

# EVALUATION AND MANAGEMENT CODE SELECTION OVERVIEW

*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

**Level of history**  
**+ Level of exam**  
**+ Level of medical decision making**  
**= Level of service**

**OR**

**Time = Level of service**

*If counseling or coordination of care account for more than 50% of the visit, then you can select the E/M code based on time.*

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>.

## 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

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

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

**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

<b>S</b>	<b>C/C:</b> Here for urine CT/GC test <b>HPI:</b> Unprotected sex 2 weeks ago <b>ROS/GU:</b> No vaginal discharge	<b>3</b>
<b>O</b>	NAD	<b>2</b>
<b>A/P</b>	Results positive for chlamydia <b>RX:</b> Azithromycin 1 g orally in a single dose-4	<b>4</b>
<b>TIME</b>		
<b>2 · 3 · 4 = 99213</b>		

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

<b>S</b>	<b>C/C:</b> follow/up labs (+ herpes culture last visit) <b>HPI:</b> Finished Valtrex Rx-“no more sores”	
<b>O</b>	<b>GU:</b> no lesions at present	
<b>A/P</b>	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	<b>35</b>
<b>TIME</b>	1/15/13 (9:00- 9:40)	<b>40</b>
<b>35/40 minutes = 99215</b>		

Counseling accounts for more than 50% of the visit so you may select the E/M code based on time.

# 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.*

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

## 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.

Level	1	2	3	4	5
<b>History</b>	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.	Problem Focused 1-3 HPI No ROS No PFSH	Expanded Problem Focused 1-3 HPI 2-9 ROS No PFSH	Detailed 4 HPI 2-9 ROS 1 PFSH	Comprehensive 4 HPI 10 ROS 2 PFSH
<b>Exam</b>		Problem Focused <1 BA/OS	Expanded Problem Focused 2-4 BA/O	Detailed 5-7 BA/OS	Comprehensive 8 Organ Systems
<b>Medical Decision Making (MDM)</b>		Straightforward	Low Complexity	Moderate Complexity New Problem w/ RX Acute Complicated Illness Injury Undx'd, New Problem 1 or more chronic Illness w/mild exacerbation	High Complexity New Problem with work-up planned and high level of acuity
<b>Time</b>		10 minutes	15 minutes	25 minutes	40 minutes

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