

Step 1	History					What is the coder-determined CC, HPI, ROS, PFSH, and overall level of service for History?
	Components	Criteria				
	CC (Chief Complaint)	CC is required for every E/M service				
	HPI (History of Present Illness): Status of 1 or more chronic condition(s) OR Choose Elements: · Quality, Location, Duration, Severity, Timing, Context, Modifying factors, Associated signs/symptoms	Status of 1-2 chronic conditions	Status of 1-2 chronic conditions	Status of 3 or more chronic conditions	Status of 3 or more chronic conditions	
	OR	OR	OR	OR		
	Brief 1-3 elements	Brief 1-3 elements	Extended 4 or more elements	Extended 4 or more elements		
ROS (Review of Systems): · Constitutional, ENT, Eyes, Cardiovascular, Skin/Breasts, Respiratory, Endocrinology, Gastrointestinal, Genitourinary, Hemetological/Lymphatic, Musculoskeletal, Neurological, Psychiatric, Allergy/Immunology	N/A	Problem-Pertinent 1 Total	Extended 2-9 Total	Complete 10 or more Total		
PFSH (Past Medical, Family, Social History): · Past Medical History (Illnesses, Surgeries, Injuries) · Past Family (Diseases, Hereditary Illnesses) · Social (Review of current and past activities) *Complete PFSH: 3 history areas for all consults and initial visits 2 history ares for all follow-up visits or ED visits	N/A	N/A	Pertinent 1 Area	Complete* 2-3 Areas		
All criteria for selected level must be MET or EXCEEDED	Problem Focused	Exapanded Problem Focused	Detailed	Comprehensive		

Step 2	Exam				What is the coder-determined level of service for exam?
	Exam Description	1995 Guideline	1997 Guideline	Type of Exam	
	Limited to affected body area or organ system	1 Body Area or Organ System	1-5 Bulleted Items	Problem Focused	
	Affected body area/organ system and other symptomatic or related organ systems	2-7 Body Areas or Organ Systems	6-11 Bulleted Items	Expanded Problem Focused	
	Extended exam of affected body area/organ systems and other symptomatic or related organ systems	2-7 Body Areas or Organ Systems	12-17 Bulleted Items for 2 more more systems	Detailed	
	General multi-system	8 or more Body Areas or Organ Systems	12-17 Bulleted Items for 2 more more systems	Comprehensive	
Complete single organ system	Not defined	Refer to Guideline			
See 1995 or 1997 Guidelines for Evaluation & Management Services for specific requirements					

Step 3	Medical Decision Making					What is the coder-determined risk of complications, morbidity, and/or mortality?	
	A. Number of Diagnoses or Treatment Options						What is the coder-determined number of diagnoses or treatment options?
	(Number x Points = Results)						
	Problem (Status)	Number	Points	Result			
	Self-limited or minor [stable, improved or worsening] Max = 2		1				
	Established problem (to examiner) [stable, improved]		1				
	Established problem (to examiner) [worsening]		2				
	New problem (to examiner) [no additional workup planned] Max = 1		3				
	New problem (to examiner) [additional workup planned] Max = 1		4				
	Check corresponding box below on Line A Final Result for Complexity of MDM						
B. Amount and/or Complexity of Data Review					What is the coder-determined amount and/or complexity of data review?		
Reviewed Data						Points	
Review and/or order lab tests						1	
Review and/or order tests in the radiology section of CPT codebook						1	
Review and/or order tests in the medicine section of CPT codebook						1	
Discussion of test results with performing physician						1	
Decision to obtain old records and/or obtain history from someone other than patient						1	
Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion of case with another health care provider						2	
Independent visualization of image, specimen, or tracing (NOT simply review of report)						2	
Check corresponding box below on Line B of Final Result for Complexity of MDM						Total	
C. Risk of Complications, Morbidity, and/or Mortality					What is the coder-determined overall level of service for MDM?		
Risk	Presenting Problem(s)	Dx Procedure(s) Ordered	Management Option(s)				
Minimal	1 minor or self-limited	Venipuncture, X-ray, EKG, EEG	Rest, elastic bandages				
Low	2 or more minor problems	Physiol tests NOT under stress	OTC drugs, PT, OT				
	1 stable chronic problem	Non-CV imaging w/ contrast	IV fluids without additives				
Moderate	Acute uncomplicated illness/injury	Superficial needle biopsies	Minor surgery w/ NO risk factors				
	Mild exacerbation of 1 or more chronic problem	Physiologic tests under stress	Minor surgery w/ risk factors				
	2 or more stable chronic problems	Dx endoscopies w/ NO risk factors	Elective major surgery				
High	Acute illness with systemic symptoms	Deep needle or incisional biopsy	Prescription drug therapy				
	Acute complicated injury	Obtain fluid from body cavity	Therapeutic nuclear medicine				
		CV imaging w/ contrast	IV fluid w/ additives				
	Severe exacerbation of 1 or more chronic problem	CV imaging w/ contrast and risk factors	Elective major surgery w/ risk factors				
	Acute or chronic illness posing threat to life or limb	Cardiac electrophysiologic studies	Emergency major surgery				
	Acute or chronic illness posing threat to life or limb	Diagnostic endoscopy w/ risk factors	Parenteral controlled substances				
	Acute or chronic illness posing threat to life or limb	Discography	Rx requiring intense monitoring				
			DNR or de-escalation of care				
Check corresponding box below on Line C of Final Result for Complexity of Medical Decision Making							
Final Result for Complexity of Medical Decision Making					What is the coder-determined overall level of service for MDM?		
The column with 2 or 3 circles determines overall complexity of MDM							
Line A	Number Tx Options See TOTAL about in Box A	Minimal 1 or less	Limited 2	Multiple 3		Extensive 4	
Line B	Amount of data See TOTAL about in Box B	Minimal 1 or less	Limited 2	Multiple 3		Extensive 4	
Line C	Highest Risk See Box C	Minimal	Low	Moderate		High	
Decision Making Level		Straightforward	Low	Moderate	High		

Final CPT Code Selection							What is the coder-determined final CPT code selection?		
Determine the highest Level of Service based on either Key Components or Time									
Step 4	Consults <i>Requires 3 of 3 key components</i>								
	H	History	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive		Comprehensive	
	E	Exam	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive		Comprehensive	
	M	MDM	Straightforward	Straightforward	Low	Moderate		High	
	Level		99241 99251	99242 99252	99243 99253	99244 99254		99245 99255	
	ED Visits <i>Requires 3 of 3 key components</i>								
	H	History	Problem Focused	Expanded Problem Focused	Expanded Problem Focused	Detailed			Comprehensive
	E	Exam	Problem Focused	Expanded Problem Focused	Expanded Problem Focused	Detailed			Comprehensive
	M	MDM	Straightforward	Low	Moderate	Moderate			High
	Level		99281	99282	99283	99284			99285
	Initial Inpatient or Observation <i>Requires 3 of 3 key components</i>			Subsequent Inpatient or Observation <i>Requires 2 of 3 key components</i>					
	H = History	Detailed or Comprehensive	Comprehensive	Comprehensive	Problem Focused	Expanded Problem Focused		Detailed	
	E = Exam	Detailed or Comprehensive	Comprehensive	Comprehensive	Problem Focused	Expanded Problem Focused		Detailed	
	M = MDM	Straightforward or Low	Moderate	High	Straightforward or Low	Moderate		High	
Level		99221 99218	99222 99219	99223 99220	99231 99224	99232 99225			
Time									
If all responses regarding time are answered "Yes", coding may be based on time.									
<i>If the physician documents total time and indicates that counseling or coordination care dominates (more than 50%) the encounter, time may determine level service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider."</i>									
Does documentation indicate total face-to-face (outpatient) or floor time (inpatient)?					Yes or No				
Does documentation indicate that more than half the time was spent on counseling or coordination of care?					Yes or No				
Does documentation discuss the content of counseling or coordination of care?					Yes or No				

Step 5 (Optional)

CHEM = C(hief Complaint) H(istory) E(xam) M(edical Decision Making)

Charge Review Session Comment notes must support CHEM coding logic when a CPT code is changed based on chart note documentation

Note: Scenarios such as split/shared visits, teaching physician/resident visits, and/or telemedicine must be taken into consideration when determining the type of service, level of service, and/or modifier usage.