

## Internal Medicine Coding Alert

### You Be the Coder: Pneumonia: 99212 or 99213?

Question: Even though pneumonia is a serious diagnosis, I think a chart supports only 99212. Chart shows:

CC: Resolving pneumonia.

Pt here today for recheck. Pt diagnosed with pneumonia 12/08. Last CXR 1/15/09 showed minimal infiltrate in rt lower lobe. No coughing, SOB. Lungs: Clear to auscultation.

Resolving pneumonia. Patient has finished medication. Repeat CXR.

Could the documentation support 99213?

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Answer: No, the note describes 99212. You have a problem-focused exam and straightforward medical decision making (MDM). Depending on how you count the phrase "no coughing, SOB," you could have a problem-focused history or an expanded problem focused history. Either type ultimately does not change the E/M selection. Although the case involves pneumonia, the condition is resolving and does not require as much history, exam-ination, and MDM. Treatment for the same condition may involve different levels of care, depending on the work involved in the encounter -- and where in the treatment phase (initial work-up, worsening, resolving, etc.) the patient is. Let's break down the documentation's components:

You could count "no coughing" and "no shortness of breath (SOB)" as associated signs and symptoms under history of present illness (HPI). Some auditors might instead give credit for reviewing the respiratory system, giving the internist a problem-pertinent review of systems (ROS) (1 system: respiratory -- no coughing, shortness of breath). If you instead put the phrase under HPI, you have an extended HPI (4 elements: duration --

since 12/08; severity -- minimal; location -- right lower lobe; associated signs and symptoms -- no coughing, no SOB). You have no past medical, family, and social history (PFSH). Using the phrase under ROS, rather than HPI, gives you an expanded problem-focused history (extended HPI, problem-pertinent ROS, and no PFSH).

You could argue that the history is problem-focused (extended HPI, no ROS, no PFSH). The documentation supports a problem-focused exam: 1 organ system examined (respiratory).

You have straightforward medical decision making (MDM), which Medicare considers the overarching driver for code selection. A recheck of a known problem that's resolving gives you one point under Number of Diagnoses or Treatment Options (ND/TO). You have one point for amount and/or complexity of data to be reviewed for review of chest x-ray. The chest x-ray order gives you a minimal risk level. 1 ND/TO + 1 data + minimal risk = straightforward MDM.