The purpose of this tool is to give a brief overview of coding and to provide a desk aid for coding decisions related to evaluation and management services.

The Centers for Medicare and Medicaid Services (CMS) 1995 and 1997 Documentation Guidelines for Evaluation and Management Services are divided into three key components: history, exam, and medical decision making. For new patients (99201-99205), the minimum of all three components is required for the code (see below for example). For established patients (99211-99215), only two of the three components must meet or exceed criteria to qualify for a specific level of evaluation and management (E/M) service.

Another option for encounters is to use time as your guide. If counseling or coordination of care account for more than 50 percent of the visit, then you can select your E/M code based on the length of the visit. In general, the time spent counseling should meet or exceed the typical visit times listed. If you decide to use time-based billing, make sure to document the time in your chart (“9:01-9:18 am—10 of 17 minutes spent counseling patient on safer sex practices”). For more information, watch the Introduction to Coding webinar, [https://vimeo.com/72297075](https://vimeo.com/72297075).

**CODING LEVEL OF SERVICE**

**New Patient Level of Service**

- Level of History, Exam, and Medical Decision Making (MDM) is “3 of 3 Required”
- Overall visit level is the lowest element of History, Exam, and MDM

**LEVEL OF SERVICE WORKSHEET: NEW PATIENT**

<table>
<thead>
<tr>
<th>S</th>
<th>C/C: Here for urine CT/GC test</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>HPI: Unprotected sex 2 weeks ago</td>
</tr>
<tr>
<td>A/P</td>
<td>ROS/GU: No vaginal discharge</td>
</tr>
<tr>
<td></td>
<td>Presumptive treatment for chlamydia</td>
</tr>
<tr>
<td></td>
<td>RX: Azithromycin 1 g orally in a single dose-4</td>
</tr>
<tr>
<td>TIME</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

1 \* 2 \* 4 = 99201

For new patients, the overall visit level is the lowest element of History, Exam, and MDM.
CODING LEVEL OF SERVICE

Established Patient Level of Service

- Of History, Exam, and MDM, 2 of 3 are required to code the level of service
- Level of service is the component score in the middle

**LEVEL OF SERVICE WORKSHEET: ESTABLISHED PATIENT**

SOAP (subjective, objective, assessment, and plan)
See pages 3 and 4 for scoring criteria

| S | C/C: Here for urine CT/GC test                  | 3 |
| HPI: Unprotected sex 2 weeks ago                |
| ROS/GU: No vaginal discharge                    |
| 0 | NAD                                           | 2 |
| A/P | Results positive for chlamydia                | 4 |
| RX: Azithromycin 1 g orally in a single dose-4  |

**TIME**

\[2 \cdot 3 \cdot 4 = 99213\]

For established patients, level of service is the component score in the middle

CODING LEVEL OF SERVICE

Using Time to Bill for a New or Established Patient

If counseling OR coordination of care account for more than 50 percent of the visit, then you may select the E/M code based on the length of the visit. See decision-making chart on pages 3 and 4 to select the appropriate levels for new or established patients.

**WORKSHEET: BILLING TIME FOR ESTABLISHED PATIENT**

SOAP (subjective, objective, assessment, and plan)
See pages 3 and 4 for scoring criteria

| S | C/C: follow/up labs (+ herpes culture last visit) |
| HPI: Finished Valtrex Rx-“no more sores”          |
| O | GU: no lesions at present                        |
| A/P | New dx of herpes, spent 35/40 minutes discussing HSV 1 & 2, viral transmission, treatment episodic vs suppressive, healthy behaviors to reduce outbreaks & safer sex | 35 |

**TIME**

\[35/40 \text{ minutes} = 99215\]

Counseling accounts for more than 50% of the visit so you may select the E/M code based on time.
### EVALUATION AND MANAGEMENT CODE SELECTION OVERVIEW

#### E&M: NEW PATIENT OFFICE VISIT

(99201–99205)

New Patient Office Visits: History, Exam, and MDM must be met. Code based on the score of the lowest element

**NOTE:** New Patient Definition—patient has not had face-to-face service by a provider of the same specialty within a group practice in three years.

<table>
<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Problem Focused 1-3 History of Present Illness (HPI) No Review of Systems (ROS) No Past, Family and/or Social History (PFSH)</td>
<td>Expanded Problem Focused 1-3 HPI 1 ROS No PFSH</td>
<td>Detailed 4 HPI 2-9 ROS 1 PFSH</td>
<td>Comprehensive 4 HPI 10 ROS 3 PFSH</td>
<td>Comprehensive 4 HPI 10 ROS 3 PFSH</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem Focused &lt;1 Body Areas (BA)/Organ System (OS)</td>
<td>Expanded Problem Focused 2-4 BA/OS</td>
<td>Detailed 5-7 BA/OS</td>
<td>Comprehensive 8 Organ Systems</td>
<td>Comprehensive 8 Organ Systems</td>
</tr>
<tr>
<td>Medical Decision Making (MDM)</td>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity New Problem w/ RX Acute Complicated Illness/ Injury Undx’d, New Problem 1 or more chronic illness w/mild exacerbation</td>
<td>High Complexity New Problem with work-up planned and high level of acuity</td>
</tr>
<tr>
<td>Time</td>
<td>10 minutes</td>
<td>20 minutes</td>
<td>30 minutes</td>
<td>45 minutes</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

**Chief Complaint (CC)**
*Required for ALL visits*
- Reason(s) for visit—not always the primary ICD-10
- Concise statement in patient’s own words

**History of the Present Illness (HPI)**
- Duration, timing, severity, location, modifying factors, associated signs & symptoms, and context

**No Appreciable Disease (NAD)**

**Past Medical, Family & Social History (PFSH)**
- Allergies, medication list, other problems, or surgeries
- Sick contacts at home
- Smoker, alcohol use, sexual history

**Review of Systems (ROS)**
- Signs & symptoms related to the illness or complaint

**Body Areas (BA)**
- Head (including face)
- Neck
- Chest
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

**Organ Systems (OS)**
- Constitutional*
- Eyes
- ENMT
- Cardiovascular
- Respiratory
- Genitourinary
- Gastrointestinal
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hem/Lymph/Immune

*1995 Guidelines require only one vital sign vs. three for 1997 Guidelines
## E&M: Established Patient Office Visit (99211–99215)

Established Patient Office Visits: History, Exam, and MDM must be met. Code based on the score of the middle element.

<table>
<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Provider not required, but a provider must be in the building. Patient must have been seen previously and this is just a follow-up, not a new problem.</td>
<td>Problem Focused 1-3 HPI No ROS No PFSH</td>
<td>Expanded Problem Focused 1-3 HPI 2-9 ROS No PFSH</td>
<td>Detailed 4 HPI 2-9 ROS 1 PFSH</td>
<td>Comprehensive 4 HPI 10 ROS 2 PFSH</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem Focused &lt;1 BA/OS</td>
<td>Expanded Problem Focused 2-4 BA/O</td>
<td>Detailed 5-7 BA/OS</td>
<td>Comprehensive 8 Organ Systems</td>
<td></td>
</tr>
<tr>
<td>Medical Decision Making (MDM)</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity New Problem w/ RX Acute Complicated Illness Injury Undx’d, New Problem 1 or more chronic illness w/mild exacerbation</td>
<td>High Complexity New Problem with work-up planned and high level of acuity</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>10 minutes</td>
<td>15 minutes</td>
<td>25 minutes</td>
<td>40 minutes</td>
<td></td>
</tr>
</tbody>
</table>

### Chief Complaint (CC)
- Required for ALL visits
- Reason(s) for visit—not always the primary ICD-10
- Concise statement in patient’s own words

### History of the Present Illness (HPI)
- Duration, timing, severity, location, modifying factors, associated signs & symptoms, and context

### No Apparent Disease (NAD)

### Past Medical, Family & Social History (PFSH)
- Allergies, medication list, other problems, or surgeries
- Sick contacts at home
- Smoker, alcohol use, sexual history

### Review of Systems (ROS)
- Signs & symptoms related to the illness or complaint

### Body Areas (BA)
- Head (including face)
- Neck
- Chest
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

### Organ Systems (OS)
- Constitutional*
- Eyes
- ENMT
- Cardiovascular
- Respiratory
- Genitourinary
- Gastrointestinal
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hem/Lymph/Immune

*1995 Guidelines require only one vital sign vs. three for 1997 Guidelines

STD TAC 2016. Thank you to Lissa Singer, RNP, MB, CPC-I, for her contributions to this document.