1 Evaluation and Management Services

CHAPTER LESSON PLANS & OBJECTIVES

Lesson 1.1: E/M Review – The Basics

1. Present information on three coding factors of E/M services.
2. Present information on coding of key components of E/M audit form.
3. Present information on coding of contributing factors.

Lesson 1.2: Hospital Inpatient Services and Diagnosis Coding

4. Present information on coding of hospital inpatients.
5. Present information on difference between outpatient and inpatient diagnosis coding.

Lesson 1.3: Consultations, Prolong Services, Standby and Critical Care

6. Present information on consultation coding.
7. Present information on coding of office visits.
8. Present information on coding of hospital services.

Lesson 1.4: Neonatal Care and Preventive Medicine Services

9. Present information on coding of neonatal services.
10. Present information on coding of preventive medicine services.

CHAPTER TEACHING FOCUS

- In this chapter, the student will have the opportunity to learn the three factors upon which evaluation and management codes are based, the three key components of patient services, and the four contributing factors that could affect correct code selection. Coding for hospital inpatient services and diagnosis coding will also be discussed. Finally, the student will have the opportunity to put this information into practice by completing audit forms and assigning procedural and diagnostic codes based on patient examples and case studies.

CHAPTER PRETEST

Have the students answer these questions prior to covering this chapter to understand where they stand in relation to the content.

1) What are the four elements of the history?
2) The Hospital Inpatient Services subsection is divided into what three subheadings?
3) What is the review of systems (ROS), how is it obtained, and what general information is sought?
4) The codes in the E/M section are based on what three factors?
5) What are the four levels of history?
6) New patient, established patient, outpatient, and inpatient are the four categories of _____.
7) The _____ is a concise statement describing the symptom, problem, or condition that is the reason for the encounter.
8) Management options, data to review, and risk are three elements on which the _____ of the medical decision making is based.
9) The contributory factors that could affect the correct code selection include counseling, coordination of care, and _____.
10) The ICD-10-CM Official Guidelines for Coding and Reporting are used to guide _____ coding.

CHAPTER PRETEST ANSWERS

1) chief complaint (CC), history of present illness (HPI), review of systems (ROS), and past, family, and social history (PFSH)
   p. 3
2) Initial Hospital Care, Subsequent Hospital Care, and Subsequent Observation Care. Within Subsequent Hospital Care are: Observation or Inpatient Care Services (including admission and discharge services) and Hospital Discharge Services.
   p. 16
3) The Review of Symptoms is an inventory of the body systems obtained through a series of questions seeking to identify signs or symptoms that the patient may be experiencing or has experienced.
   p. 4
4) place of service, type of service, and patient status
   p. 2
5) problem-focused, expanded problem focused, detailed, and comprehensive
   p. 7
6) patient status
   p. 2
7) chief complaint
   p. 3
8) complexity
   pp. 11-12
9) nature of the presenting problem
   p. 14
10) diagnosis
    p. 17

Classroom Preparation
Lesson 1.1: E/M Review – The Basics

INSTRUCTOR PREPARATION

Textbook Objectives Covered

1. Present information on three coding factors of E/M services.
2. Present information on coding of key components of E/M audit form.
3. Present information on coding of contributing factors.

National Standards Covered

Content

- Insurance, procedural, and diagnostic coding

Competencies

- Perform diagnostic coding
- Perform procedural coding

Lesson Preparation Checklist

- Prepare lecture from TEACH lecture slides available on Evolve.
- Assemble materials and supplies needed for each lesson as indicated below.
- Student performance evaluation of all entry-level skills required for student comprehension and application of principles for accurately coding evaluation and management services, including the following:
    - Three factors on which codes in the E/M section are based: place of service, type of service, and patient status
    - Identification of key components of the service provided as recorded in the medical record, including history, examination, and medical decision making
    - The process of determining the level of medical decision making complexity
    - Hospital inpatient services codes and outpatient services codes, as well as diagnosis coding
    - Complete E/M audit forms

Materials and Supplies

- Blank E/M audit forms; The Next Step, Advanced Medical Coding and Auditing, Appendix A (p. 518)
- Current Procedural Terminology, American Medical Association, current edition (all lessons)
- The Next Step, Advanced Medical Coding and Auditing, 2017/2018 edition, by Carol J. Buck, Saunders (all lessons)
- 2017 ICD-10-CM Hospital Professional Edition, Elsevier
- 2017 HCPCS Level II, by Carol J. Buck, Elsevier (all lessons)
- computer
- projector

Classroom Preparation
Lesson 1.1: E/M Review – The Basics

STUDENT PREPARATION (2 hrs)	
1	**READ – Textbook (p. 2)**
2	**READ – Textbook (pp. 2-13, 517-518)**
3	**READ – Textbook (pp. 14-16)**

50-Minute Lesson Plan
Lesson 1.1: E/M Review – The Basics

LECTURE OUTLINE (30 min)	
1	**CODING FACTORS OF E/M SERVICES: SLIDES 1-5 (p. 2)** • Discuss the three coding factors of E/M codes: place of service, type of service, and patient status.
2	**KEY COMPONENTS OF E/M AUDIT FORM: SLIDES 6-22 (pp. 2-13, 517-518)** • Discuss the subjective history elements and how they are documented on the E/M Audit Form, including the history of present illness, review of systems, and the past, family, and/or social history of the patient. • Discuss the objective examination elements and how they are documented on the E/M Audit Form. • Discuss documentation of Medical Decision Making (MDM) Complexity, management options, data to be reviewed, and risk.
3	**CONTRIBUTORY FACTORS: SLIDES 23-27 (pp. 14-16)** • Discuss contributory factors including counseling, coordination of care, nature of presenting problem, and time.

LEARNING ACTIVITIES (choose one or more to equal 20 min)	
1	**DISCUSS (10 min)** • Discuss examples of each of the three factors of E/M code. • *Appropriate Settings:* Traditional classroom, flipped classroom, online
2	**DISCUSS (10 min)** • Discuss the possible elements that could be included in a review of systems (ROS) inventory. • Discuss the elements of an audit form and how each element affects selection of an accurate code. • *Appropriate Settings:* Traditional classroom, flipped classroom, online **ANALYZE (10 min)** • Have students form into small groups and complete the history of present illness (HPI) area of an audit form based on one of the cases from the chapter. Students should then come together and describe and discuss the results of their work. • Have students form into small groups and complete the review of systems (ROS) area of an audit form based on one of the cases from the chapter. Students should then come together and describe the results of their work. • *Appropriate Settings:* Traditional classroom, flipped classroom, online
3	**DISCUSS (10 min)** • Discuss the four contributing factors and how they can affect selection of an accurate code. • Discuss the difference in the measurement of time, direct face-to-face and unit/floor time. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

CRITICAL THINKING QUESTION

A patient with Type 1 diabetes mellitus presents with a chief complaint of nausea and vomiting with dehydration. What type of documentation would you expect to find in the medical chart?

Discussion Guidelines: Type 1 diabetes mellitus is a condition that must be monitored carefully on an ongoing basis to prevent complications. Nausea and vomiting disrupt a diabetic patient's ability to manage blood glucose levels through food intake. Therefore, because of the patient's underlying condition, documentation for this medical visit is likely to be comprehensive. The physician treating this patient is likely to document a complete history of the present illness, review a number of body systems that might be affected by the condition (for example, ophthalmologic, otolaryngologic, gastrointestinal, neurologic, endocrine, and hematologic), and note the past, family, and social history. The physician will perform an examination that covers an assessment of the patient's general condition as well as relevant body areas and organ systems. Medical decision making will be affected by the number of management options and the risk of complications. Contributing factors that would affect code selection and might be indicated in the medical record could include counseling, coordination of care, and the physician's observation of the complexity of the presenting problem.

Classroom Preparation
Lesson 1.2: Hospital Inpatient Services and Diagnosis Coding

INSTRUCTOR PREPARATION

Textbook Objectives Covered

4. Present information on coding of hospital inpatients.
5. Present information on difference between outpatient and inpatient diagnosis coding.

National Standards Covered

Content

- Insurance, procedural, and diagnostic coding

Competencies

- Perform diagnostic coding
- Perform procedural coding

Lesson Preparation Checklist

- Prepare lecture from TEACH lecture slides available on Evolve.
- Assemble materials and supplies needed for each lesson as indicated below.
- Student performance evaluation of all entry-level skills required for student comprehension and application of principles for accurately coding evaluation and management services, including the following:
    - Three factors on which codes in the E/M section are based: place of service, type of service, and patient status
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    - The process of determining the level of medical decision making complexity
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Materials and Supplies

- Blank E/M audit forms; The Next Step, Advanced Medical Coding and Auditing, Appendix A, p. 518
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- computer
- projector

Classroom Preparation

Lesson 1.2: Hospital Inpatient Services and Diagnosis Coding

STUDENT PREPARATION (2 hrs)	
4	**READ – Textbook (pp. 16-19, 20-22)** **ANSWER – Textbook** • Cases 1-1A through 1-4 (pp. 23-29)
5	**READ – Textbook (pp. 19-20, 23-24, 522)** **ANSWER – Textbook** • Exercises 1-5A through 1-9 (pp. 30-35)

50-Minute Lesson Plan

Lesson 1.2: Hospital Inpatient Services and Diagnosis Coding

LECTURE OUTLINE (30 min)

4	**HOSPITAL INPATIENT SERVICES: SLIDE 28 (pp. 16-19)** • Discuss hospital inpatient services codes, including initial hospital care, subsequent hospital care, observation of inpatient care services, and hospital discharge services
5	**DIAGNOSIS CODING FOR INPATIENTS AND OUTPATIENTS: SLIDES 29-32 (pp. 19-20, 23-24)** • Discuss diagnosis coding for inpatients and outpatients. Discuss the differences between the two. • Review web resources in Appendix C in the textbook.

LEARNING ACTIVITIES (choose one or more to equal 20 min)

4	**DISCUSS (10 min)** • Discuss the three subheadings of the hospital inpatient services subsection and conditions under which the codes from each of the three subheadings are used. • *Appropriate Settings:* Traditional classroom, flipped classroom, online **PRACTICE (10 min)** • Ask students to complete Case 1-7 (p. 34). Call on students at random to give their codes. Ask the rest of the class to agree or disagree. Ask students who disagree to explain their different codes. • *Appropriate Settings:* Traditional classroom, flipped classroom, online
5	**ANALYZE (10 min)** • Use an example from one of the chapter cases that illustrates how a diagnosis becomes increasingly definitive over time with additional information. Ask students to form small groups and select a diagnostic code for each stage of the diagnostic process (such as Case 1-3). Students then compare results with the entire class and discuss how the particular code selected changes as the diagnosis becomes increasingly more definitive. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

CRITICAL THINKING QUESTION

A patient presents to the physician's office with breathing problems. The physician examines the patient and orders an x-ray for the clinical indication of "wheezing." The x-ray report indicates a diagnosis of pneumonia. The physician orders a pathology examination of the patient's sputum to determine the organism responsible for the pneumonia. The pathology report indicates a diagnosis of streptococcus type B. What is the diagnosis code for this patient based on the x-ray report and pathology report, and how might it have changed from the code assigned to the initial physician office visit?

Discussion Guidelines: The coder is expected to report the most definitive diagnosis available at the time of the report. Initially, the coder would assign a code for the physician's office visit service for a diagnosis of wheezing (R06.2). When the coder reads the radiology services report, he or she would then assign the diagnosis code for pneumonia (J18.8). Finally, the coder would report the pathologist's services using the code for pneumonia due to streptococcus group B (J15.3). Thus, as new information is obtained, the coder reports the most definitive diagnosis available.

Classroom Preparation
Lesson 1.3: Consultations, Prolong Services, Standby, and Critical Care

INSTRUCTOR PREPARATION

Textbook Objectives Covered

6. Present information on consultation coding.
7. Present information on coding of office visits.
8. Present information on coding of hospital services.

National Standards Covered

Content

- Insurance, procedural, and diagnostic coding

Competencies

- Perform diagnostic coding
- Perform procedural coding

Lesson Preparation Checklist

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- computer
- projector

Classroom Preparation

Lesson 1.3: Consultations, Prolong Services, Standby, and Critical Care

STUDENT PREPARATION (2 hrs)	
6	**READ – Textbook (pp. 36-53)** **ANSWER – Textbook** • Cases 1-10 through 1-17 (pp. 38-53)
7	**READ – Textbook (pp. 54-55)** **ANSWER – Textbook** • Cases 1-18 through 1-19C (pp. 54-55)
8	**READ – Textbook (pp. 56-58)** **ANSWER – Textbook** • Case 1-20 (pp. 56-58)

50-Minute Lesson Plan

Lesson 1.3: Consultations, Prolong Services, Standby, and Critical Care

LEARNING ACTIVITIES (choose one or more to equal 50 min)	
6	**DISCUSS (10 min)** • Discuss the difference between a physician who seeks advice about a patient from another physician and a physician who refers a patient to another physician for evaluation and treatment. How does this distinction affect selection of a code for consultation services? • *Appropriate Settings:* Traditional classroom, flipped classroom, online
7	**DISCUSS (10 min)** • Discuss the difference between an established patient and a new patient, including the rationale for a higher level of reimbursement when a physician sees a new patient. • *Appropriate Settings:* Traditional classroom, flipped classroom, online **ANALYZE (30 min)** • Divide the class into small groups and ask them to work as a group to complete Case 1-19A-C (pp. 55-56). Starting with Case 1-19A, call on one group member to explain the group's conclusion; then poll the other groups for agreement with the conclusion. Discuss any disagreements. Move on to a different group for Case 1-19B, and so on. • *Appropriate Settings:* Traditional classroom, flipped classroom, online
8	**DISCUSS (10 min)** • Discuss how the patient's length of stay in the hospital affects the code that is selected for observation care. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

CRITICAL THINKING QUESTION

Mr. Smith, a 56-year-old male with hypertension and a previous heart attack, is seen by his internal medicine physician, Dr. Johnson, for his annual examination. During the examination, Mr. Smith indicates that he periodically feels chest pain and fatigue, experiences difficulty breathing, and that his ankles are swollen. Suspecting the possibility of congestive heart failure, Dr. Johnson refers Mr. Smith to a cardiologist, Dr. Schwartz, for further care. Dr. Schwartz examines Mr. Smith, confirms the diagnosis of congestive heart failure, and discusses treatment options with the patient. Would Dr. Schwartz's services be reported using consultation codes?

Discussion Guidelines: Consultation codes are used to report the services of one physician (the consulting physician) who is asked by another physician (the requesting physician) for an opinion or advice (a request for consultation). When a request for consultation is made, the requesting physician expects the consulting physician to offer his or her opinion and then send the patient back to the requesting physician for treatment. However, in this example, Dr. Johnson is expecting Dr. Schwartz, a specialist, to evaluate and treat Mr. Smith; therefore, Dr. Schwartz's services would not be reported using consultation codes.

Classroom Preparation
Lesson 1.4: Neonatal Care and Preventive Medicine Services

INSTRUCTOR PREPARATION

Textbook Objectives Covered

9. Present information on coding of neonatal services.
10. Present information on coding of preventive medicine services.

National Standards Covered

Content

- Insurance, procedural, and diagnostic coding

Competencies

- Perform diagnostic coding
- Perform procedural coding

Lesson Preparation Checklist

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- 2017 HCPCS Level II, by Carol J. Buck, Elsevier (all lessons)
- computer
- projector

Classroom Preparation
Lesson 1.4: Neonatal Care and Preventive Medicine Services

STUDENT PREPARATION (2 hrs)	
9	**READ – Textbook (pp. 58-66)** **ANSWER – Textbook** • Cases 1-21 through 1-22D (pp. 60-66)
10	**READ – Textbook (pp. 66-70)** **ANSWER – Textbook** • Cases 1-23A through 1-26 (pp. 67-70)

50-Minute Lesson Plan
Lesson 1.4: Neonatal Care and Preventive Medicine Services

LEARNING ACTIVITIES (choose one or more to equal 50 min)

9	**DISCUSS (20 min)** • Discuss the three considerations that must be determined when coding neonatal services (status, location, type of service). • *Appropriate Settings:* Traditional classroom, flipped classroom, online
10	**DISCUSS (30 min)** • Discuss factors that impact the coding of preventive medicine services, such as the age of the patient and whether the patient is a new or established patient. • Discuss the circumstances in which Z/V codes are used. • *Appropriate Settings:* Traditional classroom, flipped classroom, online

CRITICAL THINKING QUESTION

Jane just gave birth to an infant boy. What are the three considerations when coding neonatal services? What categories of codes are used to report neonatal care services and when is each category used?

Discussion Guidelines: To correctly code the birth of Jane's infant, it is necessary to consider the status of the newborn, the location of the service (hospital or outpatient setting), and the type of service provided (e.g., initial hospital care). Two categories of codes are used to report neonatal care services: Newborn care and inpatient neonatal critical care. Newborn Care Services (NCS) codes are used to report services provided to a normal newborn. Inpatient Neonatal Intensive Care (NIC) codes are used to report services when the newborn requires additional (critical care) services; these codes are used for infants who are less than 28 days old, or are critically ill.

Assessments
Chapter 1: Evaluation and Management Services

ASSESSMENTS BY OBJECTIVE

All	**Textbook**
	• Auditing Review, Audit Review 1.1 through 1.6 (pp. 71-75)
	
	Evolve Instructor Resources
	• Test Bank
	  ○ Test 1, Cases 1-3
	  ○ Test 2, Cases 1-3
	• Ready-Made Tests
	  ○ Tests 1-1 through 1-2
	  ○ Audit Report T1.1 through T1.2
	• Abstracting Cases
	  ○ Evaluation and Management Services, Cases 1-1 through 1-2

Simulations
Chapter 1: Evaluation and Management Services

SIMULATIONS BY OBJECTIVE
Simulated Medical Coding Internship, 2017/2018 Edition (XX min)

All	**Equipment Needed** • Computer **PRACTICE** • Module 1, Reports 1-3X • Module 1, Trial Exam • Module 1, Practice Exam • Module 1, Final Exam