ESTABLISHED PATIENT LEVEL-IV (99214) VISIT WORKSHEET

Think level IV if you do any of the following at a patient visit:

- Order an X-ray and review it;
- Order an ECG and review it;
- See a new problem with uncertain prognosis (e.g., lump in breast);
- See a complicated injury (e.g., fall with loss of consciousness);
- See three chronic, stable illnesses;
- Spend more than 25 minutes with a patient.

To confirm that it's a level-IV visit, check the requirements below.

DOCUMENTATION-BASED BILLING

Your documentation must have two of the following three elements.

1. HISTORY: Include all of the following:
   - ☐ CHIEF COMPLAINT: Any
   - ☐ HISTORY OF PRESENT ILLNESS: Four elements (location, quality, severity, duration, timing, context, modifying factors or associated symptoms) or the status of at least three chronic conditions
   - ☐ PAST HISTORY: One item (medical, family or social – e.g., non-smoker)
   - ☐ REVIEW OF SYSTEMS: Two systems

2. EXAM: Include five organ systems.
   - ☐ Examination of affected body area and at least four other symptomatic-related organ systems

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

   - ☐ DIAGNOSIS: 3 points required
     - New problem, additional work-up planned = 4 points
     - New problem, no work-up planned = 3 points
     - Established problem, worsening = 2 points
     - Established problem, stable = 1 point

   - ☐ DATA: 3 points required
     - Independent review of X-ray, ECG or blood work = 2 points
     - Order or review blood work = 1 point
     - Order or review X-ray = 1 point
     - Order or review procedural test (e.g., ECG, spirometry or EGD) = 1 point
     - Review and summarize old records or discuss case with another provider = 2 points

   - ☐ RISK: One of the following required
     - One chronic illness with mild exacerbation
     - Two stable chronic illnesses
     - Previously undiagnosed new problem of uncertain prognosis (e.g., breast lump or chest pain)
     - Acute complicated injury (e.g., head injury with loss of consciousness)

TIME-BASED BILLING

The visit must meet the following requirements:

- ☐ Total visit time: 25 minutes or more
- ☐ Counseling time: More than half of the total visit time

continued ➤

LEVEL-IV ESTABLISHED PATIENT EXAMPLES

The six documented cases below qualify as level-IV visits. The two key qualifying components are noted in parentheses at the top of each case. As you'll see, it's not the length of the documentation but the content that is important.

(HPI and new problem/X-ray)

CC: Ankle pain

HPI: 35-year-old male with sharp pain in left ankle. It began two weeks ago and has gotten worse in the past three days.

PH: Left ankle injury due to football in 1999.

ROS: No neurological symptoms. No rashes.

EXAM: Pain with palpation over medial malleolus. No bruising. Range of motion good but produces pain. Neuro intact. No rash.

DATA: Ankle X-ray ordered. I reviewed results personally and found no signs of fracture or dislocation.

A/P: Left ankle pain, likely strain or tendonitis. Referred to sports medicine department to evaluate and treat.

(HPI and new problem/uncertain prognosis)

CC: Chest pain

HPI: 58-year-old female with intermittent, sharp chest pain over two weeks. Episodes last 10 minutes at a time. Pain occurs at rest.

PH: Non-smoker, no family history of cardiovascular problems.

ROS: No shortness of breath. No reflux.

EXAM: Vitals: BP 120/80, P 65

Lungs: clear to auscultation

CV: normal

A/P: Chest pain. ECG and stress test ordered. Follow up scheduled.

(HPI and exam)

CC: Cough

HPI: 75-year-old male with productive cough for five days, worse at night. Patient also has fever and chest pain. Patient using cough syrup without improvement.

PH: Non-smoker.

ROS: Denies shortness of breath or heart palpitations.

EXAM: Vitals: temp 101.5, BP 140/80

ENT: negative

Neck: negative

Chest: rhonchi bibasilar, pain on deep inspiration

CV: negative

Abd: negative

A/P: Acute bronchitis. Rx: Azithromycin, expectorant. Follow up as needed.

(HPI and chronic illness mild exacerbation/testing)

CC: Shortness of breath

HPI: 60-year-old female with emphysema and increased shortness of breath over past five days. She uses albuterol and ipratropium three to four times per day, which helps. Denies cough.

PH: Former smoker.

ROS: Denies chest pain or fever.

EXAM: Vitals WNL

Chest: poor air movement

CV: normal

A/P: Emphysema with mild exacerbation. Requested chest X-ray, electrocardiogram and complete blood count. Will switch her to inhaled tiotropium.

(Time-based)

CC: Depression

HPI: 53-year-old male with depression and some anxiety issues. Denies suicidal ideations. Has taken alprazolam in past.

EXAM: Vitals: BP 120/80, P 63

Affect appropriate

A/P: Depression. Had long discussion with patient and counseled him on exacerbating factors and treatment options. Rx: Fluoxetine 20mg.

Total visit time 25 minutes, counseling time 15 minutes.

(Three chronic, stable illnesses)

CC: Follow-up on medical problems

HPI: 63-year-old male with hypertension. Blood pressure has been controlled. Denies headache. His emphysema is stable, but he does get mildly short of breath with activity. His hypothyroidism is now stable. Recent thyroid stimulating hormone testing was normal.

PH: Not smoking.

ROS: Noted above.

EXAM: Vitals: BP 138/78

Chest: Clear to auscultation

CV: Regular rhythm and rate

A/P: Hypertension, stable, continue meds.

Emphysema, stable, continue meds.

Hypothyroidism, stable, continue meds.

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