

Evaluation and Management



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Objectives

- Define E/M
- Differentiate between a new and established patient
- Identify service location and type
- Understand the requirements for different levels of service
- Learn how to properly “level” an E/M service
- Abstract a provider’s note to arrive at the levels of service



Evaluation and Management

First Section of CPT®

- Numerically, it should fall last
- Brought to the front because this is where most services begin with a patient
- Most highly utilized codes



Evaluation and Management

- Evaluate and manage the patient (E/M)
 - Inspection and observation
 - Palpation
 - Auscultation
 - Percussion



ICD-9-CM Coding

- Primary diagnosis – reason for the visit
- Signs and Symptoms
 - Code only if no definitive diagnosis is stated
 - Routinely associated with a disease process should not be coded separately

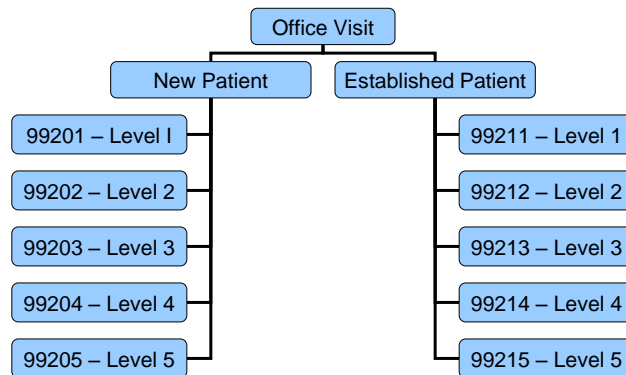


CPT® Coding

1. Select the category or subcategory of service and review the guidelines;
2. Review the level of E/M service descriptors and examples;
3. Determine the level of history;
4. Determine the level of exam;
5. Determine the level of medical decision making; and
6. Select the appropriate level of E/M service.



Categories and Subcategories



Categories and Subcategories

Category: Office or Other Outpatient Services

Subcategory: New Patient

Code:

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem (s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.



New vs. Established Patients

- New – has not received any face-to-face professional services from the physician, or a physician of the exact same specialty/subspecialty within the group practice, within the last three years
- Established – has received face-to-face services in the last three years



Office or Other Outpatient Services

- Provided in the physician's office or other outpatient clinic or ambulatory facility
- New patient
- Established patient



Observation

- Hospital Observation Services
 - Patient is designated or admitted to observation status in the hospital
 - No CPT® guideline on length of observation stay
- Observation Care Discharge Services
 - If discharge is on date other than date admitted to observation
- Subsequent Observation Care
 - Patient is seen on a date other than the date of admit or discharge to observation



Observation

Observation Discharge Services (example)

- 9 p.m. patient seen in ED with concussion and evaluated
- 10 p.m. patient placed in observation status
 - Remains in observation for 12 hours
- 10 a.m. following date (day) discharged from observation status
- Two separate dates for observation admission and discharge
 - Report observation care discharge code for services provided on discharge date



Observation

Initial Observation Care

- Use code from this group when physician initially chooses to place patient into observation
- If patient admitted to hospital after admission to observation status on the same date – see inpatient hospital care codes
- Admitted/Discharged same date see 99234-99236
- If admitted to observation status in the course of another service, all other services are included in the observation status
- Codes may not be used for post-op recovery



Hospital Inpatient Services

- Codes used for inpatient facility and partial hospitalization
- Use codes 99234-99236 for admit/discharge on same date
- Subsequent hospital care codes used for subsequent visits while admitted
 - Includes reviewing medical record, test results, etc



Admit/Discharge Same Day

Observation or Inpatient Care (including admit and discharge services)

- Patient present to ER in morning
- Admitted to observation at 2 a.m.
- Patient feeling better by 8 a.m.
- Lab work is okay; situation resolved
- Patient discharged
- Select from codes 99234-99236



Hospital Discharge Services

- Codes are based on time
- Includes time spent with the final exam, paper work, writing prescriptions, talking with patient's family, etc.
- Parenthetical notes
 - How to code for concurrent care on the discharge date
 - Discharge of a Newborn see code 99463



Consultations

- Consultations
 - Service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or appropriate source
- Divided by location
 - Office or other outpatient setting consultations use 99241-99245
 - Inpatient consultations use 99251-99255



Consultations

- Consultations (cont.)
- Three R's to meet consultation criteria
 - There must be a **request** by another physician asking for an opinion
 - The consulting physician needs to **render** an opinion
 - The consulting physician needs to **respond** with written report to the requesting physician



Consultations

- Patient request of consult for 2nd opinion
 - Code with office/outpatient visit, home service, domiciliary/rest home codes
- Requested by insurance company, i.e., Worker's compensation
 - Use consult code with modifier 32



Consultations

- Consult codes do not distinguish between new/established
- Inpatient consult codes
 - Only one consult per admission
 - Use subsequent service codes



Consultations

Medicare:

- Office Consultations
 - Report with new and established patient codes
- Inpatient Consultations
 - Report with initial hospital care codes for the first encounter regardless if performed by the admitting physician.
 - Use Modifier AI for the Principal Physician of Record



Emergency Department

- Does not distinguish between new/established
- Facility must be hospital-based and available 24 hours a day
- Physician direction of EMS emergency care, advanced life support



Critical Care Services

- Critically ill or injured
 - Acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient condition.
 - Services included in critical care described in critical care guidelines.



Critical Care Services

- Services provided in a critical care unit to a patient who is not considered critically ill are reported with other E/M codes.
- Guidelines contain instructions for coding
 - Pediatric Critical Care
 - Neonatal Critical Care
- Critical Care and other E/M services may be reported on same date by the same provider.



Critical Care Services

- Guidelines list services inclusive to critical care
 - May not be reported separately
 - Refer back to list to avoid unbundling services
 - Beneficial to highlight each of the CPT® codes listed in the guidelines



Critical Care Services

- Codes are in time increments
- Includes the total time spent by the physician on that date of service
 - Doesn't need to be continuous time
 - Reviewing records/tests, time with family members
- Time spent off the floor not included



Critical Care Services

- Time increments
 - Less than 30 minutes use appropriate E/M instead of critical care codes
 - First 30-74 minutes code 99291
 - Each additional 30 minutes beyond the initial 74 minutes use 99292
- Table in guidelines to help with converting time to critical care code(s)



Nursing Facility Services

- Nursing Facility Services
 - Nursing facility
 - Psychiatric residential treatment center
 - Divided into Initial and Subsequent
- Nursing Facility Discharge 99315 & 99316
 - Similar to hospital discharge – instructions for care, prescriptions, etc.
- Annual Assessment – 99318
 - Annual assessment required by law



Domiciliary, Rest Home, or Custodial Care Services

- Also includes Assisted Living
- Physician sees patient in one of these types of facilities
 - No medical component
- Either new patient or established patient



Domiciliary, Rest Home, or Home Care Plan Oversight Services

- Physician provides oversight of the patient's care plan
- Review the case management plan
- Write new orders
- Make a new care plan



Home Services & Prolonged Services

- Home Services
 - Seen in home by physician
 - Separated by new and established patient
- Prolonged Services
 - Direct patient contact or without direct patient contact
 - Settings are office/outpatient and inpatient
 - Most are add-on codes
 - Exception is Physician Standby Code



Prolonged Services

- Guidelines
 - Physician provides prolonged service with direct face-to-face contact beyond usual service
 - Reported in addition to other physician services
 - Report total duration of face-to-face time; even if time is not continuous
 - Similar to critical care in this manner
 - 99358-99359 are used for prolonged service without patient contact



Physician Standby

- Used to report time when a physician is on standby at the request of another physician
- Only report for more than 30 minutes duration
- Reported with additional units for each additional 30 minutes
- Do not report if the period of standby results in the performance of a procedure



Case Management & Medical Team Conference

- Case Management Services
 - Anticoagulant Management
 - Receive INR testing
 - Alter dosage
 - 99363 for initial 90 days
 - 99364 for each subsequent 90 days
- Medical Team Conference
 - Requires three healthcare professionals
 - Divided by direct contact or without direct contact



Care Plan Oversight Services

- Home Health Agency
- Hospice
- Nursing Facility
 - Billed on a monthly basis
 - For the amount of time physician spends overseeing care of patient



Preventive Medicine Services

- Annual Physical Exam
- Divided by new and established patient and by patient's age
- If abnormality is encountered and is significant to require additional work
 - Appropriate code from 99201-99215 reported with modifier 25 appended to the office/outpatient code



Counseling Risk Factor Reduction and Behavior Change Intervention

- For patient without symptoms or established illness
- No distinction between new and established patient
- Preventive Medicine, Individual Counseling
- Behavior Change Intervention
- Preventive Medicine, Group Counseling



Non-Face-to-Face Physician Services

- Telephone Services
 - Must be provided by a physician
 - Based on amount of time
 - Patient must be established
- On-Line Medical Evaluation
 - Reported only once for the same episode of care during a 7-day period
 - Must be provided by a physician



Special Evaluation and Management Services

- Basic Life and/or Disability Evaluation Services
- Work Related or Medical Disability Evaluation Services
- Specific guidelines under each code



Newborn Care Services

- Newborn Care Services
 - Newborn care age 28 days or less
 - Separated by location and by initial or subsequent visits
- Delivery or Birthing Room Attendance and Resuscitation Services
 - Attendance at delivery at request of delivering physician



Inpatient Neonatal Intensive Care Services Pediatric & Neonatal Critical Care Services

- Pediatric Critical Care Patient Transport
- Inpatient Neonatal and Pediatric Critical Care
- Initial and Continuing Intensive Care Services



Pediatric Critical Care Patient Transport

- Physician physically present during inter-facility transport of a critically ill patient 24 months of age or less
- Time:
 - Starts when physician assumes responsibility
 - Ends when receiving facility accepts responsibility



Inpatient Neonatal and Pediatric Care Services

- Critically ill or injured patients through age five years
- Includes same procedures listed in critical care codes 99291-99292
- Guidelines list additional procedures included in this set of codes



Inpatient Neonatal and Pediatric Care Services

Defined by age of patient:

- Neonates 28 days of age or less
- Infant or young child 29 days through 24 months of age
- Young child two through five years of age



Initial and Continuing Intensive Care Services

- Used to report services to a child who is not critically ill – but requires intensive observation and frequent interventions
- 99477 used for Initial Hospital Care
- 99478-99480 used for Subsequent Intensive Care
 - Code selection based on the present body weight of the child



Evaluation and Management Coding Leveling

1. Select the category or subcategory of service and review the guidelines;
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3. Determine the level of history;
4. Determine the level of exam;
5. Determine the level of medical decision making; and
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E/M Leveling

- 1995 vs. 1997 Guidelines
 - Main difference – exam component
- Seven components to consider
 - Relates to the level of work performed by the physician
 - History
 - Exam
 - Medical Decision Making
 - Counseling
 - Coordination of Care
 - Nature of Presenting Problem
 - Time



E/M Leveling

Key Components

- Generally the influential factors in determining level of service
- History
- Exam
- Medical Decision Making
 - Influential in the level of service unless counseling dominates the encounter
 - Categories/subcategories describe the number of key components required



History

- History of Present Illness (HPI)
- Chronological description of the patient's illness
 - Location
 - Quality
 - Severity
 - Timing
 - Context
 - Modifying factors
 - Associated sign and symptoms



History

Review of Systems (ROS)

- Inventory of body systems
 - Constitutional
 - Eyes
 - Ears, nose, mouth, throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Integumentary
 - Neurological
 - Psychiatric
 - Endocrine
 - Hematologic/lymphatic
 - Allergic/Immunologic



History

- A single element cannot count towards the HPI and the ROS for the same patient encounter
- Example
 - Knee pain counted as location for HPI
 - Knee pain cannot count as musculoskeletal for ROS



History

- Past, Family and/or Social History (PFSH)
 - Past History
 - Review of patient’s past illnesses, operations, etc
 - Family History
 - Review of patient’s parents/siblings
 - Social History
 - Review of social factors, marital status, alcohol/drug habits



History

| History of Present Illness (HPI) | Review of Systems (ROS) | Past, Family, and/or Social History (PFSH) | Level of History |
|----------------------------------|------------------------------|--|---------------------------------|
| Brief (1-3 elements) | No ROS | No PFSH | Problem Focused |
| Brief (1-3 elements) | Problem Pertinent (1 system) | No PFSH | Expanded Problem Focused |
| Extended (4 or more) | Extended (2-9 systems) | Pertinent (1 history) | Detailed |
| Extended (4 or more) | Complete (10 or more) | Complete (2-3 history areas) | Comprehensive |



History

CC: Cough

HPI: This 2-year-old patient presents with a barking cough occurring at night for the last two days.

ROS: The patient has had a runny nose, no ear pain and a slight fever. No complaints of chest pain.

PFSH: The patient is up to date on all immunizations and currently takes Zyrtec daily. No known allergies to medications.



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Exam

- Examination – may be body areas or organ systems
- Body Areas
 - Head, including face
 - Neck
 - Chest, including breasts
 - Abdomen
 - Genitalia, groin, buttocks
 - Back, including spine
 - Each extremity



Exam

- Examination (cont)
 - Organ Systems
 - Eyes
 - Ears, nose, mouth and throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Skin
 - Neurologic
 - Psychiatric
 - Hematologic/lymphatic/immunologic



Exam

| | |
|---|---|
| Problem Focused – a limited examination of the affected body area or organ system. | 1 body area or organ system |
| Expanded Problem Focused – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s). | 2 – 7 body areas or organ systems – limited exam |
| Detailed – an extended examination of the affected body area(s) and other symptomatic or related organ system(s) | 2 – 7 body areas or organ systems – detailed exam |
| Comprehensive – a general multi-system examination or complete examination of a single organ system | 8 or more body areas or organ systems OR complete single organ system |



Exam

Constitutional: Vital Signs: Resp: 26. Temp: 99.9.
Weight: 41 lbs.

HEENT: PERRLA Ears negative. Nares wet with
clear rhinorrhea. Throat red and swollen.

Respiratory: No Rhonchi or rales.

Skin: Negative



Exam

| | |
|---|---|
| Problem Focused – a limited examination of the affected body area or organ system. | 1 body area or organ system |
| Expanded Problem Focused – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s). | 2 – 7 body areas or organ systems – limited exam |
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Medical Decision Making

- Thought process of the physician throughout the visit
- Three elements to consider
 - Number of management options
 - Minimal, limited, multiple, extensive
 - Amount and/or complexity of data to be review
 - Minimal or none, limited, moderate, extensive
 - Risk of complications, morbidity, and/or mortality
 - Minimal, low, moderate, high



Medical Decision Making

| # of dx or mgmt options | Amt and/or complexity of data | Risk of Complications | Type of Decision Making |
|-------------------------|-------------------------------|-----------------------|----------------------------|
| Minimal | Minimal or none | Minimal | Straightforward |
| Limited | Limited | Low | Low complexity |
| Multiple | Moderate | Moderate | Moderate complexity |
| Extensive | Extensive | High | High complexity |



Medical Decision Making

CC: Cough

HPI: This 2-year-old patient presents with a barking cough occurring at night for the last two days.

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HEENT: PERRLA Ears negative. Nares wet with clear rhinorrhea. Throat red and swollen.

Respiratory: No Rhonchi or rales.

Skin: Negative

A&P: Croup – use cold air humidifier, return to clinic if this has not resolved by next week.



Medical Decision Making

| # of dx or mgmt options | Amt and/or complexity of data | Risk of Complications | Type of Decision Making |
|-------------------------|-------------------------------|-----------------------|----------------------------|
| Minimal | Minimal or none | Minimal | Straightforward |
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E/M Leveling

Contributing Components

- Counseling: risk factor reduction, patient/family education
- Coordination of Care: arrange follow up treatment not typically provided by the provider, eg., physical therapy
- Nature of Presenting Problem: Taken into consideration in the medical decision making portion of the encounter
- Time: If counseling/coordination of care dominates more than 50 percent of encounter, time may be considered as the controlling factor



Determine the Level of E/M

| Established patient office visit table | | | | |
|--|-----------------|--------------------------|----------|---------------|
| HISTORY | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| EXAM | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| MDM | Straightforward | Low | Moderate | High |
| LEVEL OF VISIT | 99212 | 99213 | 99214 | 99215 |



Determine the Level of E/M

Category: Office or Other Outpatient Services

Subcategory: Established Patient

Descriptors: "...which requires at least 2 of these three components."



Determine the Level of E/M

| Established patient office visit table | | | | |
|--|-----------------|--------------------------|----------|---------------|
| HISTORY | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| EXAM | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| MDM | Straightforward | Low | Moderate | High |
| LEVEL OF VISIT | 99212 | 99213 | 99214 | 99215 |



Modifiers

- **Modifier 24** Unrelated evaluation and management service by the same physician during a postoperative period.
- **Modifier 25** Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.
- **Modifier 32** Mandated Services
- **Modifier 57** Decision for surgery



E/M Leveling

- Many factors to consider when determining a level of Evaluation and Management Service.
- Be sure to Review the Guidelines and code descriptions.

