint:

Patient presents today with a new concern of left knee pain.

The patient is a 32-year-old, male who presents today for an evaluation of his left knee. About a month ago, he began to feel medial and lateral knee pain and followed up with a walk in clinic. He was provided with an IM injection, which provided a few weeks of relief. The pain is described as a sharp pain. Sometimes, the knee will pop. It was thought that he may have a meniscal tear. He cannot recall any injury. Exercising on an elliptical will exacerbate his symptoms. He denies having any back or hip pain and also denies having any numbness or tingling distally. Over the past 10 days since he made this appointment, the symptoms have resolved.

Exam:

- Gait: normal, non-antalgic.
- Ecchymosis - Left: none.
- Effusion - Left: none.
- Swelling - Left: none.
- Maximum tenderness - Left: non-tender.
- Patella exam - Crepitation - Left: none.
- Knee ROM: PROM - Flexion: 135 degrees, Extension: 0 degrees.
- Neurological: No evidence of sensory loss in the affected area.
- X-rays obtained today were reviewed with the patient. There is a possibility that his symptoms are related to chondromalacia patella. He is not having any patellar tendon symptoms. His history is more consistent with a minor sprain that has resolved.

Assessment/Plan:

Given his resolved mechanical type symptoms, I recommend he discontinue his knee wrap and resume walking. If the pain recurs, he will let us know.

Time spent:

15 minutes

Coding

Number and Complexity of Problems addressed:

1 straightforward or minor problem: Straightforward

Amount and/or complexity of data to be reviewed and analyzed:

X-rays (technical and professional components) were separately billed: None

Risk of complications and/or morbidity or mortality of patient management:

Sprain, resolving: Low

Level of MDM based on 2 out of 3 elements of MDM:

Straightforward

Code:

99202

Rationale:

The risk of complications and/or morbidity or mortality of patient management for a sprain is typically Low, which would support Level 3. However, the number and complexity of problems addressed is minimal, and no data contributes to this case because X-rays in the office were separately billed.