What Elements are Needed to Submit a Level 4 "Established Patient Encounter?

In March 2018, LW Consulting, Inc. provided a Coding*Alert* outlining the components needed to credibly submit a level 4 new patient visit for billing. Because the topic spirited a great response, and approximately 40% of all our audit results are demonstrating a need for education on new and established patient encounter requirements, we decided to expand level 4 details to this topic.

An Overview of Established Patient Encounter Requirements
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Providers seem to be playing it safe when assigning outpatient codes, and by-in-large are under-reporting the appropriate levels of complexity of the patient outpatient code levels (using level 2 and 3 levels when levels 3 and 4 requirements are documented, respectively). A major contributing factor is not understanding medical necessity and the components within Medical Decision Making (MDM). Playing it safe or not understanding the application of medical necessity and MDM can be a root cause of incorrectly assigning the visit level.

Another concern is assigning an Evaluation and Management (E&M) at the same level across a large percentage of visits, signaling lack of variability in patient severity. Patients' levels-of-service are expected to demonstrate a bell curve of complexity (of sorts).

Tips for Accurately Submitting a Level 4 Established Office Visit (99214)

Building the Foundation of the Patient Encounter
Every encounter must start out with a chief complaint; a clear concise statement directly from the patient stating the reason the patient is being seen.

Next, is the history of present illness. The provider will obtain a chronological order of events and then review, with the patient, his/her symptoms related to each organ systems to better understand precisely what the patient is experiencing. By documenting this composite of information, the provider is able to diagnose the patient's conditions accurately.

What It Takes to Be a Level 4 Patient Encounter
99214 requires two of the three components listed below under E&M components. The Centers for Medicare & Medicaid Services does not state that MDM must be one of the two components, but medical necessity is the overarching criterion to determine a level of service. One should look at the nature of the presenting problem, complexity of the diagnoses, and medical decision making to ensure that it supports medical necessity for the code level selected.

1. **Detailed History:**
   - Chief Complaint
2. **Detailed Exam:**
   - 2-7 Detailed Examination – Extended Examination
3. **Medical Decision Making:**
   - Moderate

Sources:

https://www.hcca-info.org/Portals/0/PDFs/Resources/Conference_Handouts/Clinical_Practice_Compliance_Conference/2010/Sun/P3_BrembyFriedelPPT-PDF.pdf

https://coder.aapc.com/cpt-codes/99214