

Evaluation & Management (E/M) Coding Calculator



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

Standard Codes for Evaluation & Management (E/M)

Step 1: Determine Whether Patient Has a Diagnosis or Symptom

- If the patient is not sick, use codes for preventive services (99381–99397), counseling (99401–99412), disability evaluation (99450–99456), or evaluation of newborn (99460–99463)
- If patient is sick, use any E/M codes except those listed above. Follow steps 2–7 to determine the correct code

Step 2: Determine the Location of the Service

- **Office or other outpatient services (99201–99215):** Physician's office, walk-in clinic, ambulatory health-care center, etc.
- **Hospital services (99221–99239):** Inpatient, acute care facility
- **Observation services (99217–99226 and 99234–99236):** Patient admitted to hospital under "observation status"
- **Emergency department services (99281–99285):** A hospital-based facility, open 24 hours a day, providing unplanned services to patients requiring immediate medical attention
 - **Critical care/intensive care services (99291–99292 and 99477–99480):** Direct delivery of medical care for patients with a high likelihood of an impending or life-threatening decline of their condition
- **Nursing facility services (99304–99318):** Skilled nursing facility (SNF); intermediate care facility (ICF); long-term care facility (LTCF); psychiatric residential treatment center
- **Domiciliary, rest home, or custodial care services (99324–99340):** Assisted living facility or any other facility providing room, board, and personal assistance services
- **Home Services (99341–99350):** Physician visited patient at his or her home (private residence)

Step 3: Determine the Relationship Between Physician & Patient

- **New or established:** An established patient has received professional services from this physician, or another physician of the same specialty within the same practice, during the last three years. A new patient has never seen this physician/another physician of the same specialty in this practice or was last seen by this physician/another physician of same specialty in this practice more than three years ago
- **Initial or subsequent:** An initial visit is the first date of service this physician sees this patient and a subsequent visit is one on a later date during this course of treatment
 - These terms are used for services provided for patients in observation care, inpatient care, and nursing facilities
 - Services are reported by the completed day (calendar date) of service

- **Consultation services:** These services require a requesting physician and a consulting physician. One physician sends a patient to see another physician with a request for advice or recommendations on the patient's case. The services may be inpatient (99251–99255) or outpatient (99241–99245)

NOTE: Medicare will not pay for any consultation codes. For Medicare patients, use other E/M visit codes (such as outpatient or inpatient codes)

Step 4: Determine the Level of History from Documentation

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

- History includes four components (not all levels of service include all four components):
 - **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
 - **History of present illness (HPI):** Series of questions asked by a physician or ancillary staff about the patient's condition. This includes seven elements: location, quality, severity, timing, context, modifying factors, and associated signs and symptoms

NOTE: Medicare includes an eighth element: duration
EX: Location (where is the pain?), quality (is the pain sharp or dull?), severity (is the patient bedridden due to the pain?), timing (is the pain constant?), context (is the pain worse when the patient is lying down?), modifying factors (does the pain lessen when the patient takes over-the-counter drugs?), associated signs and symptoms (is the patient nauseated due to the pain?), and duration (how long has the pain been present?)

- **Review of systems (ROS):** Series of questions to identify signs and/or symptoms the patient may be experiencing now or has experienced in the past. The systems reviewed may include:
 - Constitutional symptoms (fever, weight loss, etc.)
 - Eyes
 - Ears, nose, mouth, and throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Integumentary (skin and/or breast)
 - Neurological
 - Psychiatric
 - Endocrine
 - Hematologic/Lymphatic
 - Allergic/Immunologic
- **Past/Family/Social history (PFSH):** Series of questions concerning the patient's personal and family background. This includes:
 - **Patient's history**
 - Prior major illnesses and injuries, surgical procedures, and hospitalizations

- Current medications and allergies (drug, food, inhalant, etc.)
- Immunization status (age-appropriate) and dietary/nutritional status (feeding, eating, etc.)

■ Family history

- Health status (or cause of death) of parents, siblings, and children
- Specific diseases of family members related to problems identified in the 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

- Marital status and/or living arrangements
- Current employment
- Occupational, military, and sexual history
- Use of drugs, alcohol, and/or tobacco
- Level of education
- Other relevant social factors

- Histories are often provided by the patient using a form filled out before seeing the physician or by a nurse. The physician must note that the form was reviewed
- A patient's review of systems (ROS) is not the same as an examination
- The physician may indicate that an 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. This area can be counted toward the history

The levels of history are:

Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** No ROS is required
- **PFSH:** No PFSH is required

Expanded Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** Review of system related to the chief complaint
- **PFSH:** No PFSH is required

Detailed History

- **Chief complaint (CC) required**
- **Extended HPI:** Documentation of extended (usually 4 or more) elements
- **ROS:** Review of an extended number (usually 2–9) of systems directly related to the chief complaint or present illness plus a limited history of additional related systems
- **PFSH:** One item from past, family, or social history related to patient's current condition

Neurosurgery Coding Guidelines For Evaluation And Management

Alice Covell



Neurosurgery Coding Guidelines For Evaluation And Management:

The Business, Policy, and Economics of Neurosurgery Richard P. Menger, MD, MPA, Christopher M. Storey, MD, PhD, Anil Nanda, MD, MPH, 2018-06-29 The concept of this project is based on the premise that neurosurgeons are vital agents in the application of the American health care apparatus They remain the true advocates for patients undergoing surgery for a neurological condition Yet the tenets of health care economics health care policy and the business of medicine remain largely debated within the context of politicians policy experts and administrators This textbook will ease that gap It will bring material generally absent from medical curricula into discussion It will make potent features of health care economics policy and the business of practice digestible to clinical neurosurgeons in order to help them better treat their patients The information provided in this text will also provide an excellent foundation for understanding the mechanics of running a neurosurgical practice It simultaneously addresses career progression and opportunity evaluation **Ethical Challenges**

for the Future of Neurosurgery Ahmed Ammar, Mark Bernstein, 2024-11-15 This work informs about major changes in health care systems at present and to come and the ethical consequences Rapid technological developments especially in the fields of communication and virtual communication artificial intelligence implanted brain chips augmented reality in situ real time pathological diagnosis of lesions during surgery and others are challenging aspects of neurosciences in particular and medicine in general Most of these modern technologies are available nowadays just waiting to be tried and used Ethicists and neurosurgeons are facing unprecedented challenges as they have to be one step ahead in reading the future and predict what is coming and how the implementation of these technologies may affect patients safety dignity and autonomy This book supports neurosurgeons and medical care providers to understand and implement the newly developed technologies which will help advance medical care Each chapter has been written by a world leader Some of these authors are making the future and producing new advanced technologies The authors discuss all the new innovations and the editors asked the authors to point out the ethical dilemmas if such technologies are implemented The ethical questions are highlighted and suggestions are provided for solving such ethical problems to guarantee patient safety and dignity According to the definition and principles of the Values Based Medicine concept the patient is the center of care is the sole center of care No compromising of patients well being and safety can be allowed Risk Control and Quality Management in Neurosurgery H.-J. Steiger, E.

Uhl, 2012-12-06 Quality in an invasive discipline such as neurosurgery comprises evidence based medicine cost effectiveness and also risk control Risk control and quality management have become a science on their own combining the expertise of many specialists such as psychologists mathematicians and also economists Intensive communication with basic safety scientists as well as safety experts from the industry and traffic promises ideas and concepts than can be adopted for neurosurgery An international conference was held in Munich in October 2000 bringing together neurosurgeons and safety experts from outside medicine in order to discuss basic aspects of risk control and quality management and to develop

structures applicable to neurosurgery Basic aspects such as principles of risk and safety management the human factor as well as standards of neurosurgical patient care proficiency of staff and residents and industrial quality standards were discussed The presentations and discussions resulted in a wealth of new ideas and concepts This book contains this material and thus provides a unique and comprehensive source of information on the current possibilities of quality management in neurosurgery

Assessment and Treatment Interventions for Traumatic Brain Injury Andrew P. Lavender, Ryusuke Takechi, Sarah C. Hellewell, Keisuke Kawata, 2025-10-28 Traumatic brain injury TBI is caused by a blow to the head or sudden ballistic head movement TBI can occur as a result of a collision such as in a motor vehicle accident or as a result of a fall which can happen in several contexts such as sport military service and training or accidental falling TBI is categorised as mild moderate or severe based on a number of signs and symptoms Multiple occurrences of injuries can have devastating consequences for patients when the injuries are in the mild category but repeated over several years as seen in sporting contexts In recent years the evidence for a link between mild traumatic brain injury and chronic traumatic encephalopathy CTE has been mounting rapidly Treatment of TBI varies greatly across the levels however mild TBI is often under reported and therefore may go untreated This is particularly common in sporting contexts where athletes and their coaches are very keen to reduce the recovery period and hasten return to play Common assessment methods may be insufficient for making the return to play decision New assessment methods are needed Rehabilitation methods also need to be optimised to ensure the player has fully recovered to protect the player and others from an increased risk of further injury This Research Topic focuses on brain injury assessment and interventions to improve recovery from mild moderate or severe TBI categories We welcome original research articles minireviews reviews comments and meta analyses employed in animal or human studies relevant to brain injury assessment and rehabilitation interventions

Coding Workbook for the Physician's Office Alice Covell, 2001-06-06 This workbook contains coding exercises referencing each section of the CPT 4 and ICD 9 CM coding manuals as well as HCPCS Level II Codes These exercises use the same terms physicians use when they describe services Students will expand their medical vocabulary as well as increase their coding skills for the physician's office This workbook includes HCFA Health Care Financing Administration rules for diagnosis coding and reporting by physicians Students need current CPT 4 ICD 9 CM HCPCS coding manuals to complete the exercises

101+ Primary Care Case Studies Sampath Wijesinghe, 2024-12-10 Delivers real life primary care case studies from more than 50 physician assistants nurse practitioners and physicians With a focus on illustrating care that is both competent and compassionate this workbook style resource features 101 engrossing narrative case studies that demonstrate how best to diagnose treat and manage a patient based on the history of the illness a review of systems relevant patient history and physical exam findings Readers will find probing questions within each case to help them determine differential and most likely diagnoses diagnostic tests to order and appropriate patient management strategies using relevant references Each case study is organized to simulate the patient

care journey from chief complaint to outcome The second edition not only updates cases to reflect newest guidelines and protocols but also features 25 brand new cases and expands the body systems addressed including Psych Mental Health Twenty five cases are available online to faculty for student assignment Covering conditions across all organ systems and the lifespan the workbook offers an authentic perspective on what to expect in the patient care environment It even includes information on pathophysiology and how to use ICD 10 codes in documentation Unique to the book is its emphasis on both the science and art of medicine by including personal insights into quality and compassionate care Serving a virtual clinical preceptor the workbook can be used independently or in a classroom setting It is accompanied by an online student supplement on Springer s Connect website providing answers and rationale to all questions real outcomes of the cases and personal insights from case contributors New to the second Edition Twenty five completely new cases targeting the areas of Psych Mental Health Cardiovascular Neurology Rheumatology and Infectious Disease Twenty five additional online cases are available exclusively to faculty for student assignment Updates and revises all cases to reflect newest guidelines and protocols Key Features Uses a consistent case study design and critical thinking exercises to help students work step by step through patient scenarios Teaches clinical and bedside manner skills imperative for delivering quality care Covers patients across the lifespan Embedded in a humanistic approach to patient centered care Addresses patient education medical and legal concerns and interprofessional collaboration Includes online supplement with answers to case study questions and patient management insights from contributors Provides instructors with TOC accessible by chief complaint diagnosis patient population and organ system

2006 Coding Workbook for the Physician's Office Alice Covell, 2006-06 This workbook contains coding exercises that reference each section of the CPT 4 and ICD 9 CM coding manuals Exercises requiring HCPCS Level II codes are also provided Condition and procedure statements in the exercises reflect the current annual editions of the coding manuals By completing the exercises you will expand your medical vocabulary and increase your coding skills and will learn to code only what the documentation supports Also included are the Center for Medicare and Medicaid Services CMS guidelines for diagnosis coding and reporting by physicians You will need current CPT 4 ICD 9 CM and HCPCS coding manuals to complete the exercises

Medicare Physician Payment: How to Build a Payment System that , Serial No. 109-130, July 25 and July 27, 2006, 109-2 Hearings, *, 2007

Umphred's Neurological Rehabilitation - E-Book Rolando T. Lazaro, Sandra G. Reina-Guerra, Myla Quiben, 2019-12-05 Selected for Doody s Core Titles 2024 in Physical Medicine and Rehabilitation Develop problem solving strategies for individualized effective neurologic care Under the new leadership of Rolando Lazaro Umphred s Neurological Rehabilitation 7th Edition covers the therapeutic management of people with activity limitations participation restrictions and quality of life issues following a neurological event This comprehensive reference reviews basic theory and addresses the best evidence for evaluation tools and interventions commonly used in today s clinical practice It applies a time tested evidence based approach to neurological rehabilitation

that is perfect for both the classroom and the clinic Now fully searchable with additional case studies through Student Consult this edition includes updated chapters and the latest advances in neuroscience Comprehensive reference offers a thorough understanding of all aspects of neurological rehabilitation Expert authorship and editors lend their experience and guidance for on the job success UNIQUE A section on neurological problems accompanying specific system problems includes hot topics such as poor vision vestibular dysfunction dementia and problems with cognition and aging with a disability A problem solving approach helps you apply your knowledge to examinations evaluations prognoses and intervention strategies Evidence based research sets up best practices covering topics such as the theory of neurologic rehabilitation screening and diagnostic tests treatments and interventions and the patient s psychosocial concerns Case studies use real world examples to promote problem solving skills Comprehensive coverage of neurological rehabilitation across the lifespan from pediatrics to geriatrics Terminology adheres to the best practices follows The Guide to Physical Therapy Practice and the WHO ICF World Health model NEW enhanced eBook on Student Consult UPDATED Color photos and line drawings clearly demonstrate important concepts and clinical conditions students will encounter in practice NEW and EXPANDED Additional case studies and videos illustrate how concepts apply to practice Updated chapters incorporate the latest advances and the newest information in neurological rehabilitation strategies NEW and UNIQUE New chapter on concussion has been added Separate and expanded chapters on two important topics Balance and Vestibular 2005

Coding Workbook for the Physician's Office Alice Covell,2005 This unique workbook features coding exercises referencing each section of the current annual CPT 4 and ICD 9 CM and HCPCS Level II coding manuals with interactive exercises focusing on condition and procedure statements learners will expand their medical vocabulary and enhance their coding skills for the physician s office Included in the workbook are the Centers for Medicare and Medicaid Services CMS guidelines for diagnosis coding and reporting by physicians Learners need current CPT 4 ICD 9 CM and HCPCS coding manuals to complete the exercises

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

In a digital era where connections and knowledge reign supreme, the enchanting power of language has become more apparent than ever. Its power to stir emotions, provoke thought, and instigate transformation is truly remarkable. This extraordinary book, aptly titled "**Neurosurgery Coding Guidelines For Evaluation And Management**," written 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 will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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