<b>Documentation, Billing, and Coding</b> Angela Golden, DNP, FNP-C, FAANP	
OBESITY MANAGEMENT IN PRIMARY CARE CERTIFICATE PROGRAM: A Practice Management & Leadership Training Program for PAs and NPs	
Objectives	
Summarize Summarize evaluation and management codes to bill for office visits for obesity management.	
Document         Properly document time in counseling and education to support using time for billing.	
Identify Identify additional services to maximize reimbursement for obesity management in primary care.	
Summary of Evaluation and Management (E&M) Codes	
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<ul> <li>E&amp;M coding of office visits</li> <li>New patients 99201-205</li> <li>Existing patients 99211-215</li> <li>Nothing different than usual <ul> <li>History</li> <li>Physical exam</li> <li>Medical decision-making</li> </ul> </li> </ul>	
Centers for Medicare & Medicaid Services. https://www.cms.gov/Dutreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf. Accessed August 12, 2021. Copyright 0 2021 AdVA, TOS, IUP AII rights reserved.	

	Basisi II	1. 2024			
Medical Decision-making in 2021     Number and complexity of problems addressed					
<ul> <li>Increase</li> </ul>	ed number and/or complexity	associated with higher le	evel of decision-making		
-	<ul> <li>Ranges from straightforward to low, moderate, and high</li> <li>Amount and/or complexity of data reviewed and analyzed</li> </ul>				
	Risk of complications and/or morbidity or mortality				
	freusieht	© 2021 AAPA, TOS, ILP. All rights reserved.			
Time in 2	2021				
May include	e all related activities o	on the day of encoun	nter		
	ot all inclusive):	-( +- ++ -)			
	o see the patient (eg, review on nd/or reviewing separately ob				
	a medically appropriate exam and educating the patient/far		1		
Ordering me	edications, tests, or procedure	es	ale (when not constants)		
reported)	and communicating with oth				
• Documentin	ng clinical information in the e	electronic or other health	record		
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Time in 2	2021 (cont'd)				
Time in 2	2021 (cont'd) Total Time	Established Patient	Total Time		
		Established Patient 99211	Total Time		
New Patient	Total Time		Total Time 10 - 19 minutes		
New Patient 99201	Total Time Deleted	99211			
New Patient 99201 99202	Total Time Deleted 15 - 29 minutes	99211 99212	10 - 19 minutes		
New Patient 99201 99202 99203	Total Time Deleted 15 - 29 minutes 30 - 44 minutes	99211 99212 99213	10 - 19 minutes 20 - 29 minutes		
New Patient 99201 99202 99203 99204 99205	Total Time Deleted 15 - 29 minutes 30 - 44 minutes 45 - 59 minutes	99211 99212 99213 99214 99215	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes		
New Patient 99201 99202 99203 99204 99205	Total Time Deleted 15 - 29 minutes 30 - 44 minutes 45 - 59 minutes 60 - 74 minutes ervices, use 99417 for 15 minutes (	99211 99212 99213 99214 99215	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes		
New Patient           99201           99202           99203           99204           99205           For prolonged set	Total Time Deleted 15 - 29 minutes 30 - 44 minutes 45 - 59 minutes 60 - 74 minutes ervices, use 99417 for 15 minutes (	99211 99212 99213 99214 99215 >75 minutes new patient, >55	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes		
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New Patient 99201 99202 99203 99204 99205 For prolonged set Docume • Best pract • 99215 • 9:05-9:1 • 9:10-9:4 • 9:40-9:5	Total Time Deleted Del	99211 99212 99213 99214 99215 >75 minutes new patient, >55 >75 minutes new patient, >55 • 001 ANDA TOA, ILP. At rights reserved.	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes 5 minutes established patient)		
New Patient           99201           99202           99203           99204           99205           For prolonged set           Docume           • Best pract           • 99215           • 9:05-9:1           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4	Total Time Deleted 15 - 29 minutes 30 - 44 minutes 45 - 59 minutes 60 - 74 minutes ervices, use 99417 for 15 minutes ( Copyrent entation of Time tice — start and stop for 10 reviewed labs and patient i 40 patient in room for visit an	99211 99212 99213 99214 99215 >75 minutes new patient, >55 >75 minutes new patient, >55 • 001 ANDA TOA, ILP. At rights reserved.	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes 5 minutes established patient)		
New Patient           99201           99202           99203           99204           99205           For prolonged set           Docume           • Best pract           • 99215           • 9:05-9:1           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4	Total Time Deleted Del	99211 99212 99213 99214 99215 >75 minutes new patient, >55 >75 minutes new patient, >55 • 001 A002, 102, U.P. Al right reserved each component food logs prior to visit d education	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes 5 minutes established patient)		
New Patient           99201           99202           99203           99204           99205           For prolonged set           Docume           • Best pract           • 99215           • 9:05-9:1           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4	Total Time Deleted Del	99211 99212 99213 99214 99215 >75 minutes new patient, >55 >75 minutes new patient, >55 • 001 A002, 102, U.P. Al right reserved each component food logs prior to visit d education	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes 5 minutes established patient)		
New Patient           99201           99202           99203           99204           99205           For prolonged set           Docume           • Best pract           • 99215           • 9:05-9:1           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4           • 9:10-9:4	Total Time Deleted Del	99211 99212 99213 99214 99215 >75 minutes new patient, >55 >75 minutes new patient, >55 • 001 A002, 102, U.P. Al right reserved each component food logs prior to visit d education	10 - 19 minutes 20 - 29 minutes 30 - 39 minutes 40 - 54 minutes 5 minutes established patient)		

	-NP-
Codes	
Coues	"Safe Treast"
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	Polling Question
Which of the following codes	A. E66.2 Severe obesity with alveolar hypoventilation
could imply bias around obesity?	B. E66.1 Obesity due to excess calories
	C. E66.2 Drug-induced obesity
	D. E66.8 Obesity, unspecified
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	Obesity Codes
Practice Pearl:	Code         Explanation         Code (ex)         Body Mass Index (BMI)           F66.0         Obesity due to excess calories*         Z68.30         30.0-30.9kg/m²
With so many complications and	See at Morbid or severe obesity due to Z68.34 34.0-34.9kg/m <sup>2</sup>
comorbidities, I rarely use the BMI,	E66.1         Drug-induced obesity         E60.0         E0.0         E0.
except if using counseling codes with E&M	E66.2 Morbid or severe obesity with alveolar hypoventilation 268.43 (changes after BMI 40)
WITH ESIM	E66.3 Overweight E66.8 Obesity, other
	E66.9 Obesity, unspecified
	https://www.icd10data.com/. Accessed August 12, 2021. Copyright & 2023 AAPA, TOS, IIP. Af rights reserved.
Other Codes	
Other Codes	
Screening <b>Z13.1</b> Encounter for sci	reening for diabetes mellitus
<b>Z13.2</b> Encounter for me	etabolic and other endocrine disorders
Z13.21 Encounter for sci	reening for nutritional disorder reening for other suspected endocrine disorder (includes thyroid disorder)
Z13.29 Encounter for sci	
	reening for lipoid disorders
Z13.228   Encounter for sci     Counseling   271.89	

# **Documenting Time Properly**

## **Example Charting**

## Assessment:

ACE, angiote

- Obesity E66.8 A/E BMI of 38.4 and waist circumference 51" stage 2 based on BMI and obesity-related complications
- Computations
  E11.65 Diabetes A/E by HbA1c 6.8 treating with management of obesity, metformin, and SGLT2
  110.0 Hypertension, controlled A/E by BP today of 128/86 treating with management of obesity and medications (ACE inhibitor)
  F33.0 Depression, in remission A/E by PHQ9 of 4 continuing vorticetine
  CT0.1 Unexticated and interview (concerned) 4/E by
- E78.1 Hypertriglyceridemia (new onset) A/E by triglyceride of 230 mg/dL treating with management of obesity, will monitor with repeat level in 6 months

nsin-converting enzyme; BP, blood pressure; PHQ9, Patient Health Q

## Plan: Patient here today for obesity appointment

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- Education completed on the disease of obesity
- Reviewed patient food tracking and types of food eating
- Patient has SMART goal be less than 6 a week Sent requests for medical records to previous provider to get previous labs
- Patient to be seen again in two weeks
- Time:
- Review of food logs 9:00am-9:10am
- Time with patient at visit 11:00am-11:20am
- Documentation and POC sent to patient 6:00pm-6:10pm
- Requests sent for medical records 6:10pm-6:15pm
  - Total time: 45 minutes

e-9; SGLT2, sodium-glucose cotransporter-2.

# Identifying Additional Services

## Example

## 99215

- E66.8 Obesity
- E11.65 Diabetes
- I10.0 Hypertension
- F33.0 Depression
- E78.1 Hypertriglyceridemia
- Z71.3 Dietary Counseling and Surveillance

# **REFERENCE ONLY**

	IBT for Obesity Coding as a Non-preventative Service
Miscellaneous Things to Consider	<ul> <li>Private insurers: perhaps opted out, already used, grandfather program (25)</li> <li>Bill a 99212, 99213, or 99214 for the visit using an obesity diagnosis and the complications of obesity that you addressed <ul> <li>E66.XX depending on obesity diagnosis</li> </ul> </li> <li>THEN modifier 25 (or for some insurers, modifier 33) <ul> <li>Now add your counseling code: 99401, 99402, 99403, or 99404 each visit with 15, 30, 45, or 60 minutes</li> <li>Add the BMI as the diagnosis and what you performed for counseling Z71.xx &amp; Z68.xx code</li> <li>CHECK WITH YOUR BILLERS</li> </ul> </li> </ul>
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Example	Chronic Care Management
99214	• CPT 99490, CPT 99487, CPT 99489
<ul> <li>E66.8 Obesity</li> <li>E11.65 Diabetes</li> <li>I10.0 Hypertension</li> <li>F33.0 Depression</li> <li>E78.1 Hypertriglyceridemia</li> <li>Modifier 25 (if insurance has intensive behavior therapy (IBT)/counseling available)</li> </ul>	<ul> <li>Clinical staff time directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements:</li> <li>Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient</li> <li>Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline</li> <li>Comprehensive care plan established, implemented, revised, or monitored</li> <li>Assumes XX minutes of work by the billing practitioner per month</li> </ul>
99401	
• Z68.33	
• Z71.3 Copyright & XXII: AAPA, TOS, UP. As rights reserved.	Or Health. https://orbealth.com/2020 cms.code-update-chronic-care-management-ccm/Accessed August 13, 2021. Center for Medicare & Medicaid Services. https://www.cms.gov/outreach-and-education/medicare-learning-network-mini/milipodochrosomanagement.pdf Accessed August 13, 2021. Copyright G-2021 ASAP, TOS, UP AM rights reserved.
<ul> <li>Person Partial Monitoring (RPM)</li> <li>In the second partial method by the second by the seco</li></ul>	
Medicare Only	
<ul> <li>Does not cover obesity for medical management as primary insurance</li> <li>Does cover surgical management</li> <li>With Medicare Advantage, some pay medical management</li> </ul>	
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Definition of IBT for Obesity	
<ul> <li>Screening for obesity in adults using measurement of BMI</li> <li>Dietary (nutritional) assessment</li> </ul>	
<ul> <li>Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise</li> </ul>	
Department of Health and Human Services. Centers for Medicare & Medicaid. IBT for Obesity. ICN 907800. January 2014.	
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Polling Question	
What are the 5 As of         A. Assess, Advise, Agree, Assist, Arrange           Medicare Intensive         A. Assess, Advise, Agree, Assist, Arrange	
Behavioral Therapy? B. Accomplish, Act, Adapt, Address, Analyze	
C. Answer, Anticipate, Appeal, Apply, Appraise	
D. Assess, Ask, Accept, Accommodate,	
Accompany	
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Intensive Behavioral Therapy – 5As	IBT for Medicare
Assess Ask about behavioral risks and factors affecting choice of behavior change goals or methods	Medicare fee-for-service programs will waive the co-pay on the counseling component of coverage (G0447)
Give clear, specific, and personalized behavior change advice, including information about personal	Viewed as a preventative service
Agree Collaboratively select appropriate treatment goals and methods based on the beneficiary's interest in, and willingness to, change behavior	<ul> <li>No co-insurance and no Medicare part B deductible for IBT for obesity provided that the provider accepts Medicare assignment</li> </ul>
Using behavior change techniques (self-help and/or counseling), aid the beneficiary in achieving <b>Assist</b> agreed-upon goals by acquiring the skills, confidence, and social or environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate	
Arrange Schedule follow-up contacts to provide ongoing assistance or support and to adjust the treatment plan as needed	
Copyright © 2021 AMPA, TOS, UP. All rights reserved.	Department of Health and Human Services. Centers for Medicare & Medicaré. BT for Obesity. ICN 907800. January 2014. Copyrght & 2021 XMX, TOs, UP. At right reserved.
Office Visit Frequency Reimbursement Schedule Established by Medicare	Documentation Required for IBT
• One face-to-face visit every week for the first month	<ul> <li>Document BMI and weight changes over multiple visits (beginning at 6 montl as a minimum)</li> </ul>
<ul> <li>One face-to-face visit every other week for months 2-6</li> <li>One face-to-face visit every month for months 7-12, if the beneficiary meets the 3 kg weight loss requirement during the first 6 months</li> </ul>	<ul> <li>Code G0447 is for face-to-face behavioral counseling for obesity (15 minutes) individual</li> <li>Document BMI Z68.XX</li> </ul>
Total of 22 visits     Repeat of benefits annually	<ul> <li>Document Z counseling code(s) Z71.X</li> <li>Can be done in groups up to 10 people</li> </ul>
<ul> <li>Limited to outpatient and specific providers – primary care providers</li> </ul>	Control of the formation of the people     Control of the people     Control of the people     For more information, review the Electronic Code of Federal Regulations.     Title 42: Public Health. Part 410: Supplementary Medical Insurance Benefits; Subpart B:     Medical and Other Health Services     thtps://www.ecfrgov/cgi.bin/text-     idx?SID=21d56c5acb0a61e6455127609a642c2a&mc=true&node=se42.2.410_126&rgn=div8
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## Documentation and Billing Example: Medicare Documentation example in the Plan: follow-up visit plan of care · 15 minutes face-to-face spent with patient for IBT Reviewed patient's food tracking and activity for the past week Chief complaint: here for IBT based on initial BMI of 33 kg/m<sup>2</sup> Patient increasing intake of proce Sunday with new job at church. Advised patient on healthier choir Patient agreed to try new options Subjective: Patient states he tracked food for past week and has been walking for 5 minutes each Patient was able to increase vegetable servings to two times a day without any problems Patient will increase walks to 10 minutes 3 days a week and continue at 5 minutes the other days • Next IBT appointment in one week · 15 minutes spent with patient Bill Assessment: BMI 33 kg/m<sup>2</sup> G0447Z68.33 • Z13.89 • Z71.3 **Preventative Services Coverage** • Obesity management/counseling visits could be billed as preventative service instead of medical services Reimbursements are ~20%-35% greater Patient does not have a co-pay with 90% of private insurers · Need to verify preventative services coverage beforehand (or will have to re-submit if denied ☺ - time consuming) **Coding When Preventative Services** Available in Insurance (Reference Only) Preventative Services Coverage: Coding Billing Follow-up: 38-year-old BMI 35 kg/m<sup>2</sup> • First visit 9938X (based on patient's age) - remember these are NOT just obesity so could • 99395 – Preventative care follow-up have used this for patient already (eg, well woman visit) Z68.35 – BMI 35 kg/m<sup>2</sup> Code follow-up visits as 9939X ("X "is 5, 6, or 7 depending on the patient's age) – these are in the limit of 20 – but again not obesity limited, so could be used for other reasons • Z72.4 – Inappropriate eating • Z71.3 – Counseling dietary • Must use a Z code Some examples include Z13.89 (screening for obesity); Z72.4 (inappropriate diet and eating); Z13.9 (screening unspecified); Z00.8 (general medical exam); Z71.89 (exercise counseling); Z71.3 (dietary surveillance and counseling) • Z71.89 - Counseling exercise Some plans also code 9940X counseling codes Do not code obesity!!!! E66.8 or morbid obesity E66.01 due to excess calories when Need to ensure documentation identifies all the Z-coded items were completed billing as a preventative service! - Must also code the Z68.xx with the xx corresponding to the BMI (eg, BMI 33 $\mbox{kg/m}^2$ Z68.33) Billing Follow-up: 38-year-old BMI 35 kg/m<sup>2</sup> (cont'd) **Documentation Sample** • 99213 - established patient - time: spent 35 minutes with patient Assessment: Obesity E66.8 A/E BMI of 33kg/m<sup>2</sup> and waist circumference 46" E66.8 – Obesity other T2DM E11 A/E by HbA1c 6.6 – will treat by continuing current oral medications as none are obesogenic, discussing nutrition, and treating obesity • E11 – Type 2 diabetes • I10 - Essential hypertension HTM 110 – controlled A/E; BP 124/68 – will consider changing to ACE inhibitor as patient is on propranolol (which cou be contributing to weight) at next visit • 99401 - 15 minutes counseling specific to: Plan: Z68.35 – BMI 35 kg/m<sup>2</sup> Patient gave permission to discuss his weight and stated that his whole family has always had problems with weight, he would very much like to work on his weight • Z72.4 – Inappropriate eating Z71.3 – Counseling dietary He has one week of tracking in MyFitnessPal™, and this was reviewed at today's visit Z71.89 – Counseling exercise Currently he is eating fast food 15 times a week Patient instructions: track all food consumed, contracted to decrease fast food eating to 10 times a week by packing lunch from home with salad and chicken breast, start wearing pedometer to identify number of daily steps, and agre to park at the back of the lot at work next week · Follow-up appointment next week

	ling and Coding Using	
Obesity Cas		
mank you to Amy	or the case studies	
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Case 1		
.456 1	Visit Type: New Patient	—
	Chief Complaint: Establish care for management of obesity and metabolic syndrome	
	escitalopram 20 mg, rosuvastatin 10 mg	,
	Vitals: BP 142/100 mmHg, Pulse 70 bpm,	—
	BMI 41.8 kg/m <sup>2</sup> , Height 5'3", Weight 236 lbs	
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HPI: 46-year-old female with PM	IH of stage III obesity, prediabetes, HTN, hyperlipidemia,	
situational depression, generaliz further optimization of BMI and	H of stage III obesity, prediabetes, HTN, hyperlipidemia, red anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and o stressors of COVID-19	
situational depression, generaliz further optimization of BMI and	ted anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and	
situational depression, generaliz further optimization of BMI and struggling with motivation due t Most Recent Labs 12/1/2020:	ed anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and o stressors of COVID-19.	
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<ul> <li>situational depression, generaliz further optimization of BMI and struggling with motivation due t</li> <li>Most Recent Labs 12/1/2020:</li> <li>HbA1c 5.8, TG 180 mg/dL, HD vitamin D 22 ng/mL, fasting in</li> <li>Focused ROS:</li> </ul>	ted anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and o stressors of COVID-19. L 39 mg/dL, renal function WNL, liver enzymes WNL, 25-OH sulin 40 mIU/mL, glucose 141 mg/dL Focused PE:	
<ul> <li>ituational depression, generaliz</li> <li>further optimization of BMI and</li> <li>struggling with motivation due t</li> <li>Most Recent Labs 12/1/2020:</li> <li>HbA1c 5.8, TG 180 mg/dL, HD</li> <li>vitamin D 22 ng/mL, fasting in</li> <li>Focused ROS:</li> <li>Fatigue</li> <li>Snoring</li> </ul>	ted anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and is stressors of COVID-19. L 39 mg/dL, renal function WNL, liver enzymes WNL, 25-OH sulin 40 mIU/mL, glucose 141 mg/dL Focused PE: • Alert and oriented female, tearfu • Neck circumference increased	
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<ul> <li>ituational depression, generaliz</li> <li>further optimization of BMI and</li> <li>struggling with motivation due t</li> <li>Most Recent Labs 12/1/2020:</li> <li>HbA1c 5.8, TG 180 mg/dL, HD</li> <li>vitamin D 22 ng/mL, fasting in</li> <li>Focused ROS:</li> <li>Fatigue</li> <li>Snoring</li> <li>Lack of motivation</li> </ul>	ted anxiety, and metabolic syndrome, referred from PCP for metabolic health. She reports being tearful at times and is stressors of COVID-19. L 39 mg/dL, renal function WNL, liver enzymes WNL, 25-OH sulin 40 mIU/mL, glucose 141 mg/dL Focused PE: • Alert and oriented female, tearfu • Neck circumference increased	
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Snori	ng: new						
• Will	I need evaluation for s	sleep apnea in future as directly impa	cts hunger hormones al, but will not be initiated today as to no	tovorwholm			
			al, but will not be initiated today as to no	toverwheim			
	bolic Syndrome: not to	to goal n of optimization of BMI and manage	nent of obesity				
	abetes: not to goal st recent labs reviewed		: uncontrolled ords reviewed and show BP elevated at F	CP.			
• HOI • Will • May	MA IR calculated, HON I optimize metformin o y benefit from GLP-1 R pacts lifestyle optimiza	VIA IR 13.9 • Pee dosing tor RA • Wi	r to peer with PCP completed, patient wi orrow for follow-up on initiation of BP m monitor BP closely; as BP improves and lication adjustments may be needed	l see him anagement			
GLP-1 RA, glu	ucagon-like peptide-1 receptor a	agonist. Copyright © 2021 AAPA, TOS, ILP.	Ill rights reserved.				
Med	lical Decisi	ion Making					
• Num	nber and comp	plexity of problems addre	ssed		-		
• Amo	ount and/or co	mplexity of data to be re	viewed/analyzed				
• Risk	of complicatio	ons and/or morbidity or	nortality of patient manag	ement			
		2 out of 3 elemer	ts for MDM				
		2 000 01 3 0101101					
CASE 1	:	Copyright © 2021 AAPA, TOS, ILP.			Sten One		
			N nights reserved.	ssed	Step One	ou coding this	2
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<b>Step</b> code	1: Number Level of MDM Straightforward	Complexity     Number and Complexity of Prob Minimal     1 self-limited or minor problems     Low     2 or more self-limited or minor pro     1 stable chronic illness or in     1 stable and the service of the se	urgets reserved. of Problems Addree erns Addressed Herns OR ury		-	ou coding this	?
<b>Step</b> code	1: Number Level of MDM Straightforward	Complexity     Complexity     Complexity of Prob     Minimal         1 self-limited or minor problems     Cow         2 or more self-limited or minor pro         1 stable chronic illness OR         1 acute, uncomplicated illness or if     Moderate         1 or more chronic illnesses with ex         2 or more stable chronic illnesses;     } }	of Problems Addree ems Addressed lems OR ury cerbation, progression, or side effects of treatment; r		-	ou coding this	?
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Step           code           99202           99212           99203           99212           99204           99214	1: Number Level of MDM Straightforward	Er and Complexity Number and Complexity of Prob Minimal 1 self-limited or minor problems Low 2 or more self-limited or minor pro 1 stable chronic illness OR 1 acute, uncomplicated illness or if Moderate 1 or more chronic illnesses with ex 2 or more stable chronic illnesses; 1 undiagnosed new problem with 1 acute complicate High	A rights reserved. of Problems Addreesed erms Addressed lerms OR ury cerebation, progression, or side effects of treatment; in R neertain prognosis; OR mrs; OR	R	-	ou coding this	?
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Step           code           99202           992012           99202           99203           99204           99204           99204           99205           Step           Revie           99202	1: Number Level of MDM Straightforward Low Moderate High O 2: Amoun ewed and Level of MDM	Anount and/or Complexity of D	At replacement of Problems Addreese arms Addressed where OR wry cerbation, progression, or side effects of treatment; if R moretrain prognosis; OR are exacerbation, progression, or side effects of treat to pose a threat to life or bodily function treatment <b>city of Data to be</b> ta to be Reviewed or Analyzed	R	-	ou coding this	?
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Step           code           99202           99203           99204           99204           99205           Step           Revis           code           99202	1: Number Level of MDM Straightforward Low Moderate High O 2: Amoun ewed and Level of MDM	Aumber and Complexity of Prob Minimal         1 self-limited or minor problems         Urv         2 or more self-limited or minor pro- 1 stable chronic illnesses of ill actue, uncomplicated illness or ill actue, uncomplicated illnesses with ex- 2 or more stable chronic illnesses;         1 actue illness or ex- 1 actue, uncomplicated illnesses with ex- 1 actue illness with system; they are in- 1 actue illness with system; they are in- 1 actue illness with system; and illness or injury illnesses with sec 1 actue illness with system; and illness or injury illness 1 actue or chronic illnesses; with sec 1 actue or chronic illnesses; with sec 1 actue or chronic illnesses or injury i Consense 2002 MANA true or actual Minimal or None Limited (Must meet the requirements or Category 1: Tests and documents Any or Review of prior external note(s) fr	A regista reserved. ans Addressed where GR ury cerbation, progression, or side effects of treatment; r R nortain prognosis; OR ore exacerbation, progression, or side effects of treatment; r R are exacerbation, progression, or side effects of treatment; r R there are a subtreat to life or bodily function introducerecod <b>city of Data to be</b> ta to be Reviewed or Analyzed interaction of 2 from the following: m each unique source*;	R	-	ou coding this	?
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Code			
Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed	
99204 99214	Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following: Category 2 Tests, documents, or independent historian Category 2: Independent interpretation of tests Category 2: Independent interpretation of tests Category 3: Discussion of management of test interpretation Category 4: Discussion of test interpretation	
	2: Amount a ewed or Ana	and/or Complexity of Data to be lyzed	Step 2 what did you code?
99205 99215	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed         Extensive (Must meet the requirements of at least 2 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian</li> </ul> <ul> <li>Review of the result(s) of the test of the test of the test of the test of test of test of test test of test of test of test test of te</li></ul>	
Step	3: Risk of Co	omplications and/or Morbidity or	Step 3 coding
	tality of Pati		
Code	tality of Pati	ent Management Number and Complexity of Problems Addressed	
		ent Management	
Code 99202 99212 99203	Level of MDM	ent Management Number and Complexity of Problems Addressed	
Code 99202 99212	Level of MDM Straightforward	ent Management Number and Complexity of Problems Addressed Minimal risk of morbidity from additional diagnostic testing or treatment	Based on MDM what could you code for this patient?
Code 99202 99212 99203 99212 99204	Level of MDM Straightforward Low	Auruber and Complexity of Problems Addressed  Minimal risk of morbidity from additional diagnostic testing or treatment  Low risk of morbidity from additional diagnostic testing or treatment  Moderate risk of morbidity from additional diagnostic testing or treatment  Moderate risk of morbidity from additional diagnostic testing or treatment  Prescription drug management  Decision regarding entire more surgery with lidentified patient or procedure risk factors  Decision regarding entire more surgery without identified patient or procedure risk factors	Based on MDM what could you code for this

Time Based			
			—
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Prolonged S	Service C	ode	_
Prolonged Ser	vice Code - S	99417	
Less than 75 n	ninutes: N	lot reported separately	
• 89 minutes: • 104 minutes		9205 X 1 and 99417 X 1 9205 X 1 and 99417 X 2	
In order to bill	99417, the e	entire 15 minutes will need to be completed/used.	
Remember, pe	nding payer	will impact billing of prolonged service code.	
		Copyright & 2021 AAPA, TOS, IUP. All rights reserved.	Based on Time what could you code for this
Time Based			patient with private insurance?
CODES	MINUTES	PAYER	
<u>99205</u>	60-74	All	
<u>99205</u> + <u>99417</u> <u>99205</u> + <u>62212</u>	89 89-103	Non-Medicare Payers Medicare and Payers Adopting Medicare Guidelines	
<u>99215</u>	40-54	All	Mould you godo MDM or Time for this
<u>99215</u> + <u>99417</u>	69	Non-Medicare Payers	Would you code MDM or Time for this patient?
<u>99215</u> + <u>G2212</u>	83	Medicare and Payers Adopting Medicare Guidelines	
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Case 2			
Case 2			
		Visit Type: New Patient	
		Chief Complaint: Establish care for abnormal weight	
		gain and obesity	
		Medication: metformin 500 mg oral tablet – one po bid, duloxetine HCL – 90 mg nightly, semaglutide 3 mg	
		uiu, uuiuxeune not – so ing nigntiy, semagiutide 3 mg	
		Vitals: Height 5 ft 0 ins, Weight 226 lbs, BMI 44.13 kg/m², BP 128/77 mmHg, Pulse 76 bpm	
		Copyright © 2021 AAPA, TOS, ILP. All rights reserved.	

HPI	52-year-old female with PMH prediabetes, major depressive disorder, generalized anxiety, PVCs, metabolic syndrome, and Class III obesity Reports increase in weight gain during surgical menopause following total hysterectomy in 2017 Reports significant weight gain and admits struggling with emotional eating Reports significant weight gain and admits struggling with emotional eating Works closely with patients with COVID-19 patients and states she never anticipated to be witness to so much devastation at once States she is no stranger to death, as she was a trauma tech for over 12 years, but COVID-19 was different and overwhelming States "Ive been the person standing in their room at their side because no one was allowed in, and many times it was too late when family finally got there (in special circumstances) History weight reduction with lifestyle changes, but always has regained Gastric sleeve in 2016 with weight prior to the procedure 213 lbs, and her lowest weight after the procedure at 165 lbs Reports she is currently at her highest weight	
Most Recent Labs : 3/2/2021 • Fasting insulin 27 ulU/mL	• Vitamin D 38.5 ng/dL	
<ul> <li>TC 211 mg/dL</li> <li>TG 138 mg/dL</li> <li>HDL 63 mg/dL</li> <li>HbA1c 5.7</li> </ul>	<ul> <li>Glucose 87 mg/dL</li> <li>Renal function WNL</li> <li>HOMA IR calculated 5.8</li> </ul>	
Focused ROS • Lack of motivation • Fatigue • Weight gain	Focused PE  Alert and oriented female, tearful Neck circumference increased Acanthus Nigricans Adult acne	
TC, total cholesterol.	Copyright © 2021 JARPA, TOS, ILP. All rights reserved.	<b>-</b>
Plan/Assessment		_
No family history of bipolar disorder; duit     Will reduce duloxetine to 60 mg, add on s     Follow up weekly during medication adju:     Recommend she reaches out to look at w     Directly impacts care plan for optimizatio     Stage III Obesity with BMI and OR     Obesity management not to goal with cur     Starting goal for BMI for individual is 10%	ated and no desire to leave the house and the number of deaths was overwhelming settie only treatment; denies 3/HI ertrailine 25 mg x 1 week, then reduce duloxetine to 30 mg and increase sertraline to 50 mg stments hat resources her work is providing for counseling support n of BMI and metabolic health as it impacts ability to make lifestyle changes ICC: not to goal	
eating behavior, as well as slow the progr On GLP-1 for prediabetes; will optimize fo ORC: prediabetes Specialist referral: will likely need OSA ev	r BMI and HbA1c reduction aluation, will follow up at future office visit optimization with elevated BMI and prediabetes	
Plan/Assessment		
Metabolic Syndrome: not to goal Directly impacts care plan of opt Labs reviewed; records reviewed Prediabetes: not to goal Labs reviewed: HbA1c 5.7, HOM.		
semaglutide on March 3 – remin to 7 mg after 30 days • Recommend optimizing dosing t • May optimize metformin dosing • Goal Hba1c <5.7, HOMA IR <2	ded her to take on an empty stomach; currently on 3 mg and will increase to 14 mg for primary and secondary endpoint goals; impacts AOM options	
PVCs: asymptomatic  Records from cardiology reviewe No contraindication to AOMs	rd; history of benign PVC	

CASE 2		r and Complexity of Problems Addressed	Step 1 coding
Code	Level of MDM	Number and Complexity of Problems Addressed	
99202 99212	Straightforward	Minimal I self-limited or minor problems	
99203 99212	Low	Low  2 or more self-limited or minor problems OR  1 stable chronic illness OR  1 acute, uncomplicated illness or injury	
99204 99214	Moderate	Moderate           1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR           2 or more stable chronic illnesses; OR           1 undiagnosed new problem with uncertain prognosis; OR           1 acute liness with systemic symptoms; OR           1 acute complicate	
99205 99215	High	High         I or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or           I acute or chronic illness or injury that poses a threat to life or bodily function           Copyright D 2021 AVA, TOS, LP. All replar served.	
	2: Amoun ewed and	t and/or Complexity of Data to be	
Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed	
99202 99212	Straightforward	Minimal or None	
		Limited (Must meet the requirements of at least 1 of the 2 categories)	
		Category 1: Tests and documents Any combination of 2 from the following:	
99203		Review of prior external note(s) from each unique source*;      Review of the result(s) of each unique test*	
99203 99212	Low	review of the results) of each unique test     Ordering of each unique test	
		OR	
		Category 2:	
		copy of 0 2022 AMA, TOX, BA, Minglis Heards. t and/or Complexity of Data to be	
	2: Amoun ewed or Ai	copy of 0 2022 AMA, TOX, BA, Minglis Heards. t and/or Complexity of Data to be	
Revie	ewed or A	Copyright & 2002 AMPA. TOX, BP. All rights reserved. t and/or Complexity of Data to be nalyzed Amount and/or Complexity of Data to be Reviewed or Analyzed Moderate (Must meet the requirements of at least 1 out of 3 categories)	
Revie	ewed or A	Copyright & 2023 AAPA, TOS, LP. All rights reserved. <b>t and/or Complexity of Data to be</b> <b>nalyzed</b> Amount and/or Complexity of Data to be Reviewed or Analyzed Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:	
Revie	ewed or A	Copyright & 2023 AARA, TOS, E.P. Alinghis reserved. <b>t and/or Complexity of Data to be nalyzed</b> Amount and/or Complexity of Data to be Reviewed or Analyzed  Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:  Review of prior external note(s) from each unique source*; Review of the result(s) of each unique test*;	
Revie	ewed or A	Copyright 0 2021 AMA, TOS, E.P. All rights reserved         t and/or Complexity of Data to be Reviewed or Analyzed         Amount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> </ul>	
Revie	ewed or A	Capagent & 2023 AATA, TOX, & A. Alregita reserved.         Anadyca Complexity of Data to be Reviewed or Analyzed         Amount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:         Review of prior external not(s) (from each unique source*;         Review of the result(s) of each unique test*;         Ordering of each unique test*;         Anserts requiring an independent historian         OR	
Code 99204	ewed or Al	Copyright 0 2021 AUX, 103, B.V. Alinghts reserved         tand/or Complexity of Data to be Reviewed or Analyzed         Amount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categorier.)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:         Review of prior external not(s) from each unique source*;         Ordering of each unique test*;         Ordering of each unique test*;         Assessment requiring an independent historian         OR         Category 2: independent interpretation of tests         Independent interpretation of a test performed by another physician/other qualified healthcare professional (not	
Code 99204	ewed or Al	Cargyright & 2022 AARA, TOS, E.P. Alinghta reserved         tand/or Complexity of Data to be Reviewed or Analyzed         Amount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:         Review of prior external note(s) from each unique source*;         Review of the result(s) of each nique test*;         Ordering of each unique test*;         Assessment requiring an independent historian         OR         Category 2: Independent interpretation of tests	
Code 99204	ewed or Al	Capyright & 2022 AMA, TOL, B.P. All rights reserved.         tand/or Complexity of Data to be Reviewed or Analyzed         Amount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:         Review of prior external note(s) from each unique source*;         Review of the result(s) of each unique test*;         Ordering of each unique test*;         Assessment requiring an independent historian         OR         Category 2: Independent interpretation of tests         Independent interpretation of a test performed by another physician/other qualified healthcare professional (nor separately reported);         OR         Category 3: Discussion of management of test interpretation	
99204 99214	ewed or An Level of MDM Moderate	Copyright & 2022 AAPA, TOX, U.P. All rights reserved	
99204 99214	ewed or Ai Level of MDM Moderate	Category 1: Discussion of management of test interpretation         Concepting 0: Discussion of management of test interpretation         Discussion of management of test interpretation         Discussion of management of test interpretation         Discussion of promagement of test interpretation         Discussion of management of test interpretation         Discussion of promagement of test interpretation         Discussion of promagement of test interpretation of test interpretation         Discussion of promagement of test interpretation of test inter	Step 2 coding
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99204 99214	ewed or An Level of MDM Moderate 2: Amoun ewed or An	Advance of the result(s) of Data to be Reviewed or Analyzed  Moderate (Must meet the requirements of at least 1 out of 3 categories)  Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following:  Preview of prior external not(s) from each unique source*;  Review of prior external not(s) from each unique source*; Review of prior external not(s) from each unique source*; Review of prior external not(s) from each unique source*; Review of prior external not(s) from each unique source*; Review of prior external note(s) from each un	Step 2 coding
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99204 99214	ewed or An Level of MDM Moderate 2: Amoun ewed or An	Review of prior external note(s) from each unique source*;         Breview of prior external note(s) from each unique source*;         Constrainty requirements of tests interpretation         Category 1: Insts, documents, or independent historian()         Review of prior external note(s) from each unique source*;         Review of prior external note(s) from each unique source*;         Independent interpretation of tests         Ordering of each unique test*;         Assessment requiring an independent historian         OR         Category 2: Independent interpretation of tests         Independent interpretation of tests performed by another physician/other qualified healthcare professional (not espendent);         OR         Category 3: Discussion of management of test interpretation         Discussion of management or test interpretation         Discussion of management or test interpretation with external physician/other qualified healthcare professional (not espender);         OR         Category 3: Discussion of management of test interpretation         Discussion of management or test interpretation with external physician/other qualified healthcare professional (not espender);         Discussion of management or test interpretation with external physician/other qualified healthcare professional (not espender);         Category 1: Tests, documents, or independent historian() Any combination of 3 from the following:         De	Step 2 coding
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99204 99214	ewed or Al Level of MDM Moderate 2: Amoun ewed or Al Level of MDM	Advance         Anount and/or Complexity of Data to be Reviewed or Analyzed         Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category 1 Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul> <li>Review of prior external not(s) from each unique source*;</li> <li>Assessment requiring an independent historian()</li> <li>Review of prior external not(s) from each unique source*;</li> <li>Assessment requiring an independent historian</li> <li>Review of prior external not(s) from each unique source*;</li> <li>Independent interpretation of a test performed by another physician/other qualified healthcare professional (not esparately reportes);</li> <li>Review of prior external not(s) from each unique source *;</li> <li>Independent interpretation of a test performed by another physician/other qualified healthcare professional (not esparately reportes);</li> <li>Review of prior external not (s) from each unique source *;</li> <li>Review of prior external not (s) from each unique source *;</li> <li>Review of prior external not (s) from each unique source *;</li> <li>Review of prior external not (s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from each unique source *;</li> <li>Review of prior external note(s) from</li></ul>	Step 2 coding
99204 99214	ewed or Al Level of MDM Moderate 2: Amoun ewed or Al Level of MDM	Advance of the second	Step 2 coding

Step 3: Risk of Com Mortality of Patien	plications and/or Morbidity or t Management	Step 3 coding
99202 99212 Straightforward Min 99203 Low Low 09214 Moderate	mber and Complexity of Problems Addressed imal risk of morbidity from additional diagnostic testing or treatment risk of morbidity from additional diagnostic testing or treatment detate risk of morbidity from additional diagnostic testing or treatment mples only: Prescription frag management Decision regarding minor surgery with identified patient or procedure risk factors Decision regarding elective major surgery without identified patient or procedure risk factors Diagnosis or treatment significantly limited by social determinants of health nrisk of morbidity from additional diagnostic testing or treatment mples Only:	Based on MDM what could you code for this patient?
99205 High 99215	Drug therapy requiring intensive monitoring for toxicity Decision regarding dective major surgery with identified patient or procedure risk factors Decision regarding memory may any surgery Decision regarding hospitalization Decision rot to resuscitate or to de escalate care because of poor prognosis Copyright 2 021 ARAP, TOS, UP All rights reserved.	
Total time spent on date of encounter was 58 minutes, including preparing to see patient (review of tests), obtaining/reviewing intake form, performing medical	<ul> <li>Preparing to see the patient (eg, review of tests, reviewing intake form): 10 minutes (7:30-7:40am)</li> <li>Obtaining and/or reviewing separately obtained history: 10 minutes reviewing past records (7:40-7:50am)</li> <li>Performing a medically appropriate examination and/or evaluation/counseling and educating the</li> </ul>	Based on Time what could you code for this patient with private insurance?
evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.	<ul> <li>patient/family/caregiver: 25 minutes face to face (11:00-11:25am)</li> <li>Ordering medications, tests, or procedures: 5 minutes (12:10-12:15pm)</li> <li>Documenting clinical information in the electronic or other health record: 8 minutes (4:30-4:38pm)</li> </ul>	Would you code MDM or Time for this patient?
CASE 3	Copyright & 2021 AAPA, TOS, IIP. All rights reserved.	
Case 3	Visit Type: Follow up, established patient	
	Chief Complaint: Follow up on medication changes	
	Medication: Metformin 500 mg oral tablet – one po bid, duloxetine HCL - 30 mg nightly, sertraline 50 mg, semaglutide 7 mg	
	Vitals: Height 5 ft 0 in, Weight 225 lbs, BMI 43.96 kg/m², BP 128/78 mmHg, Pulse 72 bpm	
HPI	52-year-old female with PMH of prediabetes, major depressive disorder, generalized anxiety, PVCs, metabolic syndrome, and class III obesity returns for follow-up on medication changes and continued comprehensive care plan for abnormal weight gain and excessive adiposity Motivated to continue focusing on a comprehensive care plan to combat elevated BMI and adiposity related complications	
	States mood has already improved and no side effects (SEs) to medication changes Has an appointment with the counseling support provided through work this week States increase in motivation and "feeling happier" Completed PHQ9 and Mood Disorder Questionnaire (MDQ) and here to review results	
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GAD/Dom	rection: improving	et to goal	
	pression: improving, n	or to goal titvated and has no desire to leave the house; this has improved with start of sertraline	
<ul> <li>Denies S</li> </ul>			
<ul> <li>Reduced</li> </ul>		and taking 50 mg of sertraline; will discontinue duloxetine next week and continue sertraline	
<ul> <li>Goal is n</li> </ul>	normal PHQ9 and imp	provement in symptoms ORC: improved, not to goal	
		goal with current BMI	
Starting	goal for BMI for indi	vidual is 10% weight reduction of 23 lbs (203 lbs) oA1c <5.7, HOMA IR <2, WC <35 in	
<ul> <li>Labs: rev</li> </ul>	viewed from 3/2021,		
behavior	or, as well as slow the	progression of weight gain and regain	
discusse	ed with PCP and will t	ll optimize for BMI and HbA1c reduction; just started semaglutide 7 mg, no SEs, tolerating well, ake over treatment	
<ul> <li>ORC: pre</li> <li>Specialis</li> </ul>		need OSA evaluation, will follow up at future office visit	
		Copyright © 2021 AAPA, TOS, ILP. All rights reserved.	
Metabo	olic Syndrome: r	not to goal	
		n of optimization of BMI and management of obesity	
	eviewed; records r		
Confirn	med she received	and reviewed handout on reduced carbohydrates and whole food nutrition	
	betes: not to Go		
		mg and after 30 days, optimize dose to 14 mg for primary and secondary endpoint	
		use and patient states understanding; impacts AOM options dosing; will wait as currently making medication adjustments	
	IbA1c <5.7; goal H		
		Copyright & 2021 AAPA, TOS, ILP, All rights reserved.	
ASE 2:	<b>,</b>	Copyright © 2011 AAPA, TOS, ILP. All rights reserved.	Step 1 coding
	l: Numbe	copyright © 2022 AAPA TOS, UP-XB register reserved. r and Complexity of Problems Addressed	Step 1 coding
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Step 1		r and Complexity of Problems Addressed Number and Complexity of Problems Addressed Minimal	Step 1 coding
Step 1 ode 9202	Level of MDM	r and Complexity of Problems Addressed	Step 1 coding
itep 1 ode	Level of MDM	r and Complexity of Problems Addressed           Number and Complexity of Problems Addressed           Minimal           1 self-limited or minor problems           Low           2 or more self-limited or minor problems OR	Step 1 coding
5tep 1 ode 9202 9212	Level of MDM Straightforward	r and Complexity of Problems Addressed Number and Complexity of Problems Addressed Minimal 1 self-limited or minor problems Low	Step 1 coding
5tep 1 ode	Level of MDM Straightforward	Number and Complexity of Problems Addressed         Number and Complexity of Problems Addressed         Minimal         1 self-limited or minor problems         Low         2 or more self-limited or minor problems OR         1 stable chronic illness OR         1 stable chronic illness or injury         Moderate	Step 1 coding
5tep 1 ode	Level of MDM Straightforward Low	r and Complexity of Problems Addressed Number and Complexity of Problems Addressed Number and Complexity of Problems Addressed Numer and Complexity of Problems of a stable chronic illness of a stable chronic illness of a cute, uncomplicated illness or injury	Step 1 coding
Step 1 ode 2202 2212 2203 2212	Level of MDM Straightforward	rand Complexity of Problems Addressed      Number and Complexity of Problems Addressed      Minimal      1 self-limited or minor problems      Cow      2 or more self-limited or minor problems OR      1 stable chronic illness or injury      Moderate      1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR      2 or more stable chronic illnesses; OR      1 undiagnosed new problem with uncertain prognosis; OR	Step 1 coding
Step 1 ode 2202 2212 2203 2212	Level of MDM Straightforward Low	T and Complexity of Problems Addressed  Number and Complexity of Problems Addressed  Number and Complexity of Problems Addressed  2 Install Install Complexity of Problems Addressed  2 or more self-limited or minor problems OR  2 or more stable chronic Illness or Injury  2 Moderate  3 or more chronic Illnesses with exacerbation, progression, or side effects of treatment; OR  3 or more stable chronic Illnesses; OR	Step 1 coding
5100 1 ode 2202 2212 2212 2213 2212	Level of MDM Straightforward Low Moderate	A complexity of Problems Addressed      Mumber and Complexity of Problems Addressed      Minima      1 self-limited or minor problems      2 or more self-limited or minor problems OR      1 sable chronic illness OR      1 acute, uncomplicated illness or injury      Moderate      1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR     2 or more stable chronic illnesses; OR     1 undiagnosed new problem with uncertain prognosis; OR     1 acute illness with systemic symptoms; OR     1 acute illness with systemic symptoms; OR     1 acute complicate      High	Step 1 coding
ode 9202 9212	Level of MDM Straightforward Low	And Complexity of Problems Addressed      Minimal     I self-limited or minor problems      Vor     Sor more self-limited or minor problems OR     I stable chronic liness or injury      Moderate     Sor more stable chronic linesses: (R     I addressed chronic linesses: (R     I undiagnosed new problem with uncertain prognosis; OR     I acute complicate     I acute complicate	Step 1 coding
Step 1           ode           9202           9212           9203           9204           9205	Level of MDM Straightforward Low Moderate High	A complexity of Problems Addressed      Muner     Sumber and Complexity of Problems Addressed      Minima     I self-limited or minor problems      Com     2 or more self-limited or minor problems OR     1 self-limited or minor problems OR     1 self-limited or minor problems OR     2 or more chance illness or injury      Moderate     I or more chance illnesses with exacerbation, progression, or side effects of treatment; OR     2 or more stable chronic illnesses; OR     1 sudte complicate      Migh     1 or more chance illnesses with severe exacerbation, progression, or side effects of treatment; or     1 sudte complicate      Migh     1 or more chance illnesses with severe exacerbation, progression, or side effects of treatment; or     1 sudte complicate	Step 1 coding
Step 1           ode           9202           9203           9204           9205           9205	Level of MDM Straightforward Low Moderate High 2: Amoun	A subject and Complexity of Problems Addressed      Munima      I self-limited or minor problems      Com          1 self-limited or minor problems OR          1 self-limited or minor problems OR          1 stable dronic lifess OR          1 stable dronic lifess OR          1 stable dronic lifess or injury      Moderate          1 or more schanic lifesses with sevacerbation, progression, or side effects of treatment; OR          2 or more stable chronic lifesses; OR          1 undiagnosed new problem with uncertain progrosis; OR          1 scate complicate      High          1 or more chronic lifesses with sevacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          Complexity of Data to be	Step 1 coding
Step 1           ode           9202           9203           9204           9205           9205	Level of MDM Straightforward Low Moderate High	A subject and Complexity of Problems Addressed      Munima      I self-limited or minor problems      Com          1 self-limited or minor problems OR          1 self-limited or minor problems OR          1 stable dronic lifess OR          1 stable dronic lifess OR          1 stable dronic lifess or injury      Moderate          1 or more schanic lifesses with sevacerbation, progression, or side effects of treatment; OR          2 or more stable chronic lifesses; OR          1 undiagnosed new problem with uncertain progrosis; OR          1 scate complicate      High          1 or more chronic lifesses with sevacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          Complexity of Data to be	Step 1 coding
Step 1           ode           2202           2203           2204           2205           Step 2           Reviev	Level of MDM Straightforward Low Moderate High 2: Amoun	A subject and Complexity of Problems Addressed      Munima      I self-limited or minor problems      Com          1 self-limited or minor problems OR          1 self-limited or minor problems OR          1 stable dronic lifess OR          1 stable dronic lifess OR          1 stable dronic lifess or injury      Moderate          1 or more schanic lifesses with sevacerbation, progression, or side effects of treatment; OR          2 or more stable chronic lifesses; OR          1 undiagnosed new problem with uncertain progrosis; OR          1 scate complicate      High          1 or more chronic lifesses with sevacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          1 or more chronic lifesses with sevacer exacerbation, progression, or side effects of treatment; or          1 acute complicate      High          Complexity of Data to be	Step 1 coding
itep 1           ode           2002           2203           2204           2205           itep 2           Ceviev           ode           2205	Level of MDM Straightforward Low Moderate High 2: Amoun wed and A	A suble rand Complexity of Problems Addressed	Step 1 coding
itep 1           ode           2002           2203           2204           2205           itep 2           Ceviev           ode           2205	Level of MDM Straightforward Low Moderate High C: Amoun Weed and J Level of MDM	A subar and Coomplexity of Problems Addressed  Neutre and Complexity of Problems Addressed  Neutre  a sub-initiated or minor problems  of a sub-initiated or minor problems OR a sub-initiated or mi	Step 1 coding
Step 1           ode           2202           2203           2204           2205           Step 2           Step 3	Level of MDM Straightforward Low Moderate High C: Amoun Weed and J Level of MDM	A complexity of Problems Addressed  Autor and Complexity of Problems Addressed  Autor and/or Complexity of Problems Addressed  Autor and/or Complexity of Problems Addressed  Autor and Autor and Autor and Autor and Autor Analyzed  Autor and/or Complexity of Problems Addressed  Autor and Autor and Autor and Autor and Autor Analyzed  Autor and Autor Autor Autor Autor Analyzed  Autor and Autor Autor Autor Autor Autor Analyzed  Autor A	Step 1 coding
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Step 1           ode           9202           9203           9204           9205           9205	Level of MDM Straightforward Moderate High C: Amounn Weed and A Straightforward	A complexity of Problems Addressed      Minimal     1 self-limited or minor problems     Complexity of Problems Addressed      Minimal     1 self-limited or minor problems OR     1 self-limited or minor problems OR     1 setupe of proint liness on     1 setupe of proint liness     1 setupe of proint lines     1 setupe     1 setupe of proint lines     1 setupe of proint lines     1 setupe	Step 1 coding
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Step 1           ode           9202           9203           9212           9204           9205           Step 2           Step 2           Review           ode           9202           9203	Level of MDM Straightforward Moderate High C: Amounn Weed and A Straightforward	A complexity of Problems Addressed      Minimal     1 self-limited or minor problems     Complexity of Problems Addressed      Minimal     1 self-limited or minor problems OR     1 self-limited or minor problems OR     1 setupe of proint liness on     1 setupe of proint liness     1 setupe of proint lines     1 setupe     1 setupe of proint lines     1 setupe of proint lines     1 setupe	Step 1 coding

9202	Code		lyzed	
Ware <ul> <li>Provide the second construction of the second consecond consecond construco</li></ul>	Code	Level of MUM	Moderate (Must meet the requirements of at least 1 out of 3 categories)         Category I Tests, documents, or independent historian(s) Any combination of 3 from the following:         Review of prior external note(s) from each unique source*;         Review of the result(s) of each unique test*;	
Description of and/or Complexity of Data to be     Reviewed or Analyzed     The description of and the state of t		Moderate	Assessment requiring an independent historian     Assessment requiring an independent historian     Category 2: Independent interpretation of tests     independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported);	
Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed       Step 2 coding         Code       Level of Stift       Description of the state of			<ul> <li>Discussion of management or test interpretation with external physician/other qualified healthcare professiona/appropriate source (not separately reported)</li> </ul>	
Out       Control MIXID       Advance and a control which is the to below dot dot of the provide of the pro			and/or Complexity of Data to be	Step 2 coding
No.       Comparison       Comparison       Comparison         No.       Comparison       Comparison       Comparison         No.       Comparison       Comparison       Comparison         No.       Comparison       Comparison       Comparison         No.       Comparison       Comparison       Comparison       Comparison         No.       Comparison       Comparison       Comparison       Comparison       Comparison         No.       Comparison			•	
NOT       Image: I			Extensive (Must meet the requirements of at least 2 out of 3 categories)	
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MB   MB <td></td> <td></td> <td></td> <td></td>				
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Mortality of Patient Management <ul> <li></li></ul>				
Code         Level of MOM         Number and Comparing of Problems Addressed           9903         strangethrows:         Memory addressed dispositic testing or treatment           9903         the         Lever field and dispositic testing or treatment           9903         the         Memory addressed dispositic testing or treatment           9904         Memory addressed dispositic testing or treatment           9905         The respino in displant dispositic testing or treatment           9905         The respino in orditory for the discuster or procedure risk tracts           9905         The respino in orditory for the discuster or procedure risk tracts           9905         The respino in orditory for the discuster or procedure risk tracts           9905         The respinon in the respinor in the resc				Step 3
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With the second seco	Code	Level of MDM	Number and Complexity of Problems Addressed	
9912       Up       Low the dramodify them additional diagnostic tange or brained         9924       Material       Imaging missing missing missing missing missing transmission         9925       mg <sup>1</sup> Imaging missing missing missing missing missing transmission       Imaging missing m	99202 99212	Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment	
Weter the set of th		Low	Low risk of morbidity from additional diagnostic testing or treatment	
9214       Moderate       Control regarding minor support with identified pattern or procedure risk factors       Bassed on Step 1, 2, and 3 MDM how would you bill this visit?         92035       Hgt       Deckin regarding decker manage support regarding the factors       Bassed on Step 1, 2, and 3 MDM how would you bill this visit?         92036       Hgt       Preparing to see the patient (egr, review of tests; reviewing intake form): 10 minutes (27:30-7:40am)       Bassed on Time how would you bill this visit?         Total time spent on date of encounter was 65 minutes; including preparing to see patient (review of tests), obtaining/ reviewing intake form): 20 minutes (27:30-7:40am)       Preparing to see the patient (egr, review of tests; reviewing intake form): 20 minutes (27:30-7:40am)       Bassed on Time how would you bill this visit?         Ordering medical evaluation, counseling and education, ordering forming medical information.       Preparing to see the patient (egr, review of tests), obtaining/ reviewing intake form): 20 minutes (27:30-7:40am)       Preparing to see the patient (egr, review of tests).       Bassed on Time how would you bill this visit?         Total time spent on date of encounter was 65 minutes, including preparing to see patient (review of tests). obtaining/ reviewing intake form): 20 minutes (21:20-12:15pm)       Ordering medically appropriate examination and/or evaluation, counseling and education, ordering documenting of clinical information.       Ordering medical information in the electronic or other health record: 10 minutes (4:30-4:40 pm)       Could you use prolonged service time?				
9003 9013       100       Image: Comparing the Comparing the Comparing the Construction Image: Comparing the Comparing the Comparing the Construction Image: Comparing the Comparing the Comparing the Comparison Image: Comparing the Comparison Image: Comparison Image: Comparing the Comparison Image: Comparison Image: Comparison Image: Comparison Image: Comparison Image: Comparison Image: Comparing Image: Comparing Image: Comparison Image: Comparison Image: Co		Moderate	<ul> <li>Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>Decision regarding elective major surgery without identified patient or procedure risk factors</li> </ul>	
<ul> <li><sup>9033</sup> Net</li> <li><sup>10</sup> Circle thrapy: regularge latentiation monotoning for training</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or procedure risk statum.</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or procedure risk statum.</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or procedure risk statum.</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or procedure risk statum.</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or program.</li> <li><sup>10</sup> Decision regularing based approxy multi-definition or program.</li> <li><sup>10</sup> Decision regularing enter approxy multi-definition or program.</li> <li><sup>10</sup> Decision regularing based approxy multi-definition or program.</li> <li><sup>11</sup> Decision regularing based approximates approxi</li></ul>				
<ul> <li></li></ul>		High	<ul> <li>Drug therapy requiring intensive monitoring for toxicity</li> </ul>	
Total time spent on date of encounter was 65 minutes, including preparing to see the patient (eg, review of tests, reviewing intake form): 10 minutes (7:30-7:40am)       Based on Time how would you bill this visit?         Performing a medically appropriate examination and/or evaluation/counseling and educating the patient/family/caregiver: 25 minutes face to face (11:00-11:25am)       Based on Time how would you bill this visit?         Ordering medicalievaluation, counseling and educating the patient/family/caregiver: 25 minutes face to face (11:00-11:25am)       Ordering medications, tests, or procedures: 5 minutes (12:10-12:15pm)         Referring and education, ordering tests/medication, and documenting of clinical information.       Referring and communicating with other healthcare professionals (when not separately reported): 15 minutes (12:00-12:15pm)         Documenting of clinical information in the electronic or other health record: 10 minutes (4:30-4:40 pm)       Could you use prolonged service time?	55225			Based on Step 1, 2, and 3 MDM how would
Total time spent on       Preparing to see the patient (eg, review of tests, reviewing intake form): 10 minutes (7:30-7:40am)       Based on Time how would you bill this visit?         Performing a medically appropriate examination and/or evaluation/counseling and educating the patient/family/caregiver: 25 minutes face to face (11:00-11:25am)       Deforming medical evaluation, counseling and educating the patient/family/caregiver: 25 minutes face to face (11:00-11:25am)       Deforming medical evaluation, ordering tests/medication, and dommunicating with other healthcare professionals (when not separately reported): 15 minutes (12:00-12:15pm)       Documenting of clinical information in the electronic or other health record: 10 minutes (4:30-4:40 pm)				you bill this visit?
Total time spent on         date of encounter         was 65 minutes,         including preparing to         see patient (review of         tests), obtaining/         reviewing intake form,         performing medical         evaluation, counseling         and education, ordering         tests/medication, and         documenting of clinical         information.    Preparing to see the patient (leg, review of tests, reviewing intake form,    Preforming medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.    Procent and the electronic or other health record: 10 minutes (4:30-4:40 pm)				Based on Time how would you bill this visit?
date of encounter         was 65 minutes,         including preparing to         see patient (review of         tests), obtaining/         reviewing intake form,         performing medical         evaluation, counseling         and education, ordering         tests/medication, and         documenting of clinical         information.             Documenting of clinical    Could you use prolonged service time?          Could you use prolonged service time?	Total time spent or			,
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see patient (review of tests), obtaining/ reviewing intake form, performing medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.				
reviewing intake form, performing medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.			11:25am)	
performing medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.       Referring and communicating with other healthcare professionals (when not separately reported): 15 minutes (12:00-12:15pm)       Could you use prolonged service time?         Documenting of clinical information.       Documenting clinical information in the electronic or other health record: 10 minutes (4:30-4:40 pm)       Could you use prolonged service time?	reviewing intake for			
and education, ordering tests/medication, and documenting of clinical information.	-	-		
tests/medication, and documenting of clinical information.       15 minutes (12:00-12:15pm)       Could you use proforinged service time?         Documenting clinical information in the electronic or other health record: 10 minutes (4:30-4:40 pm)       Could you use proforinged service time?			professionals (when not separately reported):	Could you use prolonged service time?
information. other health record: 10 minutes (4:30-4:40 pm)				
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