California URGENT CARE ASSOCIATION

2025 WESTERN REGIONAL URGENT CARE CONFERENCE

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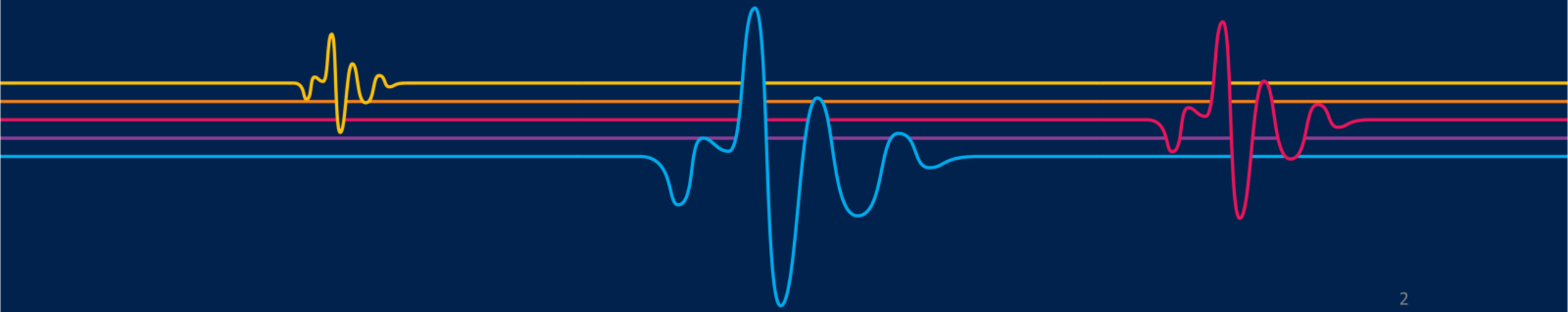
The Top Coding and Documentation Mistakes and How to Fix Them

Brad Laymon PA-C, CPC, CEMC



QUESTIONS TO THINK ABOUT

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ARE ALL PATIENTS WE SEND TO THE EMERGENCY DEPARTMENT LEVEL 5 VISITS?

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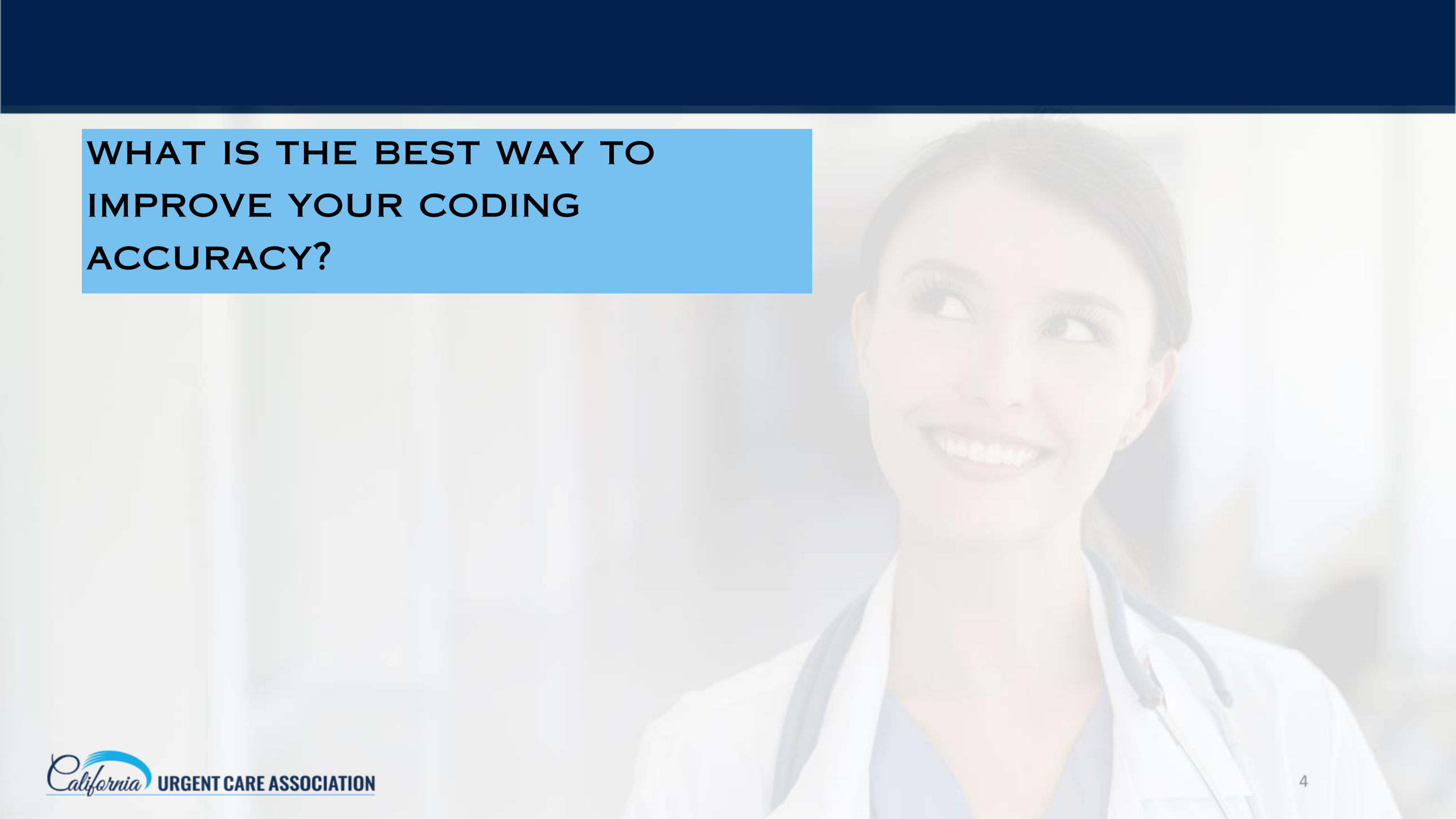
WHAT IS THE BEST WAY TO IMPROVE YOUR CODING ACCURACY?



WHAT IS THE DIFFERENCE BETWEEN ACUTE UNCOMPLICATED ILLNESS AND ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS?

Disclosure Statement

I have no financial disclosures or conflicts of interest with the material in this medical coding presentation

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OBJECTIVES

DESCRIBE HOW ABNORMAL VITAL SIGNS IMPACTS CODING AND DOCUMENTATION

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IDENTIFY THE CRITERIA FOR PRESCRIPTION DRUG MGMT

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LIST EXAMPLES OF CODING AND DOCUMENTATION MISTAKES

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IDENTIFY THE CRITERIA FOR PRESCRIPTION DRUG MGMT

LIST EXAMPLES OF CODING AND DOCUMENTATION MISTAKES

How does social determinants of health (SDOH) impact coding and documentation

ABNORMAL VITAL SIGNS

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- SHOULD BE ADDED AS A DIAGNOSIS IF NOT PART OF THE PRIMARY DIAGNOSIS

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- **MEETS THE CRITERIA FOR 1 CHRONIC ILLNESS WITH EXACERBATION?**

INDEPENDENT HISTORIAN

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- CAN BE A PARENT, GUARDIAN, SURROGATE, SPOUSE, WITNESS TO NAME A FEW

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- TRANSLATOR SERVICES DO NOT COUNT
- **IH AND THE REASON MUST BE DOCUMENTED**

PRESCRIPTION DRUG MANAGEMENT

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PRESCRIPTION DRUG MANAGEMENT IS MET WHEN WE:

- START A NEW PRESCRIPTION MEDICATION

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- ADJUST THE DOSAGE OF A PRESCRIPTION MEDICATION
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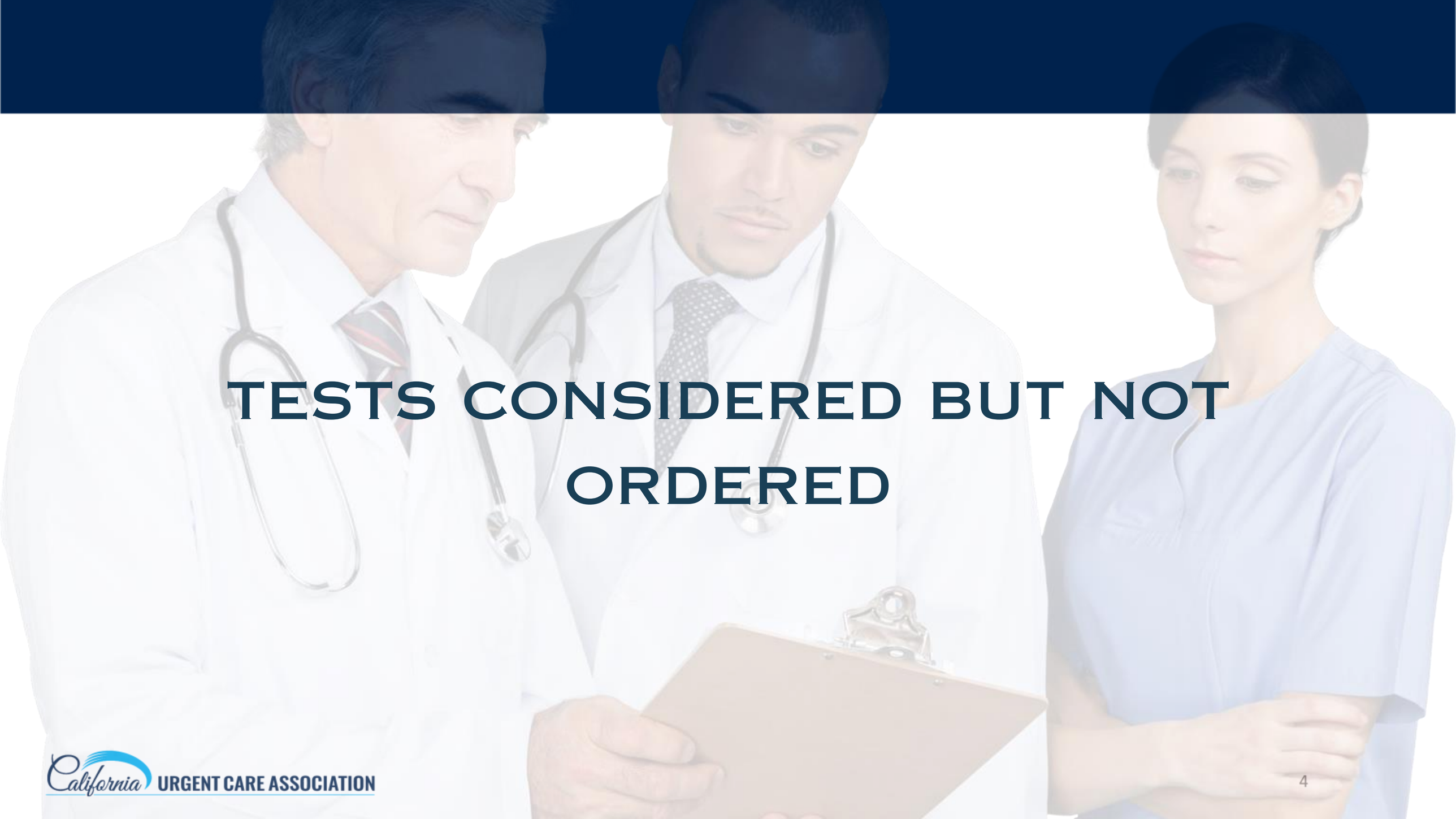
PRESCRIPTION DRUG MANAGEMENT

PRESCRIPTION DRUG MANAGEMENT IS MET WHEN WE:

- START A NEW PRESCRIPTION MEDICATION
- STOP A PRESCRIPTION MEDICATION
- ADJUST THE DOSAGE OF A PRESCRIPTION MEDICATION
- CONTINUES A PRESCRIPTION MEDICATION
- **DISCUSS A PRESCRIPTION MEDICATION BUT THE PATIENT REFUSES**

TESTS CONSIDERED BUT NOT ORDERED



TESTS CONSIDERED BUT NOT ORDERED

IF YOU RECOMMEND LABS OR IMAGING BUT THE PATIENT REFUSES, YOU SHOULD DOCUMENT THIS CONVERSATION IN YOUR NOTE. LABS AND IMAGING INCLUDE:

- POCT, SEND OUT LABS

TESTS CONSIDERED BUT NOT ORDERED

IF YOU RECOMMEND LABS OR IMAGING BUT THE PATIENT REFUSES, YOU SHOULD DOCUMENT THIS CONVERSATION IN YOUR NOTE. LABS AND IMAGING INCLUDE:

- POCT, SEND OUT LABS
- IMAGING STUDIES (US, CT, MRI, ETC.)

COMORBID CONDITIONS

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- IF THEY INCREASE THE COMPLEXITY OF DATA OR RISK OF COMPLICATIONS AND/OR MANAGEMENT

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- **BRIEF TREATMENT PLAN**

COMORBID CONDITIONS

- IF THEY INCREASE THE COMPLEXITY OF DATA OR RISK OF COMPLICATIONS AND/OR MANAGEMENT
- ADD AS A DIAGNOSIS
- BRIEF TREATMENT PLAN
- **EXAMPLES: HTN, DM, ASTHMA, COPD, CHF, TOBACCO USE, OBESITY, HEART DISEASE, ETC.**

ACUTE UNCOMPLICATED ILLNESS VS ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS

Acute uncomplicated illness

A recent or new short-term problem with LOW RISK OF MORBIDITY for which TREATMENT IS CONSIDERED. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self limited or minor but is not resolving consistent with a definite and prescribed course.

Acute illness with systemic symptoms

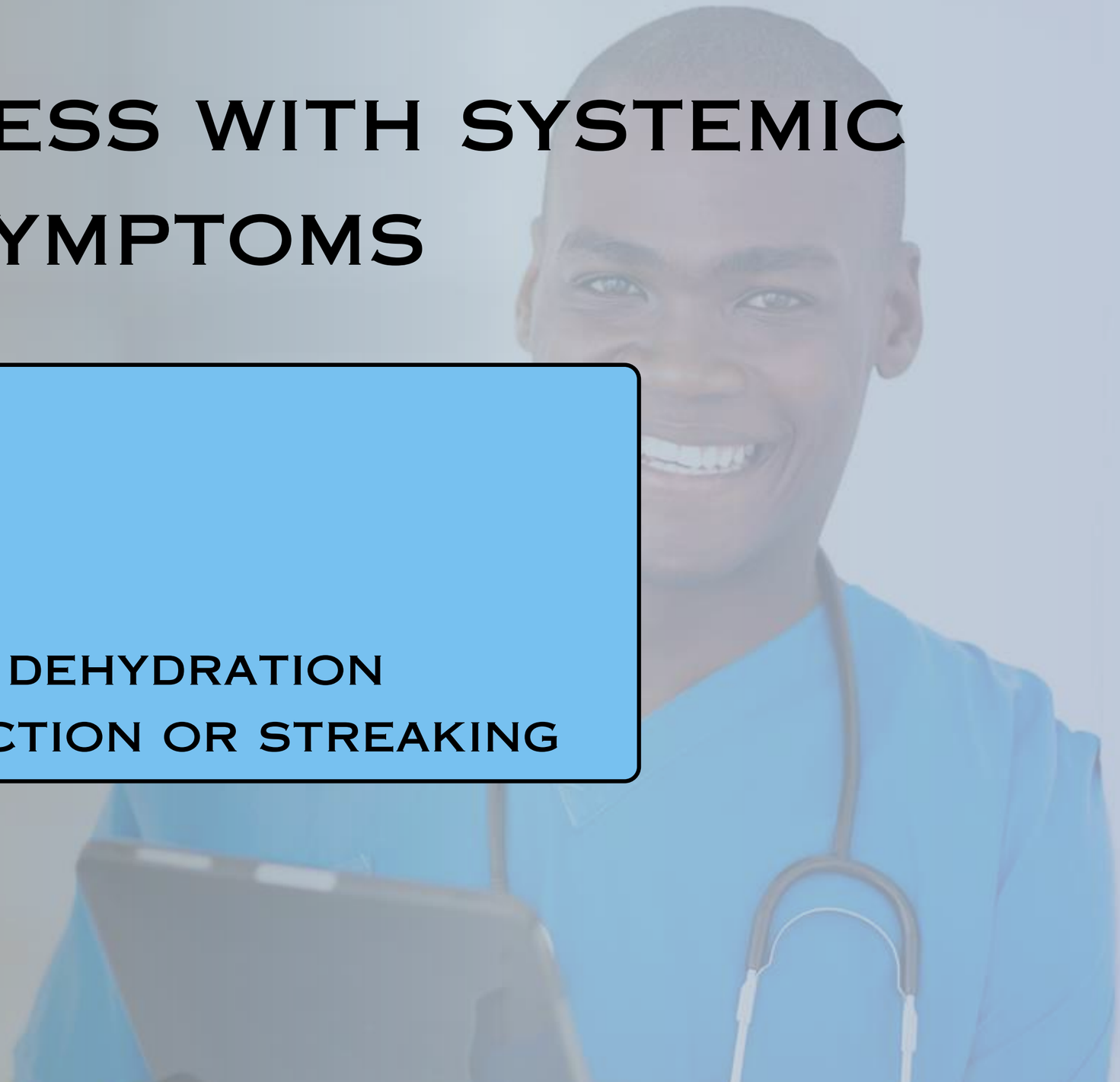
An illness that causes systemic symptoms and has a HIGH RISK OF MORBIDITY WITHOUT TREATMENT. For systemic general symptoms such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for self limited or minor problem or acute uncomplicated illness or injury. SYSTEMIC SYMPTOMS MAY NOT BE GENERAL BUT MAY BE A SINGLE SYSTEM.

ACUTE UNCOMPLICATED ILLNESS

- VIRAL/BACTERIAL CONJUNCTIVITIS
- URI (NO RX MEDS)
- UNCOMPLICATED UTI
- OTITIS EXTERNA
- “VIRAL ILLNESS”

ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS

- PNEUMONIA
- PYELONEPHRITIS
- INFLUENZA
- CELLULITIS
- GI ILLNESS WITH DEHYDRATION
- RASH WITH INFECTION OR STREAKING



WHAT ABOUT…

- STREP PHARYNGITIS

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- OTITIS MEDIA W/WO TM PERF

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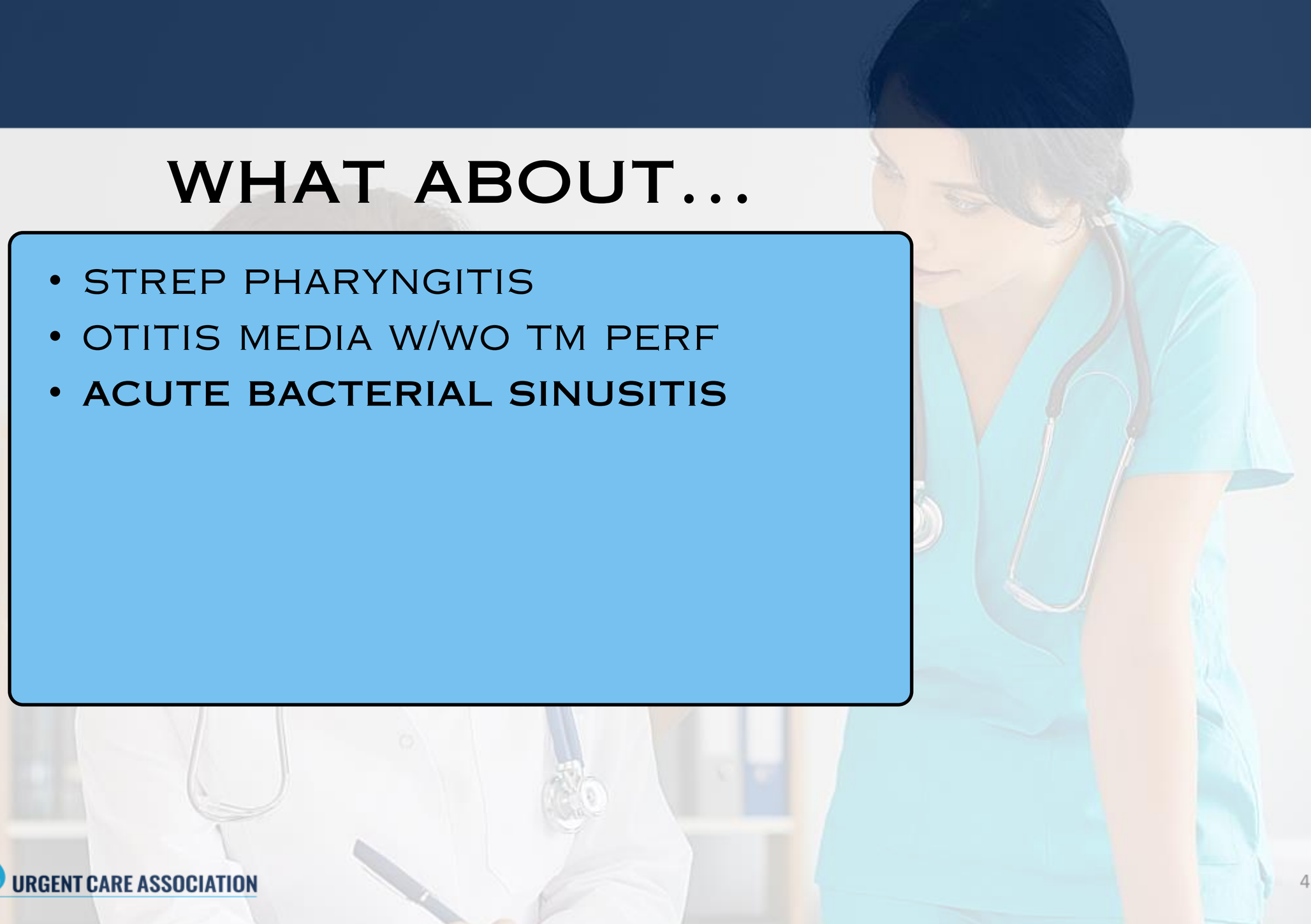
- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- **ACUTE BACTERIAL SINUSITIS**



WHAT ABOUT…

- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- ACUTE BACTERIAL SINUSITIS
- **COVID W/WO COMPLICATIONS**

WHAT ABOUT…

- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- ACUTE BACTERIAL SINUSITIS
- COVID W/WO COMPLICATIONS
- **VIRAL/BACTERIAL BRONCHITIS**

WHAT ABOUT…

- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- ACUTE BACTERIAL SINUSITIS
- COVID W/WO COMPLICATIONS
- VIRAL/BACTERIAL BRONCHITIS
- **PREGNANCY RELATED COMPLAINTS**

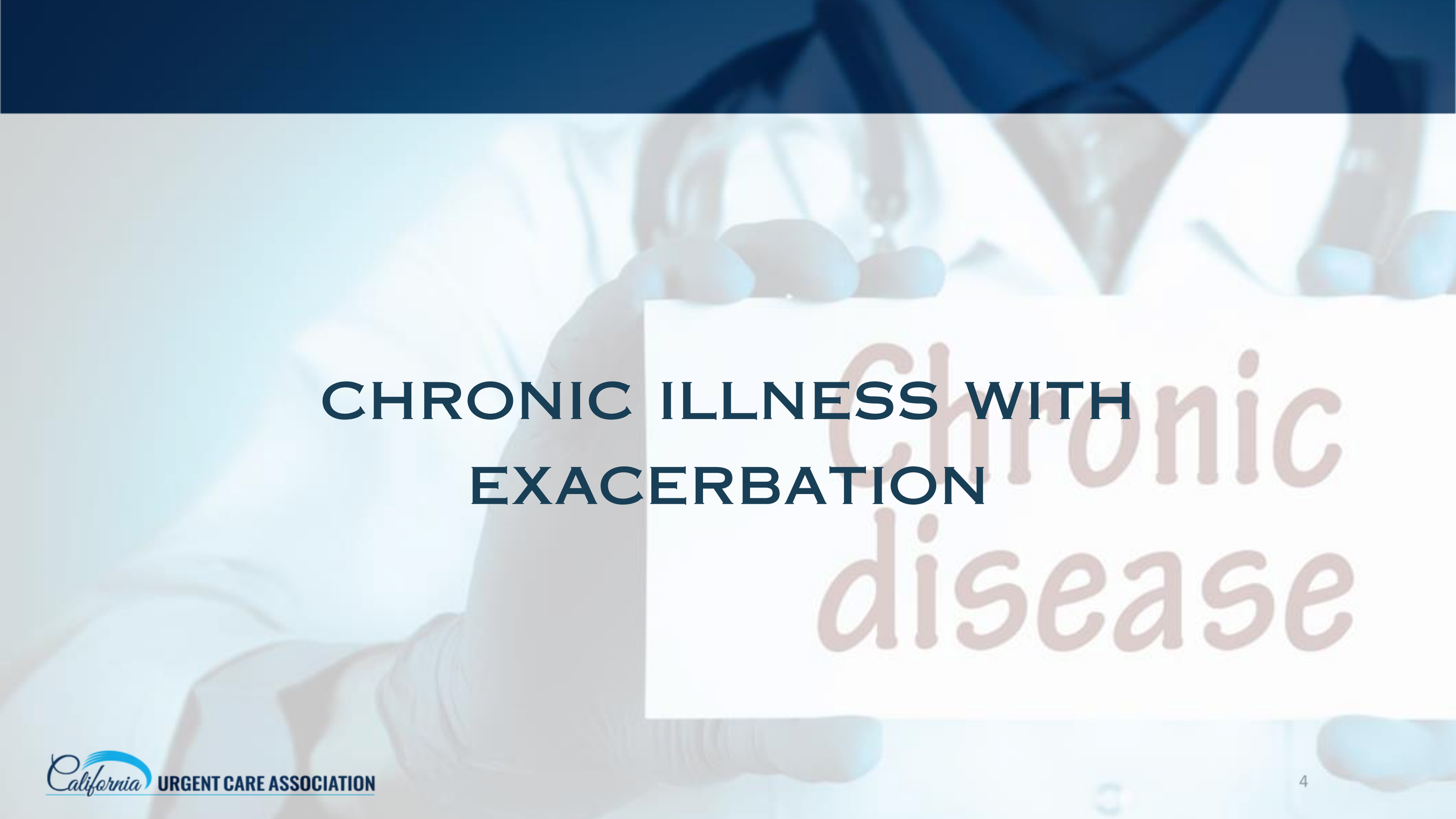
WHAT ABOUT…

- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- ACUTE BACTERIAL SINUSITIS
- COVID W/WO COMPLICATIONS
- VIRAL/BACTERIAL BRONCHITIS
- PREGNANCY RELATED COMPLAINTS
- **HEADACHE**

WHAT ABOUT…

- STREP PHARYNGITIS
- OTITIS MEDIA W/WO TM PERF
- ACUTE BACTERIAL SINUSITIS
- COVID W/WO COMPLICATIONS
- VIRAL/BACTERIAL BRONCHITIS
- PREGNANCY RELATED COMPLAINTS
- HEADACHE
- **VERTIGO/DIZZINESS**

CHRONIC ILLNESS WITH EXACERBATION



CHRONIC ILLNESS WITH EXACERBATION

- ANY CHRONIC ILLNESS NOT AT TREATMENT GOAL

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- ANY CHRONIC ILLNESS NOT AT TREATMENT GOAL
- **PATIENT SPECIFIC**

CHRONIC ILLNESS WITH EXACERBATION

- ANY CHRONIC ILLNESS NOT AT TREATMENT GOAL
- PATIENT SPECIFIC
- **EXAMPLES INCLUDE: HTN, ASTHMA, DM, CHRONIC UTI, CHF, CKD**

ONE UNDIAGNOSED NEW PROBLEM WITH UNCERTAIN PROGNOSIS

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- EXACT CAUSE OF PATIENT SYMPTOMS IS UNKNOWN

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- **UNCERTAINTY POSES A HIGHER RISK OF MANAGEMENT**

ONE UNDIAGNOSED NEW PROBLEM WITH UNCERTAIN PROGNOSIS

- EXACT CAUSE OF PATIENT SYMPTOMS IS UNKNOWN
- UNCERTAINTY POSES A HIGHER RISK OF MANAGEMENT
- **EXAMPLES INCLUDE: FATIGUE, UNEXPLAINED WEIGHT LOSS, ABD PAIN, CHEST PAIN, LYMPHADENOPATHY, VERTIGO**

DISCUSSION OF MANAGEMENT/INDEPENDENT INTERPRETATION OF TESTS

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DISCUSSION OF MANAGEMENT

- MUST BE EXTERNAL
- MUST BE DIRECT, NOT THROUGH INTERMEDIARIES
- DOCUMENTED IN CHART
- **LEVEL 4 COMPLEXITY OF DATA**

DISCUSSION OF MANAGEMENT/INDEPENDENT INTERPRETATION OF TESTS

INDEPENDENT INTERPRETATION OF TESTS

- MUST BE EXTERNAL
- EXTERNAL X-RAY, EKG
- DOCUMENTED IN CHART
- **LEVEL 4 COMPLEXITY OF DATA**

EMERGENCY DEPARTMENT TRANSFERS

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- **DIFF DX SHOULD BE INCLUDED**

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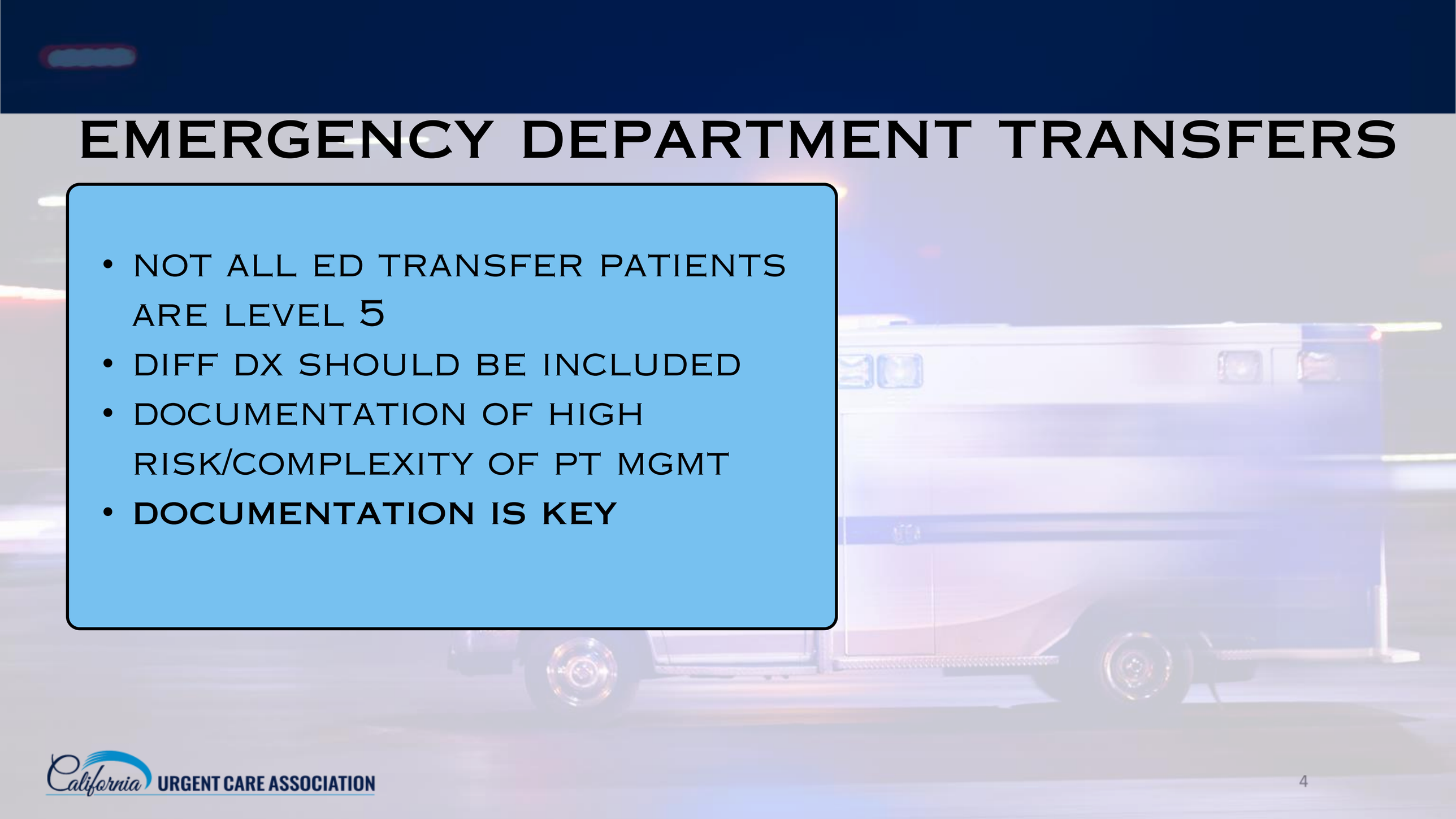
- **DOCUMENTATION OF HIGH RISK/COMPLEXITY OF PT MGMT**

EMERGENCY DEPARTMENT TRANSFERS

- NOT ALL ED TRANSFER PATIENTS ARE LEVEL 5
- DIFF DX SHOULD BE INCLUDED
- DOCUMENTATION OF HIGH RISK/COMPLEXITY OF PT MGMT
- **DOCUMENTATION IS KEY**



KEY POINTS

DOCUMENTATION EXCELLENCE = CODING EXCELLENCE

PRESCRIPTION DRUG MANAGEMENT IS MORE THAN JUST PRESCRIBING A NEW MEDICATION

DOCUMENT IF CHRONIC CONDITIONS ARE AT TREATMENT GOAL OR NOT AT TREATMENT GOAL

Questions?