Workers’ Compensation Coding Criteria: Evaluation and Management Encounters

**Introduction**

Medical care should be focused on more than symptom reduction – ideally medical encounters support the restoration of normal life activities, including work. Attending to FUNCTION as a vital sign would increase the value of medical care in every clinical setting, but is critical to clinical encounters related to workers’ compensation injuries. Workers’ compensation related care requires attention to causation, functional impact and work capacity. The criteria used to code levels of care in primary care Evaluation and Management encounters do not serve patients or payers in the workers’ compensation system. Because the current coding system does not reimburse providers for documentation of the data elements that are critical for workers’ compensation, there is insufficient attention to these issues in encounters, with resultant preventable work disability. For this reason, the ACOEM Council on Occupational and Environmental Medicine Practice has developed alternative ground rules for Evaluation and Management encounters, which will promote attention to the clinical details that evidence has shown result in less lost work days and more successful recovery, by providing an appropriate and auditable alignment of reimbursement with documentation of necessary elements of history, examination, medical decision making and problem severity. ***(Note that there is a need for separate coding rules for the extensive documentation review or case management activities commonly needed in workers’ compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements, the focus of this document.)***

**History.** The clinical history in a workers’ compensation related encounter should document how the injury happened, work factors, risk factors for poor recovery, work support and functional impact. These elements can be captured with modest variations from the current data elements of a history using CMS criteria. We propose modifying the scoring criteria for level of history in comparison to CMS criteria by revising the review of systems to capture physical/emotional/mental symptoms most relevant to work disability risk while also asking about important social systems.

**Examination.** Neither the 1995 nor the 1997 CMS multi-organ system examination criteria serve the patient or payer well when the exam relates to a work injury. We have developed an Occupational Medicine specialty musculoskeletal examination similar to the other 1997 specialty specific exams, which will promote a careful examination of the injured area, the adjacent areas and comparison with the unaffected side when applicable. This examination follows a format and bulleted coding scheme similar to the other specialty-specific examinations. Additional exam templates will be developed to address workers’ compensation conditions affecting other parts of the body.

**Medical Decision Making.** The proposed criteria for medical decision making are very similar to the CMS criteria, with some important differences. Risk of chronic work disability is recognized as an equivalent risk to loss of life or limb, based on research showing significantly increased morbidity and mortality for those who are not working, as well as the importance of the return-to-work outcome to patients and workers’ compensation payers. Management strategies to mitigate this risk in appropriate cases are recognized as important options warranting high risk designation. We also recognize that data reviewed in workers’ compensation related care should include information other than clinical data, for example job demands or ergonomic evaluations of the workplace.

**Problem Severity.** There is overlap between the elements used by CMS to determine problem severity and medical decision making complexity. The proposed alternative criteria for workers’ compensation care use the same criteria for problem severity, with the addition of chronic work disability risk to the risk criteria.

**Elements of the History**

The following table lists the current CMS elements of a patient history in comparison to the proposed elements appropriate for an Occupational Medicine workers’ compensation related function-oriented encounter. ***Note***: Family History elements that may reveal hereditary diseases are replaced with Family History elements that relate to risk of work disability; documentation of hereditary diseases should only be done if directly relevant to the work injury or illness, due to prohibitions in the Genetic Information Nondiscrimination Act (GINA). We recognize that the proposed Family History elements overlap with Social History, but believe there is value in capturing these additional data elements as a separate Family History section, based on research on work disability risk. We have developed a Review of Systems template to capture the elements critical for work disability risk.

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|  | **CC** | **HPI** | **Past History** | **Family History** | **Social History** | **ROS** |
| **CMS Elements** | Reason for the encounter | 1. Location
2. Severity
3. Timing
4. Modifying factors
5. Quality
6. Duration
7. Context
8. Associated signs/ symptoms
 | 1. Current meds
2. Drug allergies
3. Prior surgeries
4. Prior hospitalizations
5. Prior major illnesses/ injuries
6. Immunizations
 | 1. Health status or cause of death of near relatives2. Specific disease related to CC, HPI, ROS3. Relevant Hereditary Diseases  | 1. Occupational history2. Current employment3. Level of education4. Marital status or living arrangements5. Sexual history6. Habits (nutritional status; use of tobacco, alcohol or illicit drugs) | 1. Constitutional2. Eyes3. Ears, nose, mouth, throat4. Cardiovascular5. Respiratory6. Gastrointestinal7. Genitourinary8. Musculoskeletal9. Skin10. Neurologic11. Psychiatric12. Hematologic or Lymphatic13. Allergic or immunologic |
| **Function-Oriented Elements** | History of the work injury or condition as relayed by the patient | 1. Location
2. Severity (impact on function)
3. [Timing](https://twitter.com/MCAcares)
4. Modifying factors
5. Quality
6. Duration
7. [Context](https://twitter.com/MCAcares)
8. Associated signs/ symptoms
 | 1. Current meds2. Drug allergies3. Significant current illnesses under care4. Past injuries or conditions or surgeries relevant to the current work injury claim5. Past workers’ compensation claims6. Immunization status only if relevant to the work injury  | 1. Work/Disability status of family members2. History of adverse childhood experiences3. Family/home situational stressors and supports4. Hereditary diseases if relevant | 1. Occupational history2. Current employment3. Work relationships and stressors4. Level of education 5. Marital status or living arrangements6. Stress, sleep, coping7. Use of addictive substances8. Lifestyle (Nutrition, exercise, meditation, involvement in community) | 1. Energy level2. Exercise capacity3. Sleep/snoring4. Attention/concentration5. Weight changes6. Appetite change7. Libido change8. Joint pain/swelling9. Headaches10. Numbness/tingling/weakness11. Depression/anxiety/worry12. Anger/irritability |

**Explanation of Function-Oriented HPI Elements**

*Location* What was injured? Where does it hurt? For illness, what system is involved?

*Severity*  Describe impact on activities at work or outside of work; consider using function scale; impact on activities of daily living

*Timing* When was the onset? When are the symptoms worse or better?

*Modifying factors* What makes it better or worse?  How has the patient modified activities due to the condition?

*Quality* Describe the character of the pain or other symptoms

*Duration* How long have the symptoms lasted? If episodic, how long do they last when they occur?

*[Context](https://twitter.com/MCAcares)* How did the injury or condition occur?  Describe circumstances if work injury, work factors if gradual onset attributed to work, protective equipment

*Associated signs/ symptoms* Other symptoms that may be related

Template for Occupational Medicine Review of Systems:

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**Level of History**

The same criteria used by CMS *are* used for workers’ compensation care. Note that complete Review of Systems (ROS) is an established requirement for a comprehensive history in most systems, and has been modified to provide useful information in workers’ compensation encounters:

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| **CMS and Function-Oriented** | **CC** | **HPI** | **Past, Family, Social** | **ROS** |
| **Problem-Focused** | Required | Brief (1-3 elements) | N/A | N/A |
| **Expanded Problem-Focused** | Required | Brief (1-3 elements) | N/A | Problem-Pertinent (affected system) |
| **Detailed** | Required | Extended (4 + elements) | Pertinent (minimum 1 item from any) | Extended (2 – 9 elements) |
| **Comprehensive** | Required | Extended (4 + elements) | Complete (minimum 1 item from each)  | Complete (10 + elements) |

**Physical Bullets (1997 criteria)**

The following table presents the 1997 CMS physical exam criteria. A comprehensive physical exam using CMS criteria includes many elements that are totally irrelevant to workers’ compensation injury evaluation and care, and the CMS criteria are missing many critical factors that should be examined. The CMS criteria table is followed by a proposed Occupational Medicine specialty musculoskeletal exam appropriate for workers’ compensation care purposes.

|  |  |
| --- | --- |
| **Organ** | **CMS Criteria** |
| Constitutional | 1. Three vital signs 2) General appearance
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| Eyes | 1. Inspection of conjunctivae and lids
2. Examination of pupils and irises (PERRLA)
3. Ophthalmoscopic discs and posterior segments
 |
| ENT/Mouth | 1) External appearance of the ears and nose (overall appearance, scars, lesions, masses) 2) Otoscopic examination of the external auditory canals and tympanic membranes 3) Assessment of hearing 4) Inspection of nasal mucosa, septum and turbinates 5) Inspection of lips, teeth and gums 6) Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx |
| Neck | 1) Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus) 2) Examination of thyroid  |
| Respiratory | 1) Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement) 2) Percussion of chest (e.g., dullness, flatness, hyperresonance) 3) Palpation of chest (e.g., tactile fremitus) 4) Auscultation of the lungs |
| Cardiovascular | 1) Palpation of the heart (location, size, thrills) 2) Auscultation of the heart with notation of abnormal sounds and murmurs 3) Assessment of lower extremities for edema and/or varicosities 4) Examination of the carotid arteries (e.g., pulse amplitude, bruits) 5) Examination of abdominal aorta (e.g., size, bruits) 6) Examination of the femoral arteries (e.g., pulse amplitude, bruits) 7) Examination of the pedal pulses (e.g., pulse amplitude) |
| Chest (Breasts) | 1) Inspection of the breasts (e.g., symmetry, nipple discharge) 2) Palpation of the breasts and axillae (e.g., masses, lumps, tenderness) |
| GI | 1) Examination of the abdomen with notation of presence of masses or tenderness 2) Examination of the liver and spleen 3) Examination for the presence or absence of hernias 4) Examination (when indicated) of anus, perineum, and rectum, including sphincter tone, presence of hemorrhoids,rectal masses 5) Obtain stool for occult blood testing when indicated |
| GU (male) | 1) Examination of the scrotal contents (e.g., hydrocoele, spermatocoele, tenderness of cord, testicular mass) 2) Examination of the penis 1) Digital rectal examination of the prostate gland (e.g., size, symmetry, nodularity, tenderness) |
| GU (female) | Pelvic examination (with or without specimen collection for smears and cultures, which may include: 1) Examination of the external genitalia (e.g., general appearance, hair distribution, lesions) 2) Examination of the urethra (e.g., masses, tenderness, scarring) 3) Examination of the bladder (e.g., fullness, masses, tenderness) 4) Examination of the cervix (e.g., general appearance, discharge, lesions) 5) Examination of the uterus (e.g., size, contour, position, mobility, tenderness, consistency, descent or support) 6) Examination of the adnexa/parametria (e.g., masses, tenderness, organomegaly, nodularity) |
| Lymphatic | Palpation of lymph nodes **two** or more areas: 1) Neck 3) Groin 2) Axillae 4) Other |
| Musculoskeletal | 1) Examination of gait and station 2) Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes)3) Examination of the joints, bones, and muscles of one or more of the following six areas: a) head and neck b) spine, ribs, and pelvis c) right upper extremity d) left upper extremity e) right lower extremity f) left lower extremityThe examination of a given area may include: 1) Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, 2) defects, tenderness, masses or effusions 3) Assessment of range of motion with notation of any pain, crepitation or contracture4) Assessment of stability with notation of any dislocation, subluxation, or laxity 5) Assessment of muscle strength and tone (e.g., flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements |
| Skin | 1) Inspection of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers) 2) Palpation of the skin and subcutaneous tissue (e.g., induration, subcutaneous nodules, tightening) |
| Neurologic | 1) Test cranial nerves with notation of any deficits 2) Examination of DTRs with notation of any pathologic reflexes (e.g., Babinksi) 3) Examination of sensation (e.g., by touch, pin, vibration, proprioception) |
| Psychiatric | 1) Description of patient’s judgment and insightBrief assessment of mental status which may include 1) orientation to time, place, and person 2) recent and remote memory 3) mood and affect |

Compare these criteria to the proposed Occupational Medicine specialty musculoskeletal exam that follows.

Refer to the data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination based on the number of bullets within the appropriate grid at the end.

**Specialty Exam: Occupational Medicine Musculoskeletal**

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| --- | --- |
| **Performed and Documented** | **Level of Exam** |
| One to six bullets | Problem Focused |
| Seven to twelve bullets | Expanded Problem Focused |
| Thirteen or more bullets | Detailed |
| All bullets, with exam of 2 of 3 of these areas (spine, UE or LE) | Comprehensive |

*(Circle the bullets that are documented.)*

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| Constitutional | * Measurement of any 3 of these vital signs: heart rate, blood pressure; height, weight, calculated BMI.
* General appearance (e.g. pain behavior, movement during visit, evidence for or against sedation)
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| Functional assessment | * Examination of gait, posture or balance
* Ability to rise from chair or climb to/from table, with or without assistance of arms
* Documentation of any of these: use of assistive devices; discrepancy between exam findings related to actual need for devices; tests or demonstration of ability to use affected body part (e.g. grip object, reach, squat); simulation of work activities
 |
| Psychiatric | * Cognition (e.g. orientation to time, place, and person; insight and judgment; recent and remote memory; ability to provide a detailed history)
* Mood/affect or cooperation level
 |
| Related Organs | * Examination of any of these areas: Cardiovascular; Pulmonary; Gastrointestinal; Endocrine; Renal; Reproductive; Dermatologic
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| Spine and Extremities\_\_neck\_\_trunk\_\_RUE\_\_LUE\_\_RLE\_\_LLE | Detailed Spine Exam* Assessment of range of motion (flexion, extension, lateral bending and rotation) of involved and adjacent spine segments
* Inspection/palpation/percussion of spinous processes
* Distraction, provocation or other special tests (e.g. straight leg raise and crossed straight leg raise) with description of findings (not positive or negative)
 | Detailed Extremity Exam (document examination of both sides if injury to extremity):* Inspection/palpation of joints/limbs for evidence of inflammation or chronic connective tissue disease, misalignment, asymmetry, crepitation, defects, tenderness, masses or effusion
* Assessment of active (first) and (then) passive range of motion with notation of any pain, crepitation or contracture in the affected joint as well as the joints proximal and distal to the injured joint (e.g. if wrist was injured, examine wrist, elbow and thumb movement on the affected side; if shoulder, examine elbow and C-spine)
* Assessment of stability with notation of any dislocation, subluxation, or laxity
* Distraction, provocation or other special tests with description of findings (not positive or negative)
 |
| Neurologic | * Examination of sensation in the affected and proximal area (e.g., by touch, pin, vibration, proprioception)
* Examination of deep tendon reflexes with notation of any pathologic reflexes (e.g., Babinksi)
* Examination of bilateral strength in the relevant area (for neck, check UEs; for back, check Les)
* Assessment of muscle tone (e.g. flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted; or, tests related to balance or coordination; or bladder/anal sphincter laxity for r/o cauda equine
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**Template for OM Specialty Musculoskeletal Exam**

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**Level of Exam Criteria**

Because all the function-oriented exam elements are all relevant to a musculoskeletal injury or condition that may be seen in workers’ compensation care, scoring is much simpler for levels of care.

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| **Level of Exam** | **CMS Criteria** | **Function-Oriented Exam****Performed and Documented** |
|  **Problem-Focused** | Limited to affected body area or organ systemOne to five bulletsfrom one or more organ systems | One to six bullets |
| **Expanded Problem-Focused** | Affected body area or organ systemOther symptomatic or related organ systemsAt least six bulletsfrom anyorgan systems | Seven to twelve bullets |
| **Detailed** | Extended examination of affected body areasOther symptomatic or related organ systemsAt least two bulletsfrom six organ systems OR 12 *bullets* from two or more organ systems | Thirteen or more bullets |
| **Comprehensive** | Complete single system specialty examination orComplete multi-system examinationTwo bullets from EACH of nine organ systems | All bullets, with exam of 2 0f 3 areas (spine, UE or LE) |

**Medical Decision Making Criteria**

Complexity of medical decision making (MDM) takes into account the number of clinical problems (number of diagnoses or management options); the amount and complexity of data the clinician reviews; and the risk of complications, morbidity or mortality. The MDM criteria for function-oriented workers’ compensation encounters are largely the same as the CMS criteria, with clarification of the types of problems, management options, data and risk that are relevant to workers’ compensation related care. The following is the CMS table for medical decision making level. This same schema can be used for function-oriented encounters appropriate for WC care, with some changes in the definition of the categories that inform. See the subsequent tables below for suggested modifications.

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| **Level of Complexity of Medical Decision-Making** | **Number of diagnoses or management options** | **Amount/complexity of data to be reviewed** | **Risk of complications, morbidity or mortality** |
| **STRAIGHTFORWARD** | Minimal | Minimal or None | Minimal |
| **LOW COMPLEXITY** | Limited | Limited | Low |
| **MODERATE COMPLEXITY** | Multiple | Moderate | Moderate |
| **HIGH COMPLEXITY** | Extensive | Extensive | High |

**Medical Decision Making Criteria – CMS vs. Function-Oriented Criteria**

***Note that there is a need for separate coding rules for extensive documentation review or case management activities commonly needed in workers’ compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements.***

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| **Criterion** | **CMS Criteria** | **Function-Oriented Criteria** |
| **STRAIGHTFORWARD** | * + Minimal number of diagnoses or management options
	+ Minimal or no data to be reviewed
	+ Minimal risk of complications, morbidity, mortality
 | * + Minimal number of diagnoses or management options
	+ Minimal or no data to be reviewed
	+ Minimal risk of complications, morbidity (including work disability), mortality
 |
| **LOW COMPLEXITY** | * + Limited number of diagnoses or management options
	+ Limited amount or complexity of data to be reviewed
	+ Low risk of complications, morbidity, mortality
 | * + Limited number of diagnoses or management options
	+ Limited amount or complexity of data to be reviewed
	+ Low risk of complications, morbidity (including work disability), mortality
 |
| **MODERATE COMPLEXITY** | * + Multiple diagnoses or management options
	+ Moderate amount or complexity of data to be reviewed
	+ Moderate risk of complications, morbidity, mortality
 | * + Multiple diagnoses or management options
	+ Moderate amount or complexity of data to be reviewed
	+ Moderate risk of complications, morbidity (e.g. prolonged work disability)
 |
| **HIGH COMPLEXITY** | * + Extensive diagnoses or management options
	+ Extensive amount or complexity of data to be reviewed
	+ High risk of complications, morbidity, mortality
 | * + Extensive diagnoses (e.g. multiple past workers compensation claims) or management options
	+ Extensive amount or complexity of data to be reviewed
	+ High risk of complications, morbidity (e.g. prolonged work disability), mortality
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| **Risk Level Table**This table presents the CMS risk criteria on the left, with the proposed function-oriented risk criteria for workers’ compensation encounters on the right. Note that chronic work disability is considered a severe outcome, equivalent to loss of life or limb.

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| **Use highest level of risk based on ONE element from ANY of the categories below**

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| **Risk Level** | **CMS Criteria** | **Function-Oriented Criteria for WC Injury or Illness** |
| **Presenting Problems** | **Diagnostic Procedures** | **Management Options Selected** | **Presenting Problems** | **WC Diagnostic Procedures** | **Management Options Selected** |
| Minimal | One self-limited or minor problem | Laboratory testsChest X-raysEKG/EEGUrinalysisUltrasound/Echocardiogram KOH prep | RestGarglesElastic bandagesSuperficial dressings | One self-limited or minor problem | Laboratory testsX-raysAudiologyEKG  | Elastic bandagesSuperficial dressings |
| Low | Two or more self-limited or minor problemsOne stable chronic illnessAcute uncomplicated injury or illness | Physiologic tests not under stressNon-cardiovascular imaging studies with contrastSuperficial needle biopsyABGSkin biopsies | Over the counter drugsMinor surgery, with no identified risk factorsPhysical therapyOccupational therapyIV fluids, without additives | Two or more self-limited or minor problemsOne stable chronic conditionAcute uncomplicated injury or illness | Physiologic tests not under stress (e.g. spirometry)Imaging studies other than X-rays, without contrastAllergy or skin patch testing | Over the counter drugsWork restrictions addressing only the injured body partSplintsPhysical therapyOccupational therapyCounseling on safe activities and self-care |
| Moderate | Two stable chronic illnessesOne chronic illness with mild exacerbation or progressionUndiagnosed new problem with uncertain prognosisAcute complicated injury | Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress testDiagnostic endoscopies, with no identified risk factorsDeep needle, or incisional biopsiesCardiovascular imaging studies, with contrast, with no identified risk factors, e.g., arteriogram, cardiac catheterizationObtain fluid from body cavity, e.g., LP/thoracentesis | Minor surgery, with identified risk factorsElective major surgery with no identified risk factorsPrescription drug managementTherapeutic nuclear medicineIV fluids, with additivesClosed treatment of fracture or dislocation, without manipulation | Two stable chronic conditionsOne chronic condition with mild exacerbation or progressionUndiagnosed new problem with uncertain prognosisAcute complicated injuryDelayed injury recovery compared to estimated duration of disabilityUse of opioids past 30 daysWork relationship problemsAlready off work, less than 4 weeks | Nerve testingBone scansImaging studies with contrastFunctional capacity evaluationPhysiologic tests under stress, e.g., cardiac stress test, pulmonary exercise test | Work restrictions addressing multiple body parts/functionsManagement of work accommodations, hazard abatement, equipment or ergonomic modificationsAddressing environmental testsJoint aspiration or epidural injectionPrescription drug managementClosed treatment of fracture or dislocation, without manipulationCounseling on self-management for pain, disability risk factors, activities to support return-to-work  |
| High | One or more chronic illness, with severe exacerbation or progressionAcute or chronic illness or injury, which poses a threat to life or bodily functionAn abrupt change in neurological status | Cardiovascular imaging, with contrast, with identified risk factorsCardiac EP studiesDiagnostic endoscopies, with identified risk factorsDiscography | Elective major surgery with identified risk factorsEmergency major surgery Parenteral controlled substancesDrug therapy requiring intensive monitoring for toxicityDecision not to resuscitate, or to de-escalate care because of poor prognosis | One or more chronic illness, with severe exacerbation/progressionAcute or chronic illness or injury, which poses a threat to life, bodily function or return to workPresence of more than one disability risk flag Use of opioids past 60 daysOff work more than 4 weeksJob/modified work not available | Methacholine challenge | Detailed determination of overall functional abilities related to permanent restrictions Collaboration with vocational rehabilitationParenteral controlled substancesDrug therapy requiring intensive monitoring for toxicity (including chronic opioid management or detoxification)Work-focused cognitive behavioral therapyFunctional restoration programMultidisciplinary pain mgmt. program |

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| **Risk for Chronic Work Disability**The proposed alternative risk table for workers’ compensation care includes clinical problems known to increase the risk of chronic work disability, including opioid use, already being off work, and presence of disability risk factors. Risk management strategies appropriate for mitigating these risk factors have been added to the “management options selected” column. This table can also serve to help determine whether the medical decision making is appropriate for the clinical problem level identified.The treating provider must provide clear documentation of the rationale for attributing high risk for chronic work disability to a clinical situation. Ideally, there should be evidence of screening for evidence-based risk categories: adverse childhood experiences (ACE); yellow flags for pain behavior, disability beliefs, catastrophization, fear/avoidance; blue flags for problems between the worker and workplace; black flags for systemic barriers to return-to-work such as employer policy; orange flags for mental illness. (ACOEM proposes establishing a separate code for billing for performing screening for disability risk using standardized forms. The proposed ground rules for documentation of such screening will be developed in another document.)The management plan should address mitigation of the identified risk factors, including an evidence-based opioid management plan when opioids are used. Return-to-work should be addressed at the first meeting with the injured employee, and be updated at each additional visit. Because a prolonged period of time off work will decrease the likelihood of return to work, the first weeks of treatment are crucial in preventing and/or reversing chronicity and disability mindset.References:Early Identification and Management of Psychological Risk Factors (“Yellow Flags”) in Patients with Low Back Pain: A Reappraisal. Nicholas MK, Linton SJ, Watson PJ, Main CJ, “Decade of the Flags” Working Group. *Physical Therapy,* May 2011 Vol 91 (5): 737-753. Early Patient Screening and Intervention to Address Individual-Level Occupational Factors (“Blue Flags”) in Back Disability. Shaw WS, Van der Windt DA, Main CJ, Loisel P, Linton SJ, “Decade of the Flags” Working Group. Journal of Occupational Rehabilitation, 2009, Vol 19: 64-80.<http://www.physio-pedia.com/The_Flag_System>  |

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| **Medical Decision-Making Point System****Problem Points**For CMS auditing purposes, a point system was developed and piloted by the Marshfield Clinic, to help quantify the nebulous criteria for nature and number of clinical problems (minimal, limited, multiple, extensive). This auditing point system was distributed by CMS to Medicare carriers. The “nature and number of clinical problems” are quantified into Problem Points by referring to the following table. Note that a long-standing problem can still be considered a new problem if it is new to the examiner. Points are added, but the maximum is 4. For this table, the function-oriented criteria are essentially the same as CMS criteria, but different examples are given for typical WC encounters.

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| **CMS Criteria**  | **Function-Oriented Criteria** | **Workers’ Compensation Encounter Examples** | **Points** |
| Self-limited or minor  | Self-limited or minor | Jammed finger or wrist sprain | 1 |
| Established problem, stable or improving | Established problem, stable or improving | Stable depression, under treatment; previous separate WC injury, improving | 1 |
| Established problem, worsening | Established problem, worsening | Knee osteoarthritis, with worse symptoms or swelling | 2 |
| New problem, no additional work-up needed | Established or new patient with a new problem, no additional work-up needed | Allergic reaction to the materials in a splint or elastic bandage | 3 |
| New problem, with additional work-up needed | Established or new patient with a new problem, with additional work-up needed | Any new clinical or vocational issue which requires further investigation such as new symptoms suggesting misdiagnosis (e.g. shoulder injury now presenting with radicular symptoms warranting need for cervical spine imaging) or need for clarification of job tasks, hazards, demands or personal protective equipment needed.  | 4 |

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| **Data Points**The following table shows the CMS Criteria and Function-Oriented alternative criteria for data points, to score the amount and complexity of the data reviewed.***Note that there is a need for separate coding rules for extensive documentation review or case management activities commonly needed in workers’ compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements.*** |
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| **CMS Criteria for Data Reviewed** | **Function-Oriented Criteria for WC Injury/Illness** | **Points** |
| Review or order clinical lab tests | Review or order clinical lab tests | 1 |
| Review or order radiology test (except heart catheterization or echo) | Review or order radiology test  | 1 |
| Review or order medicine test (PFTs, EKG, cardiac echo or catheterization) | Review or order PFT, EKG, Audiogram | 1 |
| Discuss test with performing physician | Discuss test with performing physician or discuss work tasks or restrictions with stakeholder (e.g. employer) | 2 |
| Independent review of image, tracing, or specimen | Independent review of image, tracing, or specimen | 2 |
| Decision to obtain old records | Identify and request needed additional records, including job-related | 1 |
| Review and summation of old records | Review and summation of old records, including exposure records | 2 |

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**Calculating Cognitive Labor Using Medical Decision Making Points System**There is no difference between the CMS and Function-Oriented criteria for medical decision making. Note 2 out of 3 must be present to qualify for a given level. |
|

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| --- | --- | --- | --- |
| **Level of Complexity of Medical Decision Making** | **Problem Complexity** | **Data Complexity** | **Risk** |
| **Number of diagnoses or management options** | **Problem Points** | **Amount/complexity of data to be reviewed** | **Data Points** | **Risk of complications, morbidity or mortality** |
| Straightforward Complexity | Minimal | 1 | Minimal or None | 1 | Minimal |
| Low Complexity | Limited | 2 | Limited | 2 | Low |
| Moderate Complexity | Multiple | 3 | Moderate | 3 | Moderate |
| High Complexity | Extensive | 4 | Extensive | 4 | High |

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**Problem Severity Criteria**

Problem severity is one of the separate criteria used in determining the level of care by CMS. There is a lot of overlap with Medical Decision Making criteria. Criteria are the same for CMS and Function-Oriented, except that workers’ compensation (WC) Function-Oriented criteria also consider risk of work disability as a measure of morbidity.

|  |  |  |
| --- | --- | --- |
| **Nature of Problem** | **CMS Criteria** | **Function-Oriented Criteria** |
| **Minimal** | * + 1. Problem does not require physician presence
		2. Service provided under supervision of a physician
 | * + 1. Problem does not require physician presence
		2. Service provided under supervision of a physician
 |
| **Self-limited or minor****2 out of 3** | * + 1. Minimal number of diagnoses or management options
		2. Minimal or no data to be reviewed
		3. Minimal risk of complications, morbidity, mortality
 | 1. Minimal number of diagnoses or management options
2. Minimal or no data to be reviewed
3. Minimal risk of complications, morbidity (e.g. work disability), mortality
 |
| **Low severity****2 out of 3** | * + 1. Limited number of diagnoses or management options
		2. Limited amount or complexity of data to be reviewed
		3. Low risk of complications, morbidity, mortality
 | 1. Limited number of diagnoses or management options
2. Limited amount or complexity of data to be reviewed
3. Low risk of complications, morbidity (e.g. work disability), mortality
 |
| **Moderate severity****2 out of 3** | * + 1. Multiple diagnoses or management options
		2. Moderate amount or complexity of data to be reviewed
		3. Moderate risk of complications, morbidity, mortality
 | 1. Multiple diagnoses or management options
2. Moderate amount or complexity of data to be reviewed
3. Moderate risk of complications, morbidity (e.g. work disability), mortality
 |
| **High severity****2 out of 3**  | * + 1. Extensive diagnoses or management options
		2. Extensive amount or complexity of data to be reviewed
		3. High risk of complications, morbidity, mortality
 | * + 1. Extensive diagnoses or management options
		2. Extensive amount or complexity of data to be reviewed
		3. High risk of complications, morbidity (e.g. work disability), mortality
 |

Coding new patient encounters in workers’ compensation would use the same requirements as CMS for type of encounter.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Encounter** | **AMA CPT Code** | **CMS CPT Requirements** | **Example** |
| New patient, simple | 99201 | A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. SELF-LIMITED OR MINOR PROBLEM. PHYSICIAN TIME 10 MINUTES. | Paper cut while filing papers |
| New patient, straightforward | 99202 | AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. LOW SEVERITY OR MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 20 MINUTES. | Landscaper with a puncture wound to the foot |
| New patient, detailed | 99203 | A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 30 MINUTES. | Fall at work resulting in low back pain and visible contusion |
| New patient, moderately complex | 99204 | A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 45 MINUTES. | Ankle injury in patient with arthritis and past knee injury |
| New patient, high complexity | 99205 | A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 60 MINUTES. | Shoulder injury with radicular symptoms, on opioids from other doctor for 2 months |

Coding established patient encounters in workers’ compensation would use the same requirements as CMS for type of encounter. In workers’ compensation related care, it is the date of injury/claim that establishes a patient as new or established (new patient if new injury/claim even if known to the practice/clinician.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Encounter** | **AMA CPT Code** | **CMS CPT Requirements** | **Example** |
| Established patient\*, simple | 99211 | MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES. MINIMAL PROBLEM. STAFF TIME 5 MINUTES. | Follow-up minor laceration |
| Established patient, straightforward | 99212 | AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING.) SELF-LIMITED OR MINOR PROBLEM. PHYSICIAN TIME 10 MINUTES. | Follow-up resolved contusions |
| Established patient, detailed | 99213 | AT LEAST 2 OF THESE 3 KEY COMPONENTS: (AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY.) LOW OR MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 15 MINUTES. | Follow-up wrist sprain |
| Established patient, moderately complex | 99214 | AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.) MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 25 MINUTES. | Neurologic symptoms suggesting carpal tunnel syndrome after wrist sprain |
| Established patient, high complexity | 99215 | AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.) MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 40 MINUTES. | Back strain complicated by depression and opioid dependence |

**Summary**

The proposed modified ground rules for history elements (to include causation, functional impact and risk for chronic work disability), physical examination (to focus on functional impact), medical decision making (to include mitigating risk for chronic work disability) and problem severity (to include chronic opioid use and disability beliefs) will promote better clinical management in workers’ compensation clinical encounters, while ensuring that clinicians are appropriately paid for the cognitive work involved in preventing unnecessary work disability. Workers’ compensation related encounters should also include the flexibility of coding based on time with appropriate documentation; such time-based encounters could be used for follow-up related to mitigation of work disability risk, such as overcoming strong disability beliefs and addressing fear/avoidance behavior that is interfering with successful return to work. These proposed ground rules work within the established parameters for codes and levels of care for new and established patients, and should be easy to adopt without major system modifications.