

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

Margo McCaffery,Chris Pasero



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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

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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

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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

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- 13 Hospital revenue codes for supplies and services
- 14 A useful self test

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

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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

Innovations Through Information Technology

Information Resources Management Association. International Conference, 2004-01-01 Innovations Through Information Technology aims to provide a collection of unique perspectives on the issues surrounding the management of information technology in organizations around the world and the ways in which these issues are addressed This valuable book is a compilation of features including the latest research in the area of IT utilization and management in addition to being a valuable source in support of teaching and research agendas

Evaluation And Management Coding Cheat Sheet Book Review: Unveiling the Magic of Language

In a digital era where connections and knowledge reign supreme, the enchanting power of language has become more apparent than ever. Its power to stir emotions, provoke thought, and instigate transformation is really remarkable. This extraordinary book, aptly titled "**Evaluation And Management Coding Cheat Sheet**," published by a highly acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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