Welcome to the “Test your E/M coding skills” exercise

During this exercise, you will be asked to:
- Review a medical documentation example for a new patient office visit
- Utilize First Coast’s E/M Interactive worksheet
- Determine the appropriate evaluation and management (E/M) code

You will be asked a series of questions throughout the exercise, and you will receive immediate feedback to your response.

To access the resources you will need during this exercise, please click the “E/M interactive worksheet” and “E/M worksheet: Help Guide” buttons below.

To begin the exercise, please click the “Continue” button.

E/M interactive worksheet  
https://medicare.fcso.com/EM/165590.asp

E/M interactive worksheet: Help guide 
https://medicare.fcso.com/EM/173081.asp
Scenario: New Patient Office Visit — ENT Specialist

The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

**ROS**

**Constitutional:** Denies anorexia, chills, fatigue, fevers, malaise, sweats, and weight loss

**ENMT:** Denies ear discharge, nosebleeds, sore throat, or dysphagia

**Respiratory:** Denies dyspnea or wheezing

**Past Medical, Family and Social History**

Medical, surgical and social history reviewed. No additions or corrections made.

**Examination**

**General:** No acute distress. BP: 108/56, P:59, SPO 2:98%

**Communication:** Voice is strong, breathing unlabored

**Face:** Facial nerve - Grade I, no cellulitis

**Eyes:** No orbital chemosis. EOMI. PERLA.

**Ears:** The canals are clear. The drums were pearly white, intact and mobile on insufflation

**Nasal:** Intranasal exam shows a fairly straight septum, no turbinate hypertrophy, congested mucosa, or purulent secretions. The airway is patent

**Oral/Pharyngeal:** Pink and moist mucosa. No lesions or exudates

**Neck:** Small slippery adenopathy measuring approximately 6mm in the left supraclavicular

**Chest:** Symmetrical, no retractions, no fremitus

**Neurologic:** No focal cranial nerve deficits. No nystagmus
Scenario: New Patient Office Visit — ENT Specialist (continued)

Procedure performed in office: FLEXIBLE LARYNGOSCOPY

(31575) - The nose was decongested with Neosynephrine/Xylocaine 4% nasal spray. The flexible scope was then passed through the nose, and nasopharynx into the oropharynx where the larynx, and hypopharynx were visualized. No lesions seen. Clear piriform sinuses. Symmetric, mobile vocal cords, without nodularities. Good abduction. The nasopharynx was also clear. No purulence or mucosal lesions seen.

Impression/Plan:
Left supraclavicular lymphadenopathy. My findings were discussed with the patient. I discussed with the patient a CT Scan of the head and neck to check for hidden disease as the cause of the adenopathy. They are going back home to Georgia in two weeks and they would like to pursue further investigation there. I will hand them a copy of her visit with my findings.

Now, let’s examine the facts documented.

Using the E/M Interactive Worksheet, you can select either the ‘95 or ’97 guidelines to determine how this patient encounter may be coded.

If you need help, refer to the E/M Interactive worksheet: Help guide
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

Based on the initial summary (see above) what level of HPI does this documentation support?

- [ ] a) Brief
- [ ] b) Extended

NOTE:
Once you have clicked the [Submit] button and received feedback, please click the forward button on the playbar at the bottom, left of the screen.

At least 4 elements of HPI (i.e., location, quality, context, associated signs and symptoms) are documented, so this is an 'Extended' level of HPI.
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

ROS

Constitutional: Denies anorexia, chills, fatigue, fevers, malaise, sweats, and weight loss
ENMT: Denies ear discharge, nosebleeds, sore throat, or dysphagia
Respiratory: Denies dyspnea or wheezing

What level of ROS does the documentation support?

- A) Problem Pertinent
- B) Extended
- C) Complete

Extended is the correct answer - 3 systems are documented as having been reviewed: Constitutional, ENT/Mouth, Respiratory.
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

**Past Medical, Family and Social History**
Medical, surgical and social history reviewed. No additions or corrections made.

What level of PFSH does the documentation support?

- o A) Pertinent
- o B) Complete

The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

**Past Medical, Family and Social History**
Medical, surgical and social history reviewed. No additions or corrections made.

What level of PFSH does the documentation support?

- A) Pertinent
- B) Complete

PFSH = Pertinent
Complete is incorrect - no credit is given for statements ‘Medical, surgical and social history reviewed. No additions or corrections made.” This is a new patient, so nothing can be added/corrected, and there is no documentation to support review of surgical and/or social history.

If intake form addressing PFSH elements had been used, with documentation indicating the form was reviewed by the provider with the patient, could receive credit for other aspects of history.
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**ROS**

Constitutional: denies anorexia, chills, fatigue, fevers, malaise, sweats, and weight loss
ENMT: denies ear discharge, nosebleeds, sore throat, or dysphagia
Respiratory: denies dyspnea or wheezing

**Past Medical, Family and Social History**
Medical, surgical and social history reviewed. No additions or corrections made.

What level of HISTORY does the documentation support?
- A) Problem Focused
- B) Expanded Problem Focused
- C) Detailed
- D) Comprehensive

Level of history = DETAILED
Per both the ’95 and ’97 E/M guidelines:
HPI: EXTENDED (4 elements documented)
ROS: EXTENDED (3 systems documented as being reviewed)
PFSH: PERTINENT (only Past history documented)
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

**Examination**

- **General:** No acute distress. BP: 108/56, P:59, SPO 2:98%
- **Communication:** Voice is strong, breathing unlabored
- **Face:** Facial nerve - Grade I, no cellulitis
- **Eyes:** No orbital chemosis. EOMI. PERLA.
- **Ears:** The canals are clear. The drums were pearly white, intact and mobile on insufflation
- **Nasal:** Intranasal exam shows a fairly straight septum, no turbinate hypertrophy, congested mucosa, or purulent secretions. The airway is patent
- **Oral/Pharyngeal:** Pink and moist mucosa. No lesions or exudates
- **Neck:** Small slippery adenopathy measuring approximately 7mm in the left supraclavicular area.
- **Chest:** Symmetrical, no retractions, no fremitus
- **Neurologic:** No focal cranial nerve deficits. No nystagmus

What level of Examination does the documentation support?

- A) Problem Focused
- B) Expanded Problem Focused
- C) Detailed
- D) Comprehensive

Level of Examination = Detailed

- Per ’95 E/M guidelines: An extended exam of affected body area(s) and other symptomatic or related systems.
- Per ’97 E/M guidelines: 6 organ systems documented as being examined, corresponds to 13 bulleted elements in ENT examination table.
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

Procedure performed in office: FLEXIBLE LARYNGOSCOPY

(31575) - The nose was decongested with Neosynephrine/Xylocaine 4% nasal spray. The flexible scope was then passed through the nose, and nasopharynx into the oropharynx where the larynx, and hypopharynx were visualized. No lesions seen. Clear piriform sinuses. Symmetric, mobile vocal cords, without nodularities. Good abduction. The nasopharynx was also clear. No purulence or mucosal lesions seen.

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Left supraclavicular lymphadenopathy. My findings were discussed with the patient. I discussed with the patient a CT Scan of the head and neck to check for hidden disease as the cause of the adenopathy. They are going back home to Georgia in two weeks and they would like to pursue further investigation there. I will hand them a copy of her visit with my findings.

Based on this documentation, what is the level of the number of diagnoses/management options applicable to this encounter?

A) Minimal  B) Limited
C) Multiple  D) Extensive

As this is a new encounter, resulting in a decision to order a diagnostic procedure (e.g., a laryngoscopy), the level of the number of diagnoses/management options is EXTENSIVE.
The new patient is a 75-year-old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

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Based on this documentation, what is the level of the amount/complexity of data applicable to this encounter?

- A) Minimal
- B) Limited
- C) Moderate
- D) Extensive

The new patient is a 75-year-old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

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Based on this documentation, what is the level of the amount/complexity of data applicable to this encounter?

- A) Minimal
- B) Limited
- C) Moderate
- D) Extensive

Documentation does not indicate specific data used/referenced in relation to the encounter. This corresponds to a MINIMAL level of the amount of data.
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraclavicular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

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Left supraclavicular lymphadenopathy. My findings were discussed with the patient. I discussed with the patient a CT Scan of the head and neck to check for hidden disease as the cause of the adenopathy. They are going back home to Georgia in two weeks and they would like to pursue further investigation there. I will hand them a copy of her visit with my findings.

Based on this documentation, what is the level of the risk of significant complications, morbidity, and/or mortality?

- A) Minimal
- B) Low
- C) Moderate
- D) High

Per the Table of Risk within both the ‘95 and ‘97 documentation guidelines of E/M services, performance of a diagnostic endoscopy (such as a laryngoscopy) with no identified risk factors corresponds to a MODERATE level of risk.
The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraventricular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

Procedure performed in office: FLEXIBLE LARYNGOSCOPY

(31575) - The nose was decongested with Neosynephrine/Xylocaine 4% nasal spray. The flexible scope was then passed through the nose, and nasopharynx into the oropharynx where the larynx, and hypopharynx were visualized. No lesions seen. Clear piriform sinuses. Symmetric, mobile vocal cords, without nodularities. Good abduction. The nasopharynx was also clear. No purulence or mucosal lesions seen.

Impression/Plan:
Left supraclavicular lymphadenopathy. My findings were discussed with the patient. I discussed with the patient a CT Scan of the head and neck to check for hidden disease as the cause of the adenopathy. They are going back home to Georgia in two weeks and they would like to pursue further investigation there. I will hand them a copy of her visit with my findings.

What level of MEDICAL DECISION MAKING was documented in the sample E/M record?
- A) Straightforward
- B) Low Complexity
- C) Moderate Complexity
- D) High Complexity

The new patient is a 75-year old female whose chief complaint is the presence of a non-tender, mobile lump in the left supraventricular area. When questioned, she denies any history of skin cancer in her head, neck area, or in any other part of her body. She explains that she does have a mild cough every now and then, but she has not had a recent URI. She also takes Lotrel for HTN.

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(31575) - The nose was decongested with Neosynephrine/Xylocaine 4% nasal spray. The flexible scope was then passed through the nose, and nasopharynx into the oropharynx where the larynx, and hypopharynx were visualized. No lesions seen. Clear piriform sinuses. Symmetric, mobile vocal cords, without nodularities. Good abduction. The nasopharynx was also clear. No purulence or mucosal lesions seen.

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What level of MEDICAL DECISION MAKING was documented in the sample E/M record?
- A) Straightforward
- C) Moderate Complexity
- B) Low Complexity
- D) High Complexity

Per both the ’95 and ’97 documentation guidelines:
Number of diagnoses/management options = EXTENSIVE (new problem to examiner - diagnostic procedure ordered)
Amount of data: MINIMAL - no specific data relates to this encounter
Level of risk: MODERATE COMPLEXITY (diagnostic endoscopy with no identified risk factors)
Based on these levels, the level of MEDICAL DECISION MAKING for this encounter is MODERATE COMPLEXITY.
So let's review:

**LEVEL OF HISTORY = DETAILED**
Per both the '95 and '97 E/M guidelines:
- HPI: EXTENDED (4 elements documented)
- ROS: EXTENDED (3 systems documented as being reviewed)
- PFSH: PERTINENT (only Past history documented)

**EXAMINATION - '97**
- General/Communications = Constitutional vital signs, “no acute distress” and voice = 3 elements
- Face = Head and Face inspection of head and face ("No cellulitis") = 1 element
- Eyes - EOMI - Exoocular movements intact = 1 element
- Ears/Nasal/oral/Pharyngeal - ENMT 1 canals and drums, 2 nasal septum, 3 mucosa and turbinates, 4 oral mucosa, 5 pharyngeal lesions = 5 elements
- Neck = Lymphatic System ("small slippery adenopathy") Examination = 1 element
- Chest = Respiratory "symmetrical, no retraction" = 1 element
- Neurologic = Neurological/Psychological “…cranial nerve deficits…” = 1 element

6 Organ Systems - 13 bulleted elements DETAILED

**EXAMINATION - '95**
Subjective...is an extended exam of affected body area(s) and other symptomatic or related organ system(s) = DETAILED

**MEDICAL DECISION-MAKING = MODERATE COMPLEXITY**
Per both the '95 and '97 E/M guidelines:
- Number of diagnoses: EXTENSIVE (New problem to Examiner-Diagnostic procedures ordered)
- Amount/complexity of data: MINIMAL (None)
- Risk: MODERATE (Under "Diagnostic Procedures Ordered": Diagnostic endoscopy with no identified risk factors)
Now that we have gone through the scenario following the E/M Interactive Worksheet, based on the conclusions we have found, what E/M code should be used for these services?

A) 99201  
B) 99202  
C) 99203  
D) 99204  
E) 99205

History = DETAILED  
Exam = DETAILED  
Medical Decision-making = MODERATE

For a new patient, these component levels correspond to a service level code of 99203.
We hope that you have enjoyed taking the E/M coding skill exercise and that you have found it beneficial.

How did you do?

If you missed any questions, you may benefit from taking one of FCSO’s available recordings of past educational webcasts to learn about the E/M guidelines and components to help you to select proper codes.

Log into your account at First Coast’s training website: www.FirstCoastUniversity.com, select “Catalog” and type “E/M” into the search field for a list of recordings.

Don’t have a free account with us? From First Coast University, select “Request a new account” to take advantage of all of First Coast’s educational offerings.

You may now exit this exercise by clicking the [Exit] button at the bottom of this screen, but please be sure to check back with us often for other scenarios to test you E/M skills.