

Evaluation and Management Service Guidelines

Outpatient:

A. Consult. Services provided in the physician's office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a healthcare facility occurs. The written or verbal request for a consult may be made by a physician or other appropriate source (PA, NP) and documented in the patient's medical record. *The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.*

1. 99241: Requires a problem focused history, a problem focused exam and straightforward medical decision making. Usually, the presenting problems are self limited or minor. Typically 15 minutes of face to face with patient and/or family.

2. 99242: Requires an expanded problem focused history, and expanded problem focused exam and straightforward medical decision making. Usually the problems are of low severity. Typically 30 minute of face to face time with patient and/or family.

3. 99243: Requires a detailed history, detailed exam and medical decision making of low complexity. Usually the presenting problems are of moderate severity. Typically, 40 minutes of face to face time with patient and/or family.

4. 99244: Requires a comprehensive history, comprehensive exam and medical decision making of moderate complexity. Usually the presenting problems are of moderate to high severity. Typically 60 minutes of face to face time with patient and/or family.

5. 99245: Requires a comprehensive history, comprehensive exam and medical decision making of high complexity. Usually, the presenting problem is of moderate to high severity. Typically 80 minutes of face to face time with patient and family.

B. New Patient. Services provided in the physician's office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a healthcare facility occurs.

1. 99201: Requires a problem focused history, a problem focused exam and straightforward medical decision making. Usually, the presenting problems are self limited or minor. Typically 10 minutes of face to face with patient and/or family.

2. 99202: Requires an expanded problem focused history, and expanded problem focused exam and straightforward medical decision making. Usually the problems are of low to moderate severity. Typically 20 minute of face to face time with patient and/or family.

3. 99203: Requires a detailed history, a detailed exam and medical decision making of low complexity. Usually the presenting problems are of moderate severity. Typically, 30 minutes of face to face time with patient and/or family.

4. 99204: Requires a comprehensive history, comprehensive exam and medical decision making of moderate complexity. Usually the presenting problems are of moderate to high severity. Typically 45 minutes of face to face time with patient and/or family.

5. 99205: Requires a comprehensive history, comprehensive exam and medical decision making of high complexity. Usually, the presenting problem is of moderate to high severity. Typically 60 minutes of face to face time with patient and family.

C. Established patient (Seen by you or a partner of you in the same specialty in the last 3 years)

1. 99211: Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services.

2. 99212: Requires at least 2 of 3 of the following components: a problem focused history, a problem focused exam, straightforward medical decision making. Usually, the presenting problems are self limited or minor. Typically, 10 minutes face to face with patient and/or family.

3. 99213: Requires at least 2 of 3 of the following components: an expanded problem focused history, an expanded problem focused exam, medical decision making of low complexity. Usually, the

presenting problems are low to moderate severity. Typically, 15 minutes of face to face with patient and/or family.

4. 99214: Requires at least 2 of 3 of the following components: a detailed history, a detailed examination, and medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Typically, 25 minutes of face to face with patient and/or family.

5. 99215: Requires at least 2 of 3 of the following components: a comprehensive history, a comprehensive exam, and medical decision making of high complexity. Usually, the presenting problems are of moderate to high severity. Typically, 40 minutes of face to face with patient and/or family.

Inpatient:

A. Consult. The written or verbal request for a consult may be made by a physician or other appropriate source (PA, NP) and documented in the patient's medical record. *The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.*

1. 99251: Requires a problem focused history, a problem focused exam and straightforward medical decision making. Usually, the presenting problems are self limited or minor. Typically, 20 minutes at the bedside and on the patient's hospital floor or unit.

2. 99252: Requires an expanded problem focused history, expanded problem focused exam and straightforward medical decision making. Usually, the presenting problems are of low severity. Typically, 40 minutes at the bedside and on the patient's hospital floor or unit.

3. 99253: Requires a detailed history, a medical decision making of low complexity. Usually, the presenting problems are of moderate severity. Typically, 55 minutes at the bedside and on the patient's hospital floor or unit.

4. 99254: Requires a comprehensive history, a comprehensive exam, and medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.

5. 99255: Requires a comprehensive history, a comprehensive exam and medical decision making of high complexity. Usually, the presenting problems are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.

B. Subsequent hospital care.

1. 99231: Requires 2 of 3 key components: a problem focused interval history, a problem focused exam, and medical decision making that is straightforward or of low complexity. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

2. 99232: Requires 2 of 3 key components: an expanded problem focused interval history, an expanded problem focused exam, medical decision making of moderate complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

3. 99233: Requires 2 of 3 key components: a detailed interval history, a detailed exam, and medical decision making of high complexity. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face to face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time may be considered the key or controlling factor to qualify for a particular level of E/M services.

Determine the Complexity of Medical Decision Making

Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed
- The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options

Four types of medical decision making are recognized: straightforward, low complexity, moderate complexity, and high complexity. To qualify for a given type of decision making, two of the three elements in Table 2 must be met or exceeded.

Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services *unless* their presence significantly increases the complexity of the medical decision making.

Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

Determine the Extent of History Obtained

The extent of the history is dependent upon clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of history that are defined as follows:

Problem focused: Chief complaint; brief history of present illness or problem.

Expanded problem focused: Chief complaint; brief history of present illness; problem pertinent system review.

Detailed: Chief complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; **pertinent** past, family, and/or social history **directly related to the patient's problems.**

Comprehensive: Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems; **complete** past, family, and social history.

The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does, however, include a comprehensive system review and comprehensive or interval past, family, and social history as well as a comprehensive assessment/history of pertinent risk factors.

Determine the Extent of Examination Performed

The extent of the examination performed is dependent on clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of examination that are defined as follows:

Problem focused: A limited examination of the affected body area or organ system.

Expanded problem focused: A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).

Detailed: An extended examination of the affected body area(s) and other symptomatic or related organ system(s).

Comprehensive: A general multisystem examination or a complete examination of a single organ system. **Note:** The comprehensive examination performed as part of the preventive medicine E/M service is multisystem, but its extent is based on age and risk factors identified.

For the purposes of these CPT definitions, the following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

For the purposes of these CPT definitions, the following organ systems are recognized:

- Eyes
- Ears, nose, mouth, and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic/immunologic