



# 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 (SNFL), 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 99.211-99.235.
    - Patient and/or family member – use appropriate location of service code, such as: outpatient 99.201-99.215 or hospital 99.217-99.239.

### 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 still **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:
      - sign/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)
    - Expanded 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:
  - sign/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
  - Expanded 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.
    - sign/symptoms: fever, weight loss, etc.
    - eyes
    - ears, nose, mouth, throat
    - cardiovascular
    - respiratory
    - gastrointestinal

# Evaluation Management Em Coding Calculator Quickstudy Academic

**James B. Davis**



## **Evaluation Management Em Coding Calculator Quickstudy Academic:**

**Evaluation and Management (e/M) Coding Calculator** Shelley C. Safian, 2007-12-14 Covers all the evaluation and management codes physicians and their staffs have to know when dealing with patients in the office hospital or at home Ideal for both allied health services students and medical office staff *Evaluation & Management (E & M) Coding Calculator* Theresa Tropin, 2017 *Evaluation and Management (e&M) Coding Calculator* BarCharts, Inc, Theresa Tropin, 2017-01-31 Annotation Quick and easy tool for students and professionals Whether studying for class or a coding certification test Use as a quick go to desk reference for the professional starting out or for the guru that has the ultimate coding toolbox of useful resources 6 page laminated guide includes Standard Steps Codes for E M Diagnosis or Symptom Location of the Service Relationship Between Physician Patient Level of History from Documentation Level of Exam from Documentation Level of Medical Decision Making Choose Code Based on Levels of Key Components When Time Determines the E M Code Modifiers Special Types of E M Services HCPCS Level II E M Services Medicare Documentation Guidelines History Physical Examination Medical Decision Making Suggested uses Students handy reference that is compact and easily reviewed on a daily basis Certification great quick review tool for certification testing Coding Professionals a quick reference memory refresher Medical Administration training tool for coding or non coding staff **Evaluation & Management (E/M) Coding Calculator (Speedy Study Guides)** Speedy Publishing, 2014-06-16 A reference guide for an Evaluation Management E M Coding Calculator would assist managers and supervisor responsible for performance evaluations to provide accurate performance ratings among their employees in a consistent manner The reference guide would help provide verbal detail in the narrative required to guide and articulate to an employee or subordinate how their performance in the work place can be improved *Evaluation & Management (E/M) Coding Calculator* Speedy Publishing LLC, 2014-06-20 A reference guide for an Evaluation Management E M Coding Calculator would assist managers and supervisor responsible for performance evaluations to provide accurate performance ratings among their employees in a consistent manner The reference guide would help provide verbal detail in the narrative required to guide and articulate to an employee or subordinate how their performance in the work place can be improved *E-M Coding Made Easy* James B. Davis, 1995-01-01 Text is a comprehensive tutorial designed to be a basic introduction to the evaluation and management E M codes of CPT Current Procedural Terminology *Evaluation and Management Coding Made Easy* Terry Tropin, 2021-11-29 This book simplifies the language of Current Procedural Terminology CPT for Evaluation and Management coding The book includes the updates for 2022 This book was developed by a coding teacher to help both students and working coders The book is updated every year or as needed The book covers The key components history examination and medical decision making Office or other outpatient services Forms to guide the reader through the step by step process to determine level of service Services to patients who are not sick Non Face to Face Services Services based on time Modifiers Definitions of

terms CMS 1997 Documentation Guidelines      *E&M Coding Clear & Simple* Terri Ann Brame,2013-09-16 This easy to read text breaks these complex codes into manageable bite sized pieces Practice questions and real world case studies help you apply your knowledge and approach any coding situation with confidence      *E/M Fast Finder* Ingenix,2010-11-17 Quickly assign the evaluation and management EM codes from the 99000 series of the CPT code set with the Ingenix E E M FAST FINDER Durable and small enough to be carried in a lab coat pocket this carry along reference allows coders to quickly make level difficulty and other determinations for each E M code      **Evaluation and Management Coding Reference Guide - First Edition** AAPC,2020-06-30 Defeat the challenges that threaten your E M claims and compliance success Evaluation and management E M services are the lifeblood of your revenue stream and yet they re the most problematic to report Claim denials remain high E M coding errors in fact rose from 11 9% in 2018 to account for 12 8% of CMS s overall 2019 improper payment rate How much E M revenue are you losing Safeguard your organization from claim denials and audit scrutiny with the Evaluation Management Coding Reference Guide Our experts break down E M coding rules and requirements into simple manageable steps written in everyday language to boost your E M reporting skills Learn how to capture the key components of medical history physical exam and medical decision making and capitalize on real world clinical scenarios to prevent over or under coding The Evaluation Management Coding Reference Guide will help you prep for 2021 E M guideline changes overhauling new and established office and outpatient services and walk you through online digital E M services remote physiologic monitoring and more Master the ins and outs of E M coding CPT guidelines level of service modifiers regulations and documentation guidelines Put an end to avoidable denials and optimize your E M claims for full and prompt reimbursement Benefit from expert tutorials covering the spectrum of E M reporting concepts and challenges Prep for 2021 guideline changes and their impact on your organization Master the ins and outs of E M guidelines in CPT Capture the seven components of E M services Sort out medical decision making coding Avoid the pitfalls of time based coding Nail down specifics for critical care E M services Clear up modifier confusion Understand NPPs rules for same day E M services Take the guesswork out of complexity determinations Get the details on coding surgery and E M together Learn the principles of E M documentation      **E-M Coding Consultant** Paul J. Driscoll,Diane Landers,Jerry G. Seare,1992 The hilarious adventures of a gang of boys and their friends from Sugar Creek      *E&M Coding Clear & Simple* Terri Ann Brame,2014 Gain the leading edge Evaluation and management codes are among the most widely used and most important codes in professional practice Yet many students struggle with understanding the codes and how to apply them not anymore This easy to read text breaks these complex codes into manageable bite sized pieces Practice questions and real world case studies help you apply your knowledge and approach any coding situation with confidence Even more online at DavisPlus davisplus fadavis com Enhance your skills with engaging interactive exercises yearly content updates and more      **Collections Made Easy! [3E]** Davis,2008-01-15      *E/M Coding Made Easy! (4E)* Practice Management Information

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