

Trailblazer to Novitas Transition Effective 11/19/12

Presented to:
Coding Roundtable
November 8, 2012



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History of Presenting Illness

Trailblazer (1995 Guidelines)

- Had to have HPI elements documented to meet HPI requirements.
 - Location
 - Duration
 - Timing
 - Context
 - Quality
 - Severity
 - Modifying Factors
 - Associated signs and symptoms

Novitas

- Will now be able to use
- Status of chronic conditions, or
- HPI elements to meet requirements for Brief or Extended HPI.

HPI - Extended

Trailblazer

Patient is 36 year old female with diabetes mellitus and hypertension. Complaining of swelling in her **lower extremities since Tuesday**. Swelling is more **persistent** during the day **while she is on her feet**.

Novitas

Patient is 36 year old female with

- Diabetes Mellitus – controlled on Metformin.
- Hypertension – uncontrolled on current dose of Lasix; pt. admits to increased salt consumption and weight gain
- Asthma – stable on current prescription of Singulair

HPI (Status of Chronic conditions) <input type="checkbox"/>	<input type="checkbox"/> Brief (1-2 conditions)	<input checked="" type="checkbox"/> Extended (3 or more conditions)
HPI (History of Present Illness) <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Duration <input type="checkbox"/> Mod. Factors <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input checked="" type="checkbox"/> Timing <input checked="" type="checkbox"/> Context <input type="checkbox"/> Associated signs & symptoms	<input type="checkbox"/> Brief (1-3 elements)	<input checked="" type="checkbox"/> Extended (4 or more elements)

ROS Section

Trailblazer

- Had to have at least 10 ROS in order to have a complete review of systems.
- We were not allowed to use “all other systems negative.”

Novitas

- Documentation can include pertinent positives and/or negatives and a statement that says “all others negative.”
- With a few systems documented and a statement that states “all others negative”, you can meet a complete ROS.

ROS (Review of Systems)								
<input type="checkbox"/> Constitutional	<input type="checkbox"/> Eyes	<input type="checkbox"/> ENMT	<input type="checkbox"/> Card/vasc	<input type="checkbox"/> Neuro	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent to problem (1 system)	<input type="checkbox"/> Extended (2-9 systems including 1 pertinent)	<input type="checkbox"/> Complete (10 or more systems including 1 pertinent)
<input type="checkbox"/> GI								
<input type="checkbox"/> Musculo	<input type="checkbox"/> Resp	<input type="checkbox"/> GU	<input type="checkbox"/> Hem/Lymph	<input type="checkbox"/> Psych				
<input type="checkbox"/> All/imm	<input type="checkbox"/> Integ	<input type="checkbox"/> Endo	<input type="checkbox"/> All other systems negative					



Double-Dipping

Trailblazer

- Could not “double-dip” or address ROS elements if they were already addressed in the HPI section of your note.
 - Could not state “Refer to HPI” for ROS elements.

Novitas

- Systems addressed in the HPI can also be counted towards ROS credit.



Non-Contributory

Trailblazer

- The term “Non-Contributory” could not be used when referring to a patient’s family history during an E/M visit.

Novitas

- The term “Non-Contributory” may be appropriate documentation when referring to a patient’s family history during an Evaluation and Management visit, if the family history is not pertinent to the presenting problem.



Examination

Trailblazer

- Detailed Examination includes:
 - Expanded exam (more than three elements) of affected area 2-7 additional body areas or systems.

Novitas

- Detailed Examination includes:
 - 2-7 organ systems or body areas; with documentation of 4 items of exam for 4 or more body areas or organ systems.
 - One of the organ systems or body areas examined must be related to the affected condition.
 - Exam items not limited to the bullets in the 1997 guidelines.



Detailed Examination Example

Trailblazer

- Detailed Examination Example:
 - Cardio: Auscultation – no murmurs; Pedal Pulses absent; Carotid Arteries – normal; slight edema – lower extremity.
 - Respiratory – Normal
 - Constitutional – Normal
 - GI – Normal

Novitas

- 4x4 Method Example:
 - **Constitutional Elements:** Blood Pressure, Pulse, Temperature, Resp.
 - **HEENT Elements:** Eyes, Ears, Nose, Mouth, Throat - unremarkable
 - **Cardio Elements:** Heart regular, no murmurs, pedal pulses absent x 2.
 - **Neuro Elements:** Alert, oriented, no sensation to touch bilaterally.
 - **Respiratory** – Normal
 - **GI** - Normal

Examination Requirements

Novitas

EXAMINATION							
<u>Body Areas:</u>				<input type="checkbox"/> 1 body area or system	<input type="checkbox"/> 2-7 body areas or organ systems Limited exam of affected area body areas or organ systems	<input type="checkbox"/> 2-7 body areas or organ systems Expanded exam of affected body areas or organ systems 4x4 4 body areas or organs systems documented with 4 or more items of examination	<input type="checkbox"/> 8 or more organ systems or body areas
<input type="checkbox"/> Head (w/face)	<input type="checkbox"/> Chest, w/breast & axillae	<input type="checkbox"/> Abdomen <input type="checkbox"/> Genitalia/groin/buttocks	<input type="checkbox"/> Back, (w/spine) <input type="checkbox"/> Each extremity				
<u>Organ Systems:</u>				Problem Focused (PF)	Expanded Problem Focused (EPF)	Detailed (D)	Comprehensive (C)
<input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat	<input type="checkbox"/> Skin <input type="checkbox"/> Respiratory <input type="checkbox"/> Card/vascular	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Hem/lymph/imm <input type="checkbox"/> Psych	<input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Neuro				



Medical Decision Making Diagnoses or Treatment Options

Trailblazer

- Box A consisted of 2 separate boxes – Box A1 and Box A2.
 - Box A1 – Diagnoses
 - Box A2 – Management Options/Treatments
- The box with the most points would be used in leveling.

Novitas

- A1 and A2 are combined
- Problem status will be the factor in determining the level
 - Minor, Self-limiting
 - Established, stable or improved
 - Established, worsening
 - New, no additional work-up
 - New, additional work-up



Definitions

- **Established problem** — the provider has seen the patient for the condition previously
- **New condition**
 - By provider: if a patient has been seen by another provider in the department, but it is the first time you have seen the patient, the patient’s conditions are new to you (to the examiner)
 - Problems that have resolved, but recur at a later date, are considered new for each new episode.
 - Ear infection – patient having ear infection last year presents with a new ear infection today
 - Pneumonia – provider treated the patient for pneumonia two years ago; patient presents with new occurrence of pneumonia today
 - Asthma exacerbation - patient has chronic asthma and presents with an acute exacerbation. This would be considered an established problem that is worsening.
- **Additional work up** - anything that is being done beyond that encounter.
 - Provider orders labs and/or radiology tests. The results will be available after the visit for the provider’s review. (Quest labs, colonoscopy, ECHO, etc.)
 - Labs and other diagnostics ordered during the visit which are resulted before the visit ends are not considered additional work-up. (A1c, INR, UA, EKG, CXR, etc.)

Medical Decision Making Diagnoses or Treatment Options

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.)

Number of Diagnoses or Treatment Options			
A	B	X	C = D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	<i>Max = 2</i>	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	<i>Max = 1</i>	3	
New prob. (to examiner); add. workup planned		4	
TOTAL			

Multiply the number in columns B & C and put the product in column D.
Enter a total for column D.

Bring total to line A in Final Result for Complexity (table below)

Use the r

Medical Decision Making

Diagnoses or Management Options

- Asthma – Controlled - Continue using Nebulizer and Singulair. CXR ordered for next visit. Asthma action plan reviewed.
- GERD (NEW) – Start Nexium 20mg daily. Follow-up in 3 weeks in clinic to review treatment/dosage.

M A K I N G	Number of Diagnoses or Treatment Options			
	A	B	X	C = D
	Problem(s) Status	Number	Points	Result
	Self-limited or minor (stable, improved or worsening)	Max 2	1	
	Est. problem (to examiner); stable, improved	1	1	1
	Est. problem (to examiner); worsening		2	
	New problem (to examiner); no additional workup planned	Max 1	3	3
	New prob. (to examiner); add. workup planned		4	
			TOTAL	4

Multiply the number in columns B & C and put the product in column D.
Enter a total for column D.

Bring total to **line A** in Final Result for Complexity (table below)

Medical Decision Making

Trailblazer

- Box B: Amount and/or Complexity of Data Reviewed or Ordered.
 - Up to 2 points for ordering or reviewing clinical, radiology or other tests during the E/M visit depending on the amount of tests reviewed/ordered
 - Discussing the case with other physicians managing the patient's care was allocated 1 point.
 - **Ordering** and reviewing old records qualified for 1 point
 - 1 point each for the independent visualization & interpretation of an image or specimen, not reported for separate payment

Novitas

- Box B: Amount and/or Complexity of Data Reviewed or Ordered.
 - Only 1 point for any tests reviewed and/or ordered during a visit.
 - No points for requesting a consult or reviewing physiological monitoring not reported for separate payment.
 - 2 points for reviewing and summarizing old records, discussion of the case with another health care provider or getting the history from someone other than the patient
 - 1 point for **the decision to order** old records and/or obtain history from someone other than the patient
 - 2 points (max) for independent visualization & interpretation of an image or specimen, not reported for separate payment (not simply a review of a report)

Amount and/or Complexity of Data Reviewed

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	3

Bring total to **line C** in Final Result for Complexity (table below)



Case Study 1

Physician's Office, New patient

- 85-year-old African American female presents today with concerns about intermittent episodes of painless bright red blood per rectum over the past 2 days. She has recently been followed in OB/GYN with thickened endometrium and postmenopausal bleeding. She states however that her bleeding over the last 2 days has definitely been from the rectal area rather than from the vagina. She has a history of hemorrhoids.
- She was hospitalized at Methodist Hospital last month with apparent myocardial infarction and had a stent placed at that time. Since her hospitalization she has had no problems with chest pain or shortness of breath. She has a follow-up appointment with her cardiologist in 2 months.

Case Study 1

Physician's Office , New patient

- 85-year-old African American female presents today with concerns about **intermittent (T) episodes of painless bright red blood (Q) per rectum (L) over the past 2 days (D)**. She has recently been followed in OB/GYN where thickened endometrium and postmenopausal bleeding. She states however that her bleeding over the last 2 days has definitely been from the rectal area rather than from the vagina. She has a history of hemorrhoids.
- She was hospitalized at Methodist Hospital last month with apparent myocardial infarction and had a stent placed at that time. **Since her hospitalization she has had no problems with chest pain or shortness of breath**. She has a followup appointment with her cardiologist in 2 months.

HPI (Status of Chronic conditions) <input type="checkbox"/>	<input checked="" type="checkbox"/> Brief (1-2 conditions)	<input type="checkbox"/> Extended (3 or more conditions)
HPI (History of Present Illness) <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Duration <input type="checkbox"/> Mod. Factors <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Severity <input checked="" type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Associated signs & symptoms	<input type="checkbox"/> Brief (1-3 elements)	<input checked="" type="checkbox"/> Extended (4 or more elements)

Case Study 1

Review of Systems

- Constitutional: Positive for weight loss (**Has lost 8-10 pounds over the last month.**). Negative for fever.
- Respiratory: Positive for shortness of breath (**Sometimes has dyspnea after taking Brilinta.**). Negative for cough and wheezing.
- Cardiovascular: Positive for orthopnea (**Sometimes wakes up short of breath. Sits up for about 5 minutes until symptoms resolve. Notes that BP is high during these episodes.**), leg swelling (**Prior to hospitalization last month.**) and PND. Negative for chest pain and palpitations. **No chest pain since discharge after stent placement last month.**
- Gastrointestinal: Positive for nausea (**Sometimes has a little nausea.**), constipation (**Intermittently. Also bothered with hemorrhoids.**) and blood in stool (**Bright red blood from rectum yesterday and today.**). Negative for vomiting, abdominal pain, diarrhea and melena. **Had colonoscopy 1992 - normal**
- Genitourinary: **Hesitancy - relates this to uterine prolapse.**
- Neurological: Positive for headaches (**Took some ASA for headaches a couple of days ago - prior to rectal bleeding.**). Negative for dizziness. **Occasional orthostatic lightheadedness - very mild.**
- Endocrine: **Cold intolerance**
- All other systems negative

Case Study 1

Review of Systems

- Constitutional: Positive for weight loss (**Has lost 8-10 pounds over the last month.**). Negative for fever.
- Respiratory: Positive for shortness of breath (**Sometimes has dyspnea after taking Brilinta.**). Negative for cough and wheezing.
- Cardiovascular: Positive for orthopnea (**Sometimes wakes up short of breath. Sits up for about 5 minutes until symptoms resolve. Notes that BP is high during these episodes.**), leg swelling (**Prior to hospitalization last month.**) and PND. Negative for chest pain and palpitations. **No chest pain since discharge after stent placement last month.**
- Gastrointestinal: See HPI
- Genitourinary: **Hesitancy - relates this to uterine prolapse.**
- Neurological: Positive for headaches (**Took some ASA for headaches a couple of days ago - prior to rectal bleeding.**). Negative for dizziness. **Occasional orthostatic lightheadedness - very mild.**
- **Endocrine: Cold intolerance**
- All other systems negative

ROS (Review of Systems)				None	Pertinent to problem (1 system)	Extended (2-9 systems including 1 pertinent)	Complete (10 or more systems including 1 pertinent)
<input checked="" type="checkbox"/> Constitutional	<input type="checkbox"/> Eyes	<input type="checkbox"/> ENMT	<input checked="" type="checkbox"/> Card/vasc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> GI	<input checked="" type="checkbox"/> Resp	<input checked="" type="checkbox"/> GU	<input type="checkbox"/> Hem/Lymph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musculo	<input type="checkbox"/> Integ	<input checked="" type="checkbox"/> Endo	<input checked="" type="checkbox"/> All other systems negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> All/imm							

Case Study 1

PFSH

Problem List

HTN (hypertension) [401.9AF]

Hyperlipidemia [272.4S]

CAD (coronary artery disease) [414.00AE]

External hemorrhoid, bleeding [455.5AC]

Hx coronary stent placement

Social: Married, No ETOH, retired

Family History: Mother – hypertension; father – CAD

PFSH (Past medical, Family and Social History)

Past (patient's illnesses, operation, injuries & treatments)

Family (review of medical events in pt's family incl. hereditary disease placing pt at risk)

Social (age appropriate review of past & current activities)

* Complete PFSH:

2 Hx areas: a) Established pts. - office visit; domiciliary care; home care; b) Emergency dept. visit; and, c) Subsequent nursing facility care.

3 Hx areas: a) New patients. - office visit; domiciliary care; home care; b) Consultations; c) Initial hospital care; d) hospital observation; and, e) Comprehensive nursing facility assessments.

	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent (1 history area)	<input checked="" type="checkbox"/> *Complete
Problem-Focused (PF)	Expanded Problem Focused (EPF)	Detailed (D)	Comprehensive (C)

Case Study 1

Physical Exam

- Constitutional: She is A&O x3 (Neuro IIII). Well-developed (1), well-nourished (1), & in no distress (1) (Constitutional – IIII)/(Neuro – IIII)
- Head: Normocephalic and atraumatic. (Head – II)
Right Ear: External ear normal.
Left Ear: External ear normal. (ENT – II)
- Eyes: EOM (Equal ocular movement) are normal (1x2). Pupils are equal (1x2), round (1x2), and reactive to light (1x2). No scleral icterus (1x2). (Eyes – IIII)
- Neck: Normal range of motion (1). Neck supple (1). No JVD present (1). No thyromegaly present (1). (Neck – IIII)
- Cardiovascular: Normal rate (1), regular rhythm (1) and normal heart sounds (1). No murmur heard (1). (CV – IIII)
- Pulmonary/Chest: No respiratory distress (1). She has no wheezes (1). She has no rales. CTAB (1x2). (Resp – IIII)
- Abdominal/GI: Soft (1). Bowel sounds are normal (1). She exhibits no distension (1) and no mass (1). No tenderness (1). **Rectal exam reveals a small external inflamed hemorrhoid (1) with scant evidence of bleeding at the present time (1). Rectal sphincter tone is normal (1). Soft brown stool in the rectal vault is negative for occult blood (1).** (Abdomen - IIII)/(GI – IIII)

Case Study 1

Physical Exam

Neurology –4

Constitutional – 3

Eyes – 4

CV – 4

Respiratory - 4

GI - 4

Head (including face) - 2

Eyes (part of head/face) - 4

Neck (4)

Abdomen (4)

Body Areas:				1 body area or system	2-7 body areas or organ systems	2-7 body areas or organ systems	8 or more organ systems or body areas
<input checked="" type="checkbox"/> Head (w/face)	<input type="checkbox"/> Chest, w/breast & axillae	<input checked="" type="checkbox"/> Abdomen	<input type="checkbox"/> Back, (w/spine)				
<input checked="" type="checkbox"/> Neck		<input type="checkbox"/> Genitalia/groin/buttocks	<input type="checkbox"/> Each extremity				
Organ Systems:				Problem Focused (PF)	Expanded Problem Focused (EPF)	Detailed (D)	Comprehensive (C)
<input checked="" type="checkbox"/> Constitutional	<input type="checkbox"/> Skin	<input type="checkbox"/> Musculoskeletal	<input checked="" type="checkbox"/> GI				
<input checked="" type="checkbox"/> Eyes	<input checked="" type="checkbox"/> Respiratory	<input type="checkbox"/> Hem/lymph/imm	<input type="checkbox"/> GU				
<input type="checkbox"/> Ears, nose, mouth, throat	<input checked="" type="checkbox"/> Card/vascular	<input type="checkbox"/> Psych	<input checked="" type="checkbox"/> Neuro			4x4	
						4 body areas or organs systems with 4 or more items of examination	

Case Study 1

Physical Exam

- External hemorrhoid, bleeding (455.5)
- Need for pneumococcal vaccination (V03.82) CHG - PNEUMOCOCCAL POLYSAC VACCINE
23-V 2 YR + SUBQ/IM
- CAD (coronary artery disease) (414.00) LIPID PANEL, COMPREHENSIVE METABOLIC PANEL
- HTN (hypertension) (401.9) hydrochlorothiazide (HYDRODIURIL) 25 MG PO tablet
- Hyperlipidemia (272.4) LIPID PANEL

Plan

- Blood pressure with not well-controlled today. Will add hydrochlorothiazide 25 mg to current medical regimen. Follow-up in 2 weeks for recheck. Discussed the importance of colon cancer screening. She is due for a colonoscopy however due to her recent cardiac event this is not a high priority at the present time.

Case Study 1

Diagnoses or Management Options

- External hemorrhoid, bleeding (455.5) **CBC**
- Need for pneumococcal vaccination (V03.82) **PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YR + SUBQ/IM**
- CAD (coronary artery disease) (414.00) **LIPID PANEL, COMPREHENSIVE METABOLIC PANEL**
- HTN (hypertension) (401.9) **hydrochlorothiazide (HYDRODIURIL) 25 MG PO tablet**
- Hyperlipidemia (272.4) **LIPID PANEL**

Number of Diagnoses or Treatment Options			
A	B	X	C = D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	<i>Max = 2</i>	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	<i>Max = 1</i>	3	
New prob. (to examiner); add. workup planned	1	4	4
TOTAL			4

Multiply the number in columns B & C and put the product in column D.
Enter a total for column D.

Bring total to line A in Final Result for Complexity (table below)

Use the

Case Study 1

Data Ordered/Reviewed

BOX B. Data Reviewed or Ordered	Points
Order and/or review of medically reasonable and necessary clinical lab tests (80000 series of CPT codes)	1
Order and/or review results of medically reasonable and necessary tests in Radiology section of CPT (70000 series of CPT codes)	1
Order and/or review results of medically reasonable and necessary tests in Medicine section of CPT (90000 Series of CPT codes)	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion of the case with another health care provider	2
Independent visualization and interpretation of an image, tracing, or lab specimen not reported for separate payment (not simply review of report)	2
TOTAL for Box B (Bring results to BOX D)	1

Case Study 1

Level of Risk

C.1 Levels of Risk			
Level of Risk	Nature of Presenting Illness/Problem(s)	Diagnostic Procedure Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> One self-limited or minor problems; e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, e.g., echocardiography KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic Bandages Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness; e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury; e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiological tests not under stress; e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast; e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies w/contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Minor surgery w/identified risk factors Elective major surgery (open, percutaneous, or endoscopic) w/ no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> One or more chronic illness with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, e.g., seizures, TIA, weakness, or sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic), Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decisions not to resuscitate or to de-escalate care because of poor prognosis

Case Study 1

Level of Risk

Box A	Number of diagnoses or management options	1 point – Minimal	2 points - Limited	3 points - Multiple	≥ 4 points - Extensive
Box B	Amount and complexity of data reviewed/ordered	≤ 1 point - None/Minimal	2 points - Limited	3 points - Multiple	≥ 4 points - Extensive
Box C	Risk	Minimal	Low	Moderate	High
	Type of Medical decision-making	Straightforward	Low Complexity	Moderate Complexity	High Complexity
Final MDM requires that 2 of 3 of the above components are met or exceeded					

E/M Code	History	Exam	MDM	Average Time
New Patient Office/Outpatient Visit		Requires 3 of 3 components met		
99201	PF	PF	S	10
99202	EPF	EPF	S	20
99203	D	D	L	30
99204	C	C	M	45
99205	C	C	H	60

Novitas Schedule of Webinars

Upcoming Events, as of 11/5/12

Jurisdiction	Title	Date	Time (EST) Eastern Standard Time	Materials *	Register *	Post-Webinar Survey *
J12	Office New Patient Guidelines and Coding	11/8/2012	1:00pm –2:00pm	• Handout • Score Sheet	Register	Post-Webinar Survey
J12	Subsequent Hospital Care Rules and Coding	11/13/2012	2:00pm-3:00pm	•Coming Soon • Score Sheet	Register	Post-Webinar Survey
J12	Observation Services	11/13/2012	10:00am-12:00pm	Coming Soon	Register	Post-Webinar Survey
J12	Advanced Beneficiary Notice	11/14/2012	1:00pm-2:00pm	Coming Soon	Register	Post-Webinar Survey
J12	Advanced Evaluation and Score Sheet	11/15/2012	10:00am-11:30am	•Coming Soon • Score Sheet	Register	Post-Webinar Survey
J12	Walking the Medicare Requirements a Journey Through Compliance	11/27/2012	1:00pm-2:30pm	Coming Soon	Register	Post-Webinar Survey
J12	Therapy Manual Medical Review Process and Coverage	11/30/2012	9:00am-10:30am	Coming Soon	Register	Post-Webinar Survey
J12	Evaluation and Management Score Sheet 101 Basic	12/05/2012	10:00am-12:00pm	•Coming Soon • Score Sheet	Register	Post-Webinar Survey
J12	Advanced Evaluation and Management Score Sheet	12/11/2012	1:00pm- 2:30pm	•Coming Soon • Score Sheet	Register	Post-Webinar Survey
J12	Evaluation and Management Modifiers	12/13/2012	1:00pm-2:00pm	Coming Soon	Register	Post-Webinar Survey
J12	Website Tour	12/28/2012	1:00pm--2:30pm	Coming Soon	Register	Post-Webinar Survey



Questions??

Due to the limited time available for this presentation today, please send any questions you may have via email to

Charlotte Billington

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Resources

<https://www.novitas-solutions.com/>

<https://www.novitas-solutions.com/em/index.html>

<https://www.novitas-solutions.com/calendar/partb/webinar/index.htmlw.novitas-sol>

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