E/M for Orthopaedics

Julie A. Leu, CPC, CPMA, CPC-I
2009-2011 NAB Member, Region 7

Objectives

• Review of Evaluation and Management Guidelines
• Comparison of the 1995 and 1997 Exam Guidelines
• Reporting consults for Musculoskeletal services
• Appropriate modifiers for Musculoskeletal services
• The utilization of midlevel providers and their documentation
Defining the Level of E/M Service

• Key Components:
  – History
  – Exam
  – Medical decision making

• Contributory factors:
  – Coordination of care
  – Nature of the presenting problem
  – Time

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History Component

• Elements of the History component:
  • CC – Chief Complaint
    • Required for all E/M services
  • HPI – History of Present Illness
  • ROS – Review of Systems
  • PFSH – Past, Family, and Social History

• **CC**: Knee pain
History of Present Illness

- Location
- Duration
- Quality
- Associated signs and symptoms

- **HPI:** Patient who is new to this office complains of pain in the right knee, which has been present for approximately four weeks. She reports having tried Ibuprofen, which has offered little relief. The pain is worst when going up and down stairs and does interfere with sleep, at times. Patient can recall no specific precipitating event.

Review of Systems

- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Genitourinary
- Allerg/Immuno.

- **ROS:** Patient reports no fevers; no numbness or weakness in the limb; and similar pain in the opposite knee, but it is much less noticeable.
Past, Family, & Social History

• Past history – the patient’s past experiences with illnesses, operations, injuries, treatments
• Family history – a review of medical events in the patient’s family, including diseases which may be hereditary or place the patient at risk
• Social history – an age-appropriate review of past and current activities
• PFSH: Patient has had no surgeries; does indicate that her mother suffers from osteoarthritis; and she exercises regularly.

Physical Exam

• The 1995 Examination Guidelines – count elements of Body Areas and/or Organ Systems
• The 1997 Examination Guidelines – count “bullets” for elements examined according to a General Multi-system Exam or one of ten Single Organ System Exams
Physical Exam

- Both 1995 and 1997 Guidelines recognize the following Body Areas:
  - Head and face
  - Neck
  - Chest, including breasts and axillae
  - Abdomen
  - Genitalia, groin, buttocks
  - Back, including spine
  - Each extremity

Physical Exam

- Both 1995 and 1997 Guidelines recognize the following Organ Systems:
  - Constitutional
  - Eyes
  - Ears, nose, mouth, and throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Skin
  - Neurologic
  - Psychiatric
  - Hematologic/lymphatic/immunologic
Sample Physical Exam #1

• Exam: This is a 59-year-old, pleasant, well-developed female who is 5’5” tall and who weighs 190 lbs. She demonstrates normal mood and affect. Walks with a slightly asymmetric gait on the right. The right knee has pain with direct patellofemoral pressure and crepitus through range of motion of the patello-femoral joint. She has medial joint line tenderness. No instability to varus-valgus stress testing. Negative Lachman, negative drawer test. Subjective sensation intact, skin was intact. No cyanosis or edema, no palpable nodes in the knee area.

Exam #1 – 1995 Guidelines

• Organ systems examined:
  – Constitutional
  – Psychological
  – Musculoskeletal
  – Neurological
  – Integumentary
  – Cardiovascular
  – Lymphatic

• Provider performed a fairly extended exam of the affected body area and did examine other related organ systems.
• Detailed level of exam supported.
Exam #1 – 1997 Guidelines

• Bullets documented:
  – General appearance
  – Examination of peripheral vascular system
  – Palpation of lymph nodes
  – Examination of gait and station
  – Assessment of range of motion with notation of any pain, crepitation, or contracture
  – Assessment of stability with notation of any dislocation, subluxation, or laxity
  – Inspection and/or palpation of skin and subcutaneous tissue
  – Examination of sensation
  – Brief assessment of mental status including mood and affect

• **Expanded Problem Focused exam**

Sample Physical Exam #2

• Exam: This is a 59-year old, pleasant, well-developed female. She demonstrates normal mood and affect. Gait is normal. Skin on both lower extremities is dry and intact. No cyanosis or edema in either leg. No palpable nodes in either leg. She has 5/5 strength in both lower extremities. Full range of motion for joints in both legs, but with crepitation in the right knee. No varus or valgus deformities on either knee. Pain in the medial joint line to palpation on the right knee. No instability, negative Lachman’s bilaterally. Sensation is intact for both legs.
Exam #2 – 1995 Guidelines

- Organ systems examined:
  - Constitutional
  - Psychiatric
  - Integumentary
  - Cardiovascular
  - Lymphatic
  - Musculoskeletal
  - Neurological

- Provider performed a fairly extended exam of the affected body area and did examine other related organ systems.

- **Detailed** level of exam supported.

Exam #2 – 1997 Guidelines

- Bullets documented:
  - General appearance
  - Examination of peripheral vascular system
  - Palpation of lymph nodes
  - Examination of gait and station
  - Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation defects, tenderness, masses or effusions (x2)
  - Assessment of range of motion with notation of any pain, crepitation, or contracture (x2)
  - Assessment of stability with notation of any dislocation, subluxation, or laxity (x2)
  - Assessment of muscle strength and tone with notation of any atrophy or abnormal movements (x2)
  - Inspection and/or palpation of skin and subcutaneous tissue (x2)
  - Examination of sensation
  - Brief assessment of mental status including mood and affect

- 16 bullets, supports a **Detailed** exam
1997 Comprehensive Exam

- The 1997 Documentation Guidelines require:
  - Three vital signs plus general appearance of the patient for the constitutional organ system
  - Examination of the peripheral vascular system
  - Palpation of lymph nodes
  - Examination of gait and station, plus documentation of all four elements:
    • Inspection, percussion and/or palpation . . .
    • Assessment of range of motion . . .
    • Assessment of stability . . .
    • Assessment of muscle strength and tone . . .

1997 Comprehensive Exam, con’t.

- For at least four of six body areas:
  • Head and neck,
  • Spine, ribs, and pelvis
  • Right upper extremity
  • Left upper extremity
  • Right lower extremity
  • Left lower extremity

- And . . .
1997 Comprehensive Exam, con’t.

– Inspection and/or palpation of skin and subcutaneous tissue for four of the following six areas:
  • Head and neck
  • Trunk
  • Right upper extremity
  • Left upper extremity
  • Right lower extremity
  • Left lower extremity

– Plus . . .

1997 Comprehensive Exam, con’t.

– All bullets in the Neurological/Psychiatric “box”:
  • Testing coordination in the upper and lower extremities
  • Examination of deep tendon reflexes . . .
  • Examination of sensation
  • Brief assessment of mental status including
    – Orientation to time, place and person
    – Mood and affect . . .

– Total of 29 bullets
Medical Decision Making

• Three elements for MDM, two required:
  – Number of diagnoses and/or management options
  – Amount and/or complexity of data to be reviewed
  – Risk of significant complications, morbidity, and/or mortality

• X-rays: X-rays ordered, taken, and reviewed at this office today include weight bearing A/P view of both knees, Hughston view of both knees, and lateral view of the right knee. Impression: patellofemoral arthritis with significant lateral tilt on the right, compared to the left. Patella baja on the right, as well as medial compartmental arthritis on the right.

Medical Decision Making

• Impression: Degenerative arthritis of the right knee

• Plan: Options were discussed with the patient. It was decided to proceed with a program of rehab. She was started on generic Relafen, 1000 mg p.o., q.d. with GI precautions, 2-week trial with 1 refill. An info. sheet was provided and she will discontinue immediately if she has any GI upset. She was referred to physical therapy for short arc quad strengthening exercises, hamstring stretching, aquatics was recommended. We also discussed weight loss, which would be beneficial. She will call for an appointment, if not improved within 3 weeks.
Medical Decision Making

- Number of diagnoses and/or management options = Multiple
- Amount and/or complexity of data to be reviewed = Minimal
- Risk of significant complications, morbidity, and/or mortality = Moderate
- Level of MDM is Moderate Complexity, based on the # of management options and the risk.

Results, Sample Case #1

- History = Detailed level
- Medical Decision Making = Moderate complexity
- Exam, sample #1
  - 1995 DG = Detailed, supports 99203
  - 1997 DG = Expanded Problem Focused, supports 99202
Results, Sample Case #2

- History = Detailed level
- Medical Decision Making = Moderate complexity
- Exam, sample #2
  - 1995 DG = Detailed
  - 1997 DG = Detailed
- Both support 99203

Consultative Services

- Even though Medicare will not reimburse for CPT® codes 99241-99255 as of Jan. 1, 2010, other payers will. Providers should continue to document a request for an opinion and provide a written report, if such a service is requested by another provider.
- Orthopaedic surgeons who provide and bill for a service with a global period are not precluded from billing for a consultation on the same date of service.
E/M with a Procedure

- It may be appropriate to report an E/M service during the global period for a service or procedure.
- Determine whether the E/M service is related to the procedure.
- If related, determine whether the payer considers the procedure to be minor or major, and the associated global days.

E/M with a Procedure

- E/M service provided on the same date as a related procedure with a global period
  - Major procedure – Append modifier 57 to an E/M service that resulted in the initial decision to perform surgery.
  - Minor procedure – Append modifier 25 to an E/M which is a significant, separately identifiable service above and beyond the other service provided, or beyond the usual pre- and post-op care associated with the procedure.
E/M With a Procedure

- Unrelated E/M service provided on the same date as, or during the global period for, a procedure with a global period
  - Append modifier 24, regardless of the length of the global period.
  - Diagnosis codes must be different to support the separate E/M service.

Sample Case #3

- Medicare patient seen in the Emergency Room for a fracture of the humeral shaft, due to a fall after slipping on the ice in the patient’s own driveway. The Orthopaedic surgeon determines that the patient requires a closed reduction and immobilization. The patient was admitted to the hospital and the procedure was performed. History & Exam = Detailed, MDM = LC

- 99221-57, 24505
Sample Case #4

- Medicare patient admitted to Observation by their primary care physician for fever, plus erythema and pain in the left ankle. Orthopaedics is asked to evaluate and determines that the patient has osteomyelitis, which requires debridement. A debridement of skin, muscle, and bone is performed in the outpatient surgery suite on the same date. History & Exam = Detailed, MDM = MC

- 99203-25, 11044

Sample Case #5

- Medicare patient back in the office for re-check of right hip arthroplasty, 30 days out, complains of recurring left shoulder pain.
- History & Exam are both expanded problem focused, and Medical Decision Making is of Low Complexity

- 99213-24
Sample Case #6

• History:
  – Patient returns with bilateral knee pain, left greater than right. Standing, walking, and stairs are painful, esp. after sitting. Unable to take nonsteroidals, he rates his pain as 6-7. It limits his ability to do certain things. Not using any assistive devices at this time.
  – ROS significant for sinus problems, hypertension, thyroid problems, depression.

Sample Case #6

• Physical Exam:
  – Patient is a somewhat obese white male who walks with a slightly antalgic gait, more off the left than the right. He does have a slightly greater varus alignment on the left side than the right. He has maintained his extension bilaterally and has further flexion to nearly 125 degrees. He has minimal effusion on either knee. He has some pseudolaxity with valgus stress on the left greater than on the right. Tenderness is on the medial side on the left knee. Some medial and lateral tenderness on the right knee, but to a lesser extent. Minimal in the way of crepitation. No ligamentous laxity. Skin is intact. Intact distal pulses bilaterally, with no cyanosis, clubbing or edema distally.
Sample Case #6

- Medical Decision Making:
  - Standing AP, lateral and patellofemoral views taken bilaterally and reviewed in this office today show significant medial compartment narrowing on the left side. The right knee shows mild narrowing, primarily on the medial side.
  - Impression:
    - 1. Moderate to severe left knee degeneration
    - 2. Mild to moderate right knee degeneration

Sample Case #6

- Medical Decision Making:
  - Plan: We discussed treatment options. He would like to try and get back into exercising to try and lose some weight. We discussed Supartz and corticosteroid injections as he is unable to take nonsteroidal. Patient consented to corticosteroid injection.
  - After a sterile prep, each knee was injected with 80 mg of Depo-Medrol and 4 cc of Marcaine. Please refer to the drug log for lot numbers and expiration dates. Patient tolerated injection.
  - I will see him back again as his symptoms warrant. I gave him information regarding the Supartz series.
Sample Case #6

- History = Expanded Problem Focused
- Exam = Detailed
- MDM = Low Complexity

- 99213-25, 20610-50

Utilizing Non-Physician Practitioners

- Scope-of-practice and level of physician supervision vary from state to state.
- For payers who do not credential NPPs, services may be billed using the supervising physician’s provider number.
- For payers such as Medicare, who do credential NPPs, a service provided by an NPP should be billed using his or her provider number; however, there are a few exceptions.
Utilizing Non-Physician Practitioners

• Exceptions for reporting E/M services provided by NPPs:
  – Medicare’s “Incident to” provision
    • Office setting only
    • Established patient with an established condition
    • Physician is in the office suite and is immediately available to assist
  – Medicare’s split/shared service concept
    • Both the physician and the NPP each provide a substantive portion of an E/M service (face-to-face) to the same patient on the same date
    • Each must document their own contribution to the service

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Thank you!
## Musculoskeletal Examination

<table>
<thead>
<tr>
<th>System/Body Area</th>
<th>Elements of Examination</th>
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</thead>
<tbody>
<tr>
<td>Constitutional</td>
<td>C Measurement of <strong>any three of the following seven</strong> vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight  (May be measured and recorded by ancillary staff)</td>
</tr>
<tr>
<td></td>
<td>C General appearance of patient (eg, development, nutrition, body habitus, deformities, attention to grooming)</td>
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<tr>
<td>Head and Face</td>
<td></td>
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<tr>
<td>Eyes</td>
<td></td>
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<tr>
<td>Ears, Nose, Mouth and Throat</td>
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<tr>
<td>Neck</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Cardiovascular</td>
<td>C Examination of peripheral vascular system by observation (eg, swelling, varicosities) and palpation (eg, pulses, temperature, edema, tenderness)</td>
</tr>
<tr>
<td>Chest (Breasts)</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal (Abdomen)</td>
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<tr>
<td>Genitourinary</td>
<td></td>
</tr>
<tr>
<td>Lymphatic</td>
<td>C Palpation of lymph nodes in neck, axillae, groin and/or other location</td>
</tr>
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<tr>
<td><strong>Musculoskeletal</strong></td>
<td>Examination of gait and station</td>
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<td></td>
<td>Examination of joint(s), bone(s) and muscle(s)/tendon(s) of <strong>four of the following six</strong> areas: 1) head and neck; 2) spine, ribs and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes:</td>
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<td>• Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions</td>
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<td>• Assessment of stability with notation of any dislocation (luxation), subluxation or laxity</td>
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<td></td>
<td>• Assessment of muscle strength and tone (eg, flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements</td>
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<tr>
<td></td>
<td>NOTE: For the comprehensive level of examination, all four of the elements identified by a bullet must be performed and documented for each of four anatomic areas. For the three lower levels of examination, each element is counted separately for each body area. For example, assessing range of motion in two extremities constitutes two elements.</td>
</tr>
<tr>
<td><strong>Extremities</strong></td>
<td>[See musculoskeletal and skin]</td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>Inspection and/or palpation of skin and subcutaneous tissue (eg, scars, rashes, lesions, cafe-au-lait spots, ulcers) in <strong>four of the following six</strong> areas: 1) head and neck; 2) trunk; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity.</td>
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<td>NOTE: For the comprehensive level, the examination of all four anatomic areas must be performed and documented. For the three lower levels of examination, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of two extremities constitutes two elements.</td>
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<tr>
<td><strong>Neurological/Psychiatric</strong></td>
<td>Test coordination (eg, finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children)</td>
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<td>Examination of deep tendon reflexes and/or nerve stretch test with notation of pathological reflexes (eg, Babinski)</td>
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<td>Examination of sensation (eg, by touch, pin, vibration, proprioception)</td>
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<td>Brief assessment of mental status including</td>
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<td>• Orientation to time, place and person</td>
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<td>• Mood and affect (eg, depression, anxiety, agitation)</td>
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</tbody>
</table>
### Content and Documentation Requirements

<table>
<thead>
<tr>
<th>Level of Exam</th>
<th>Perform and Document:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused</td>
<td><strong>One to five</strong> elements identified by a bullet.</td>
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<tr>
<td>Expanded Problem Focused</td>
<td><strong>At least six</strong> elements identified by a bullet.</td>
</tr>
<tr>
<td>Detailed</td>
<td><strong>At least twelve</strong> elements identified by a bullet.</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Perform <strong>all</strong> elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border.</td>
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</tbody>
</table>