

# Evaluation & Management (E/M) Coding Calculator



Essentials for Determining Evaluation & Management (E/M) Codes

## Standard Codes for Evaluation & Management (E/M)

### Step 1: Determine Whether Patient Has a Diagnosis or Symptom

- If the patient is not sick, use codes for preventive services (99381–99397), counseling (99401–99412), disability evaluation (99450–99456), or evaluation of newborn (99460–99463)
- If patient is sick, use any E/M codes except those listed above. Follow steps 2–7 to determine the correct code

### Step 2: Determine the Location of the Service

- **Office or other outpatient services (99201–99215):** Physician's office, walk-in clinic, ambulatory health-care center, etc.
- **Hospital services (99221–99239):** Inpatient, acute care facility
- **Observation services (99217–99226 and 99234–99236):** Patient admitted to hospital under "observation status"
- **Emergency department services (99281–99285):** A hospital-based facility, open 24 hours a day, providing unplanned services to patients requiring immediate medical attention
  - **Critical care/intensive care services (99291–99292 and 99477–99480):** Direct delivery of medical care for patients with a high likelihood of an impending or life-threatening decline of their condition
- **Nursing facility services (99304–99318):** Skilled nursing facility (SNF); intermediate care facility (ICF); long-term care facility (LTCF); psychiatric residential treatment center
- **Domiciliary, rest home, or custodial care services (99324–99340):** Assisted living facility or any other facility providing room, board, and personal assistance services
- **Home Services (99341–99350):** Physician visited patient at his or her home (private residence)

### Step 3: Determine the Relationship Between Physician & Patient

- **New or established:** An established patient has received professional services from this physician, or another physician of the same specialty within the same practice, during the last three years. A new patient has never seen this physician/another physician of the same specialty in this practice or was last seen by this physician/another physician of same specialty in this practice more than three years ago
- **Initial or subsequent:** An initial visit is the first date of service this physician sees this patient and a subsequent visit is one on a later date during this course of treatment
  - These terms are used for services provided for patients in observation care, inpatient care, and nursing facilities
  - Services are reported by the completed day (calendar date) of service

- **Consultation services:** These services require a requesting physician and a consulting physician. One physician sends a patient to see another physician with a request for advice or recommendations on the patient's case. The services may be inpatient (99251–99255) or outpatient (99241–99245)

**NOTE:** Medicare will not pay for any consultation codes. For Medicare patients, use other E/M visit codes (such as outpatient or inpatient codes)

### Step 4: Determine the Level of History from Documentation

*Remember, if it is not documented, it didn't happen!*

- History includes four components (not all levels of service include all four components):
  - **Chief complaint (CC):** The patient's description of why he/she felt the need to see this physician for this visit—could be a sign, symptom, condition, diagnosis, or other health-related concern
  - **History of present illness (HPI):** Series of questions asked by a physician or ancillary staff about the patient's condition. This includes seven elements: location, quality, severity, timing, context, modifying factors, and associated signs and symptoms

**NOTE:** Medicare includes an eighth element: duration  
**EX:** Location (where is the pain?), quality (is the pain sharp or dull?), severity (is the patient bedridden due to the pain?), timing (is the pain constant?), context (is the pain worse when the patient is lying down?), modifying factors (does the pain lessen when the patient takes over-the-counter drugs?), associated signs and symptoms (is the patient nauseated due to the pain?), and duration (how long has the pain been present?)

- **Review of systems (ROS):** Series of questions to identify signs and/or symptoms the patient may be experiencing now or has experienced in the past. The systems reviewed may include:
  - Constitutional symptoms (fever, weight loss, etc.)
  - Eyes
  - Ears, nose, mouth, and throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Integumentary (skin and/or breast)
  - Neurological
  - Psychiatric
  - Endocrine
  - Hematologic/Lymphatic
  - Allergic/Immunologic
- **Past/Family/Social history (PFSH):** Series of questions concerning the patient's personal and family background. This includes:
  - **Patient's history**
    - Prior major illnesses and injuries, surgical procedures, and hospitalizations

- Current medications and allergies (drug, food, inhalant, etc.)
- Immunization status (age-appropriate) and dietary/nutritional status (feeding, eating, etc.)

#### ■ Family history

- Health status (or cause of death) of parents, siblings, and children
- Specific diseases of family members related to problems identified in the chief complaint, history of present illness (HPI), and/or system review
- Diseases of family members that may be hereditary or place the patient at risk

#### ■ Social history

- Marital status and/or living arrangements
- Current employment
- Occupational, military, and sexual history
- Use of drugs, alcohol, and/or tobacco
- Level of education
- Other relevant social factors

- Histories are often provided by the patient using a form filled out before seeing the physician or by a nurse. The physician must note that the form was reviewed
- A patient's review of systems (ROS) is not the same as an examination
- The physician may indicate that an organ system's history is **unrelated** or **non-contributory**—these terms (and similar ones) document that the physician addressed or discussed this with the patient or family member. This area can be counted toward the history

The levels of history are:

#### Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** No ROS is required
- **PFSH:** No PFSH is required

#### Expanded Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** Review of system related to the chief complaint
- **PFSH:** No PFSH is required

#### Detailed History

- **Chief complaint (CC) required**
- **Extended HPI:** Documentation of extended (usually 4 or more) elements
- **ROS:** Review of an extended number (usually 2–9) of systems directly related to the chief complaint or present illness plus a limited history of additional related systems
- **PFSH:** One item from past, family, or social history related to patient's current condition

# Evaluation And Management Coding Cheat Sheet

**Tony Hsiang-Chih Hsu**



## **Evaluation And Management Coding Cheat Sheet:**

### **Health Promotion and Disease Prevention for Advanced Practice: Integrating Evidence-Based Lifestyle**

**Concepts** Loureen Downes, Lilly Tryon, 2023-09-29 As healthcare shifts from fee for service to value based care clinicians need to be adequately prepared to provide evidence based and cost effective preventative care using an interprofessional approach This textbook emphasizes an evidence based approach to health promotion and disease prevention by applying environmental behavioral and motivational concepts to the management of health problems related to lifestyle behaviors

**Handling the Medical Claim** Catherine Cochran, 2017-07-27 When a doctor sees a patient how does the doctor s office get paid If a claim for a service or procedure provided is denied how does the doctor s office get the patient s insurance company to pay Handling the Medical Claim An 8 Step Guide on How To Correct and Resolve Claim Issues explains from beginning to end how to bill and collect on cla      *Glencoe Medical Insurance* Nenna L. Bayes, Cindy Keller, Joanne Valerius, 2002 Glencoe Medical Insurance provides focused coverage of the knowledge and skills necessary for successful medical insurance processing including in depth coverage of medical insurance the claims process HCFA 1500 and UB 92 It covers all types of medical insurance including Blue Cross Blue Shield HMOs PPOs Medicare Medicaid and other plans Managed care is integrated throughout the text including discussion of contract law as it relates to managed care There is an emphasis on practice management and patient finance Optional exploratory computer activities use MediSoft for Windows Advanced The focus in the text is on electronic claims filing but paper claims are covered as well Unique to this text is an entire chapter emphasizing how crucial correct coding is to reimbursement and compliance with federal regulations

**Starting & Managing Your Own Physical Therapy Practice** Samuel H. Esterson, 2005 This basic handbook on how to start up a private physical therapy practice is a hands on guide for any physical therapist who is contemplating or preparing to go out on his her own Starting Managing Your Own Physical Therapy Practice is a one of a kind guide that offers insight into the how s what s and where s of private business and gives the practitioner enough information and insight to veer him her in the proper direction This book is a guide map a tool developed to open your eyes to what is necessary to open and run your own successful practice

**Medical Insurance** Joanne Valerius, Cynthia Newby, Nenna Bayes, 2004-07 Designed for the one semester medical insurance course Medical Insurance provides clear focused and authoritative instruction on medical insurance and reimbursement with an emphasis on electronic processing All types of medical insurance are covered and examples in the text represent a realistic mix of managed care and fee based plans The program teaches basic medical coding and coding compliance because this knowledge is essential for ensuring maximum appropriate reimbursement for reported healthcare services A new chapter on HIPAA features the rules on transactions and code with detailed coverage of claim transmission and remittance advice

**Ham's Primary Care Geriatrics E-Book** Gregg A. Warshaw, Jane F. Potter, Ellen Flaherty, Matthew K. McNabney, Mitchell T. Heflin, Richard J. Ham, 2021-01-05 Selected for Doody s Core Titles

2024 in Geriatrics Written with first line primary care providers in mind Ham s Primary Care Geriatrics A Case Based Approach 7th Edition is a comprehensive easy to read source of practical clinical guidance for this rapidly growing population Using a unique case based approach it covers the patient presentations you re most likely to encounter offering key clinical information expert advice and evidence based medical guidelines throughout This highly regarded text uses a consistent format and an enjoyable writing style to keep you informed engaged and up to date in this increasingly important field Uses a case study format that is ideal for learning retention and rapid recall All case studies are thoroughly up to date with current references Features an interdisciplinary perspective to provide team oriented knowledge on the best diagnosis treatment and management strategies available to address the complex needs of older adults Contains a new chapter on Lesbian Gay Bisexual Transgender LGBT Medicine in Older Adults as well as completely revised or rewritten chapters on rehabilitation infectious disease and urinary incontinence Provides up to date information on key topics such as opioid management and polypharmacy the geriatric emergency room cultural humility in the care of older adults and the five signs of problematic substance abuse Includes key learning objectives and USMLE style questions in every chapter Online extras include dizziness gait and balance video resources a dermatology quiz and a Cognitive Status Assessment with tests and patient teaching guides Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices

**Pain** Margo McCaffery, Chris Pasero, 1999 Pain Clinical Manual advocates an interdisciplinary approach to the care of patients with often under treated pain This book makes the application to scientific knowledge to the development of practical tools and guidelines for the care of patients in all clinical settings and all age groups Provides ready to use forms and recommendations for pain care committees to assist health care facilities to prepare for JCAHO inspections Includes two FREE pocket size laminated cards equianalgesic charts to assist clinicians with dose calculations when changing routes of administration or analgesics and dosing guides to commonly used adjuvants and nonopioids Includes FREE access to Mosby s PAIN WEBSITE The most clinically useful book ever published on pain written by authorities who helped establish the pain management movement Includes 11 new chapters and five expanded and updated chapters to provide the most accurate up to date and comprehensive pain management information Includes icons to alert the reader to important need to know information such as pediatric content patient examples and reproducible material Features over 200 boxes and tables to help quickly locate key information and apply complex concepts at the bedside Presents a unique multidisciplinary perspective Provides ready to use practical proven and reproducible tools pain assessment and documentation forms and guides to analgesic use Contains patient information handouts on analgesics and nondrug methods of pain relief to educate the patient family caregiver about the patient s specific pain management Includes reproducible key policies procedures and protocols to assist the clinician in implementing patient focused interdisciplinary pain management Presents pharmacology content in four chapters the three analgesic groups and an

overview of how to combine them to provide a readily understandable reference and practical resource Includes quick guides with illustrations of selected pain problems such as pain related to sickle cell disease peripheral neuropathy and fibromyalgia Contains pain rating scales in over 20 languages to enhance patient clinician communication in culturally diverse populations

1998 Hospital and Payor ICD-9 J A Majors Publishing, OptumInsight, Incorporated, Medicode, 1997 Here are 14 reasons why Medicode's 1998 Hospital ICD 9 is coder tested and coder approved 1 Guaranteed accuracy Medicode has integrated all 1998 changes into this volume In fact they guarantee that if you make a coding error based on an outdated code while using their 1998 ICD 9 they'll give you next year's edition free 2 Color coding to make fourth and fifth digits easy to find 3 Easy to understand code definitions 4 Color illustrations 5 Color coded index for ease of use 6 Exclusive note save system that gives you room to write and a system to save important coding for next year's edition 7 Coding tips 8 Thumb index tabs 9 Spiral bound design 10 Index checkmarks that identify invalid codes 11 Medicare edits 12 References to AHA's Coding Clinic 13 Hospital revenue codes for supplies and services 14 A useful self test

**Hands-On Security in DevOps** Tony Hsiang-Chih Hsu, 2018-07-30 Protect your organization's security at all levels by introducing the latest strategies for securing DevOps Key Features Integrate security at each layer of the DevOps pipeline Discover security practices to protect your cloud services by detecting fraud and intrusion Explore solutions to infrastructure security using DevOps principles Book Description DevOps has provided speed and quality benefits with continuous development and deployment methods but it does not guarantee the security of an entire organization Hands On Security in DevOps shows you how to adopt DevOps techniques to continuously improve your organization's security at every level rather than just focusing on protecting your infrastructure This guide combines DevOps and security to help you to protect cloud services and teaches you how to use techniques to integrate security directly in your product You will learn how to implement security at every layer such as for the web application cloud infrastructure communication and the delivery pipeline layers With the help of practical examples you'll explore the core security aspects such as blocking attacks fraud detection cloud forensics and incident response In the concluding chapters you will cover topics on extending DevOps security such as risk assessment threat modeling and continuous security By the end of this book you will be well versed in implementing security in all layers of your organization and be confident in monitoring and blocking attacks throughout your cloud services What you will learn Understand DevSecOps culture and organization Learn security requirements management and metrics Secure your architecture design by looking at threat modeling coding tools and practices Handle most common security issues and explore black and white box testing tools and practices Work with security monitoring toolkits and online fraud detection rules Explore GDPR and PII handling case studies to understand the DevSecOps lifecycle Who this book is for Hands On Security in DevOps is for system administrators security consultants and DevOps engineers who want to secure their entire organization Basic understanding of Cloud computing automation frameworks and programming is necessary

**How to Start a Private Practice** Bertrand Liang,

MD, PhD, Mitchell Liester, MD, 2025-12-26 Starting a private medical practice offers physicians and other allied health professionals unparalleled autonomy over clinical decisions practice management and work life balance This independence allows practitioners to develop personalized treatment approaches and stronger patient relationships without corporate constraints often resulting in higher satisfaction for both medical professionals and patients Financially private practices can be more lucrative through direct control of revenue streams and business operations Beyond personal benefits private practices are vital to healthcare ecosystems by providing community centered care increasing access in underserved areas and fostering innovation through a nimble adaptation to emerging healthcare needs In an era of increasing healthcare consolidation independent practices preserve the essential doctor patient relationship that forms the foundation of quality healthcare delivery How to Start a Private Practice is a comprehensive guide for physicians dentists mental health professionals physical therapists and other allied health practitioners seeking to transition from residency fellowship or corporate practice into a private practice setting Written by experienced physicians Bertrand Liang MD PhD and Mitchell Liester MD this practical guidebook provides a road map for establishing managing and growing a successful private practice in today s complex healthcare landscape This book provides physicians and other allied health practitioners with a step by step guide to establishing and managing a successful private practice The authors combine business fundamentals with healthcare specific knowledge to help medical practitioners navigate the complexities of practice ownership This comprehensive approach from addressing psychological barriers to providing detailed guidance on coding and billing ensures that readers will have the tools they need to succeed in today s challenging healthcare environment

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