

Evaluation & Management (E/M) Coding Calculator



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

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

Step 1 – Determine Location of the Service

Where did this encounter between physician and patient take place?

- **Office or Other Outpatient Services:** Physician's office; walk-in clinic; ambulatory health-care center; etc.
- **Hospital Services:** Inpatient, acute care facility
- **Consultation – Office or Inpatient**
- **Emergency Department Services:** A hospital-based facility, open 24 hours a day, providing unplanned services to patients requiring immediate medical attention
- **Critical Care/Intensive Care Services:** Direct delivery of medical care for patients with a high likelihood of impending or life-threatening decline of condition
- **Nursing Facility Services:** Skilled nursing facility (SNF); intermediate care facility (ICF); long-term care facility (LTCF); psychiatric residential treatment center
- **Domiciliary, Rest Home or Custodial Care Services:** Assisted living facility; any other facility providing room, board and personal assistance services
- **Home Services:** Private residence

Step 2 – Determine Relationship Between Physician & Patient

The relationship between the physician and the patient is the next thing you must determine.

- **New or Established:** An established patient is one who has received professional services from this physician, or another physician of the same specialty within the same practice, during the last three years
 - If this is not stated in the physician's notes for this encounter, you may need to refer back to the patient's chart
- **Initial or Subsequent:** An initial visit is the first date of service this physician sees this patient and a subsequent visit is one on an additional date, after the first date, during this course of treatment
 - Services are reported by complete day (calendar date) of service
- **Consultation Services:** Determine who requested the consultation
 - Physician or other health-care professional = use **consultation code** from the range 99241-99255
 - Patient and/or family member = use appropriate **location of service code**, such as: outpatient 99201-99215 or hospital 99217-99239

Step 3 – Determine Level of History from Documentation

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

- Histories are usually taken orally—a spoken exchange of questions and answers between the provider and the patient—but there **MUST** be notes that record what occurred
- A patient history review of systems (ROS) is not an examination
- The physician may indicate that a body or 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
- There are four types of histories: (1) problem-focused, (2) expanded problem-focused, (3) detailed, and (4) comprehensive:

• **Problem-Focused**

- 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
- Brief history of present illness or concern: The patient's recounting of the date and time (as accurately as possible) of the onset and progress of the chief complaint, including first sign and/or symptom, as well as anatomical location, severity, timing, circumstances, modifying factors, and related signs and/or symptoms

• **Expanded Problem-Focused**

- Chief complaint (same as above)
- Brief history of present illness or concern (same as above)
- **System Review:** Pertains only to that system directly related to the chief complaint or present illness:
 - signs/symptoms: fever, weight loss, etc.
 - eyes
 - ears, nose, mouth, throat
 - cardiovascular
 - respiratory
 - gastrointestinal
 - genitourinary
 - musculoskeletal
 - integumentary: skin and/or breast
 - neurological
 - psychiatric
 - endocrine
 - hematologic/lymphatic
 - allergic/immunologic

• **Detailed**

- Chief complaint (same as above)
- **Extended history of present illness or concern**—brief history expanded upon to include pertinent **past** family and/or social history directly related to the chief complaint or present illness:

- prior major illnesses and injuries
- prior surgical procedures
- prior hospitalizations
- current medications and/or vitamin/supplements
- allergies (drug, food, inhalant, etc.)
- immunization status (age-appropriate)
- dietary/nutritional status (feeding, eating, etc.)

• **Family history** includes:

- health status (or cause of death) of parents, siblings and children
- specific diseases of family members related to problems identified in 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** includes:

- marital status and/or living arrangements
- current employment
- occupational history
- use of drugs, alcohol and/or tobacco
- level of education
- sexual history
- other relevant social factors

• **System Review:** Review of systems directly related to the chief complaint or present illness **PLUS** a limited history of additional related systems:

- signs/symptoms: fever, weight loss, etc.
- eyes
- ears, nose, mouth, throat
- cardiovascular
- respiratory
- gastrointestinal
- genitourinary
- musculoskeletal
- integumentary: skin and/or breast
- neurological
- psychiatric
- endocrine
- hematologic/lymphatic
- allergic/immunologic

• **Comprehensive***

- Chief complaint
- Extended history of present illness or concern
- Complete past, family and/or social history
- **System Review:** Review of systems directly related to the history of the present illness **PLUS** a history related to **all** body systems—as the name implies, this is the most complete form of history
 - signs/symptoms: fever, weight loss, etc.
 - eyes
 - ears, nose, mouth, throat
 - cardiovascular
 - respiratory
 - gastrointestinal

Evaluation And Management Coding Guidelines 22

Huangqi Zhang



Evaluation And Management Coding Guidelines 22:

Physicians Fee & Coding Guide, 2011 **Guide to Training and Development Services**, **Mastering Medical Coding - E-Book** Marsha Diamond, 2006-06-02 Expansion of ICD 9 CM information Sample patient charts include explanatory notes A simulated medical practice identified as Godfrey Regional lets you study in a real world scenario Key Terms lists highlight the most important vocabulary and content More exercises *Handbook of Obesity - Volume 2* George A. Bray, Claude Bouchard, 2023-12-01 Volume 2 of the 5th Edition of the Handbook of Obesity spotlights on clinical applications for evaluation diagnosis prevention and treatment of obesity It covers on the several major developments occurred between the previous and the new edition including the effect of SARS CoV 2 on people with obesity the concept of Precision Medicine and new medications approved by USFDA aiding patients with obesity weight loss of 15 to 20% This volume is structured into 5 parts Part 1 provides insights from evolution on changes in diet and physical activity and the implications and results for preventing obesity health care costs associated with obesity and the cost effectiveness of obesity prevention and treatment Part 2 deals with evaluation of overweight patients approaches for classifying obesity and using this knowledge to evaluate patients and addressing ethnic and racial considerations in evaluating patients with obesity Part 3 explains the impact of lifestyle in managing obesity which include behavioural management diet dietary composition and meal timing and the effects of physical activity and exercise in weight loss and weight loss maintenance Part 4 is focused on medications in the management of obesity This includes drug selection various classes of drugs combination of drugs affecting weight loss effect of herbal agents on weight loss and treatment of obesity in pediatric populations genetic diseases causing obesity and the role of drugs in treating the dyslipidemias Part 5 discusses bariatric surgery its history procedure and effects in details and other surgical techniques including electric stimulation of the vagus nerve gastric balloons intestinal liners and liposuction **Coding with Modifiers** Deborah J. Grider, 2004 Don t forget about the modifier Missing or incorrect usage of modifiers is the most common reason that claims are rejected by payors Leave off a modifier or put in the wrong one and your claim may be denied or paid the wrong amount Coding with Modifiers A Guide to Correct CPT and HCPCS Level II Modifier Usage provides step by step guidance for the proper use of CPT and HCPCS modifiers Also included are specific requirements for modifier usage in both professional service and hospital reporting "Code of Massachusetts regulations, 2000", 2000 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **"Code of Massachusetts regulations, 2001"**, 2001 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "Code of Massachusetts regulations, 2004", 2004 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "Code of Massachusetts regulations, 2002", 2002 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of

Massachusetts as of January 2020 "Code of Massachusetts regulations, 1995" ,1995 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **Step-by-step Medical Coding** Carol J. Buck,1998 This new edition provides practical easy to apply instructions for the major health care coding systems preparing readers to code forms correctly and optimize reimbursements for medical services Examples are provided throughout which illustrate the applications of various coding principles In text assignments chapter reviews and end of chapter tests assist readers in evaluating their knowledge of theory and practical application *Mastering Medical Coding* Marsha Diamond,2003 This practical approach to coding provides a solid foundation in basic coding principles with an emphasis on learning through realistic physician documentation It prepares students to tackle any coding scenario from routine to complex Chapters begin with an emphasis on basic coding documentation and rules to ensure correct coding for ICD 9 CM CPT 4 and HCPCS Progressively difficult coding exercises incorporate newly learned skills as readers advance through the material the worktext portion of the book and the companion student workbook provide progressively difficult real world exercises that build the necessary skills of identifying the right codes from real world medical charts Learning objectives numerous examples chapter reviews and coding reference tools throughout provide the necessary learning tools to fully master basic and advanced coding concepts The Essential Guide to Coding in Obstetrics & Gynecology Acog,2004

Athletes' Human Rights and the Fight Against Doping: A Study of the European Legal Framework Bart van der Sloot,Mara Paun,Ronald Leenes,2020-01-23 This book addresses the tension between on the one hand anti doping practices and measures and on the other hand the fundamental rights of athletes New techniques for testing and re testing samples taken several years ago have caused a push by the World Anti Doping Agency and affiliated organizations for stricter rules more doping tests and higher sanctions Meanwhile many States are adopting new laws and regulations to facilitate this push At the same time privacy and data protection have gained new momentum especially in the European Union where the General Data Protection Regulation came into effect in May 2018 It contains new obligations for data controllers and processors rights for data subjects and sanctions for those violating the data protection rules It is clear that gathering whereabouts information on athletes collecting urine and blood samples analyzing the samples and using the data distilled there from falls within the scope of the data protection framework In addition European athletes can invoke their rights to privacy fair trial and freedom from discrimination as guaranteed by the European Convention on Human Rights The book is aimed at professionals and organizations involved in sports and anti doping and provides them with an opportunity to delve into and understand the rights guaranteed to athletes within the European context Furthermore it is equally relevant for privacy and data protection lawyers and human rights scholars wishing to familiarize themselves with the difficult questions relating to human rights protection in the world of sport and anti doping Written in accessible language it should also prove useful to athletes and laymen wanting to learn about the rules applicable to almost everyone who practices sport even at a

local amateur level Bart van der Sloot is senior researcher at Tilburg University Tilburg The Netherlands Mara Paun is PhD researcher at Tilburg University Tilburg The Netherlands Ronald Leenes is professor at Tilburg University Tilburg The Netherlands "Code of Massachusetts regulations, 2003" ,2003 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 [ABCs of Dental Reimbursement](#) Barry L. Johnson,Richard O. Petty,1994 **Understanding Payment for Advanced Practice Nursing Services** Sheila Abood,David Keepnews,2002 **Code of Laws of South Carolina, 1976, Annotated** South Carolina,1977 [The Massachusetts register](#) ,1988-07-22 **Leading an Academic Medical Practice** Lee B. Lu,Robert J. Fortuna,Craig F. Noronha,Halle G. Sobel,Daniel G. Tobin,2024-02-28 Authored and edited by a prestigious team of academic clinician educators affiliated with the Society of General Internal Medicine SGIM this now fully updated and expanded second edition of Leading an Academic Medical Practice provides a roadmap for clinic directors core faculty and educational leaders seeking to develop and administer a successful and cutting edge academic medical practice Each chapter of this book focuses on a particular aspect of clinic leadership and offers real world examples and management pearls to help readers translate theory into practice In addition to updated core content on topics such as Accreditation Council for Graduate Medical Education ACGME requirements ambulatory curricula clinical workflows billing coding population health evaluation and feedback patient centered medical home PCMH implementation controlled substance policies and student engagement this new edition also focuses on issues particularly relevant for today s medical practice including social justice diversity in residency practices healthcare advocacy physician burnout telemedicine and crisis management e g public health emergencies This resource is an ideal companion for academic clinician educators across all levels of training and experience Aspiring and new clinic directors will find this book offers essential tools to get started and seasoned clinic leaders can use this publication to elevate their practice to the next level In addition to clinic directors core faculty and administrative and educational leaders in academic outpatient medicine healthcare specialists focused on system based practice quality improvement and patient safety will also find this resource valuable Those working within the fields of primary care internal medicine and related specialties will find this book to be of special relevance Now more than ever the complexities of leading an academic medical practice present a unique challenge This book both comprehensive and practical will help to overcome these challenges today and in the years to come

Evaluation And Management Coding Guidelines 22 Book Review: Unveiling the Magic of Language

In an electronic digital era where connections and knowledge reign supreme, the enchanting power of language has become more apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is really remarkable. This extraordinary book, aptly titled "**Evaluation And Management Coding Guidelines 22**," compiled by a very acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we shall delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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