

Evaluation & Management Codes



Medical record documentation is required to record pertinent facts, findings, and observations about an individual's health history including past and present illnesses, examinations, tests, treatments, and outcomes. The following information in this brochure provides definitions and documentation guidelines for the three key components of Evaluation & Management (E & M) services and for visits which consist predominantly of counseling or coordination of care.

The information provided is for illustrative purposes only. As policies change frequently, we would strongly recommend that you consult the specific payor for any questions that arise when completing or submitting a claim for services.

Table 1. Medical Evaluation and Management Codes

CPT Code	REQUIRED KEY COMPONENTS ¹			Typical Time Units ² Minutes	Medicare Physician Fee Reimbursement Facility/Non-Facility Amount
	History	Examination	Medical Decision Making		
Patient Visits					
New Patient³ (3/3 req. key components) ⁴					
99201	Problem Focused	Problem Focused	Straightforward	10	\$26.51 - \$43.35
99202	Expanded Problem Focused	Expanded Problem Focused	Straightforward	20	\$50.51 - \$74.51
99203	Detailed	Detailed	Low Complexity	30	\$77.02 - \$108.18
99204	Comprehensive	Comprehensive	Moderate Complexity	45	\$131.83 - \$166.22
99205	Comprehensive	Comprehensive	High Complexity	60	\$170.16 - \$207.06
Established Patient³ (2/3 req. key components) ⁴					
99211	Not Required	Not Required	Not Required	5	\$9.31 - \$20.06
99212	Problem Focused	Problem Focused	Straightforward	10	\$25.43 - \$43.70
99213	Expanded Problem Focused	Expanded Problem Focused	Low Complexity	15	\$51.58 - \$73.08
99214	Detailed	Detailed	Moderate Complexity	25	\$79.17 - \$107.83
99215	Comprehensive	Comprehensive	High Complexity	40	\$111.41 - \$144.37
Prolonged service with patients					
99354	Prolonged service in the office or other outpatient setting beyond usual service				\$93.50 - \$100.30
99355	Prolonged service; each additional 30 minutes				\$91.35 - \$98.15

1. The descriptors for the levels of E/M services recognize seven components which are used in defining the levels of E/M services. These components are history; examination; medical decision making; counseling; coordination of care; nature of presenting problem; and time. The first three components (i.e., history, examination and medical decision making) are the key components in selecting the level of EM services. The three components appear in the descriptors for office and other outpatient services, hospital observation services, hospital inpatient services, consultations, emergency department services, nursing facility services, domiciliary care services, and home services. [Evaluation and Management Services Guide, Department of Health and Human Services December 2010.]

2. The inclusion of time as an explicit factor is done to assist in selecting the appropriate level of E/M services. It should be recognized that the specific times expressed in the visit code descriptors are averages and, therefore, represent a range of times that may be higher or lower depending on actual clinical circumstances. [Evaluation and Management Services Guidelines, CPT 2014 American Medical Association.]

3. A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice within the past three years. An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. [Evaluation and Management Services Guidelines, CPT 2014 American Medical Association.]

4. For all of the key components (3/3) history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: office, new patient; hospital observation services; initial hospital care; office consultations; initial inpatient consultations; emergency department services; initial nursing facility care; domiciliary care; new patient; and home, new patient. For two of the three key components (2/3) history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: office, established patient; subsequent hospital care; subsequent nursing facility care; domiciliary care; established patient; and home, established patient. [Evaluation and Management Services Guidelines, CPT 2014 American Medical Association.]

History, Examination, and Medical Decision Making Guidelines

All levels of history require a chief complaint and some form of HPI, but not all levels of history require an ROS or PFSH. The following table shows the individual requirements for each level of history.

Table 2. History Guidelines

	*History of Present Illness (HPI) Elements	*Review of Systems (ROS)	Past, Family and Social History (PFSH) Elements
Problem Focused		—	—
Expanded Problem Focused	1-3	1	—
Detailed	> 3 (OR 3 or more chronic diseases)	2-9	1
Comprehensive		>9	2 (estab.) 3 (new)

*HPI: Location, Quality, Severity, Duration, Timing, Context, Modifying factors, Associated signs and symptoms OR Status of chronic diseases.
 *ROS: Constitutional, Eyes, ENT/mouth, Cardiovascular, Respiratory, GI, GU, Musculoskeletal, Skin/breasts, Neurological, Psychiatric, Endocrine, Hematologic/lymphatic, Allergic/Immuno

The 1997 E & M guidelines rely on the use of bullets from well defined organ systems for documentation as shown below:

Table 3. Examination Guidelines

	*Systems/Areas	*Bulleeted elements
Problem Focused	1+	1-5
Expanded Problem Focused	1+	6-11
Detailed	2+	12+
Comprehensive	9+	18+

*Systems/Areas: Constitutional, Eyes, ENT/mouth, Neck, Respiratory, Cardiovascular, Chest (Breasts), Gastrointestinal (Abdomen), Genitourinary (Male, Female), Lymphatic, Musculoskeletal, Skin, Neurological, Psychiatric

*Bulleeted elements:

Constitutional

- Any three vital signs
- General appearance of patient

Eyes

- INSP of conjunctivae & lids
- EX of pupils & irises
- Ophthalmoscopic EX of optic discs & posterior segments

ENT/mouth

- External INSP of ears & nose
- Otosopic EX of external auditory canals & tympanic membranes
- ASSMT of hearing
- INSP of nasal mucosa, septum & turbinates
- INSP of lips, teeth & gums

- EX of oropharynx: oral mucosa, salivary glands, hard & soft palates, tongue, tonsils & posterior pharynx

Neck

- EX of neck
- EX of thyroid

Respiratory

- ASSMT of respiratory effort
- Percussion of chest
- PALP of chest
- Auscultation of lungs

Cardiovascular

- Palp of heart
- Auscultation of heart with notation of abnormal sounds & murmurs

EX of:

- Carotoid arteries
- Abdominal aorta
- Femoral arteries
- Pedal pulses
- Extremities for edema &/or varicosities

Chest (Breasts)

- INSP of breasts
- PALP of breasts & axillae

Gastrointestinal (Abdomen)

- EX of abdomen with notation of presence of masses or tenderness
- EX of liver & spleen
- EX for presence of absence of hernia
- EX of anus, perineum & rectum, including sphincter tone, presence of hemorrhoids & rectal masses
- Obtain stool sample for occult blood test when indicated

Genitourinary (Male, Female)

Male:

- EX of the scrotal contents
- EX of the penis
- Digital rectal EX of prostate gland

Female:

- Pelvic EX, including:**
- External genitalia & vagina
- Urethra (masses, tenderness, scarring)
- Bladder
- Cervix
- Uterus
- Adnexa/parametria

Lymphatic

- PALP of lymph nodes in two or more areas:**
- Neck
- Axillae
- Groin
- Other

Musculoskeletal

- EX of gait & station
- INSP &/or PALP of digits & nails
- Neck
- EX of joint(s), bone(s) & muscle(s) of one or more of the following six areas: 1. head & neck 2. spine, ribs, & pelvis 3. right upper extremity 4. left upper extremity 5. right lower extremity 6. left lower extremity. The EX of a given area includes:
- INSP 7/or PALP with notation of presence of any, misalignment asymmetry, crepitation, defects, tenderness, masses or effusions
- ASSMT of range of motion with notation of any pain, crepitation or contracture
- ASSMT of stability with notation of any dislocation, subluxation or laxity
- ASSMT of muscle strength & tone with notation of any atrophy or abnormal movements

Skin

- INSP of skin & subcutaneous tissue
- PALP of skin & subcutaneous tissue

Neurological

- Test cranial nerves with notation of any deficits
- EX of deep tendon reflexes with notation of pathological reflexes
- EX of sensation

Psychiatric

- Description of patient's judgment & insight
- Brief ASSMT of mental status, including:**
- Orientation to time, place & person
- Recent & remote memory
- Mood & affect

Medical decision making (MDM) reflects the intensity of the cognitive labor performed by the physician. Physicians must stratify the MDM into one of the levels below:

Table 4a. Medical Decision Making Guidelines

	Dx/Mx Options Score	Data Score	Risk
*Straightforward	1 (minimal)	1 (minimal/none)	Minimal
*Low Complexity	2 (limited)	2 (limited)	Low
*Moderate Complexity	3 (multiple)	3 (moderate)	Moderate
*High Complexity	4 (extensive)	4 (extensive)	High

*Use table below for quantifying elements of risk used in medical decision making guidelines.

Table 4b. Quantifying Table of Risk for Medical Decision Making

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal (Straightforward)	<ul style="list-style-type: none"> One self-limited or minor problem (e.g. cold, insect bite, tinea corporis) 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound (e.g., echocardiography) KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness (e.g. well controlled hypertension, non-insulin dependent diabetes, cataract, BPH) Acute uncomplicated illness or injury (e.g., cystitis, allergic rhinitis, simple sprain) 	<ul style="list-style-type: none"> Physiologic tests not under stress (e.g., pulmonary function tests) Non-cardiovascular imaging studies with contrast (e.g. barium enema) Superficial needle biopsies Clinical laboratory test requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis (e.g., lump in breast) Acute illness with systemic symptoms (e.g., pyelonephritis, pneumonitis, colitis) Acute complicated injury (e.g., head injury with brief loss of consciousness) 	<ul style="list-style-type: none"> Physiologic tests under stress (e.g., cardiac stress test, fetal contraction stress test) Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization) Obtain fluid from body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis) 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure) An abrupt change in neurological status (e.g., seizure, TIA, weakness, sensory loss) 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic Endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

OraSure does not guarantee that this information is a complete listing of appropriate codes and reminds you that these policies change frequently.

This information provided inside is for illustrative purposes only. It does not represent a summary of the laws, regulations or payor policies concerning reimbursement in your area.

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