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Evaluation and Management Coding Policies

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SAMPLE

Level Three (CPT Code 99283)

CPT Definition and Documentation Requirements

- **Presenting Problems¹:**
 - Usually of moderate severity
- **Key Components²:**
 - An expanded problem focused history
 - An expanded problem focused examination.
 - Medical decision making of moderate complexity
- **Documentation Requirements³:**
 - History:
 - o HPI – One to Three elements
 - o ROS – One system.
 - o PFSH – No requirement
 - Exam:
 - o Two or more “Body Areas” or “Organ Systems”
 - Medical Decision Making: Moderate⁴ (On review of the five bullets in the presenting problem column of the Medicare audit tool⁵, the first three bullets are considered by many as better describing moderate severity type cases.)
 - o One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment
 - o Two or more chronic illnesses
 - o Undiagnosed new problem with an uncertain prognosis, (e.g. lump in breast)

Level Three Clinical Considerations

Patients presenting with Level Three clinical conditions are at higher risk and of greater complexity than Level Two patients. In Level Three type patients provider intervention and decision making is documented as greater than low complexity when compared to Level Two patients. There are multiple items that a coder looks for when reviewing a chart that should indicate an increase in the Medical Decision Making of the practitioner. The list that follows does not include all of the conditions that would qualify as Level Three, but includes diagnostic tests, therapeutic interventions, and types of cases that frequently indicate patient encounters of moderate severity.

Ancillary Studies and/or Therapeutic Interventions which may indicate a Level Three type episode (Not all inclusive):

- **Patients requiring oral, eye, ear, nasal or rectal medication in the ED at time of service.** Over-the-counter medications such as Tylenol® and Ibuprofen (like Motrin®) are found in the low risk section of the Management Options column of the Medicare audit tool “Risk Table”. The provider usually orders these types of medications for temperature or pain control. Because of this fact, these types of cases may be considered as moderate severity with mild exacerbation or progression of an illness or injury or an undiagnosed new problem with uncertain prognosis (both statements found

¹ AMA/CPT Manual, 2008 Professional Edition, pg. 17.

² Ibid, pg. 17.

³ CMS, HGS Administrator’s Documentation Worksheet, form 8985-1 E 04/00, pg. 1.

⁴ Ibid, pg. 2.

⁵ 1995 Documentation Guidelines for Evaluation and Management Services, pg. 11.

in the Presenting Problem(s) column of the Medicare audit tool "Risk Table"). Therefore, giving any medications, including these over-the-counter type medications, could be considered in the realm of a moderate severity type case.

- **Patients who receive one or more prescriptions for either an over-the-counter medication or a non-over-the-counter medication at discharge.** If the provider instructs the patient to obtain an over-the-counter medication at discharge, then the case may be considered low severity. If, however, the provider writes a prescription for said over-the-counter medications following the direction of various payer policies, the complexity of the case is enhanced to moderate severity related to the increased workload of the clinician.
- **Patient receiving a prescription for a controlled substance** (all narcotics such as Lortab™, Tylox™, Percocet™ and Lorcet™ or any anti-anxiety drugs such as Xanax™, Valium™, or Ativan™).
- **Patients receiving an isolated IM injection with no ancillary studies ordered and no other medication given.** (Please note: This criterion does not include IM medications of controlled substances which are usually given for higher severity type cases).
- **Patients requiring one set of x-rays to an isolated area** (i.e. CXR; hip/pelvis; cervical spine) or more than one set of x-rays for distal extremities (i.e. hand/wrist; ankle/foot).
- **Patients who have up to three laboratory studies sent to the lab and/or those performed at bedside** (e.g., hemocult, UA, UCG pregnancy test or Accu-Check for blood sugar).

Clinical conditions that may indicate a Level Three type episode (Not all inclusive):

- **Presenting Problems:**
 - Patients who present to the ED with multiple presenting problems, symptoms, or complaints
 - Patients who are being evaluated for fever (e.g. > 38.0°C or 100.4°F)⁶
 - Patients arriving for a medical complaint via EMS or rescue service
 - One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment
 - Two or more chronic illnesses
 - Undiagnosed new problem with an uncertain prognosis
- **Exam and Consultations:**
 - Patient whose condition required an exam of the head, chest and abdomen with an additional documented exam of one or more of the following areas:
 - o Pelvic exam when no abdominal pain present
 - o External genitalia exam
 - o Rectal exam when no abdominal pain present
 - o Neurological exam.
 - Any patient who requires a re-examination by the clinician.
 - Patients requiring a consultation (e.g., PCP, other physician consultants, social worker, poison control, etc.) that is **not** psych related
- **Trauma or Injury:**

⁶ The Merck Manual, Seventeenth Edition, Chapter 150, Biology of Infectious Disease, pg. 1093.

- Trauma patients who are physically able to leave an accident and do not require transport via EMS or rescue. The patient is ambulatory and later seeks care at the ED.
- Trauma patients who have extremity injuries with x-rays of select adjacent sites (e.g., hand and wrist; foot and ankle; hip and pelvis). (Please note: This criterion does not apply to other extremity bones like the elbow and humerus, forearm and wrist, etc. that may be adjacently located and also does not apply to the cervical, thoracic or lumbar spine.)
- **Chest Pain:**
 - Non-cardiac chest pain patient who has a chest x-ray ordered with no additional cardiac work-up performed (no EKG or cardiac enzymes), no meds given in the ED and is ultimately discharged with one or multiple prescriptions.
- **Abdominal Pain:**
 - Abdominal pain with one to three ancillary studies performed and no IV or multiple IM therapies provided. (e.g., mild gastroenteritis).
 - Abdominal pain with no pelvic or rectal exam performed.
 - An isolated IM injection, non controlled substance such as Zofran™, Phenergan™, Bentyl™, or Rocephin®.
- **Shortness of Breath:**
 - Respiratory complaints with only one nebulizer treatment (usually Albuterol alone) given with no other ancillary study such as an x-ray or lab ordered.
 - Oral meds alone or an isolated IM injection such as Solu Medrol™ IM.
 - Up to three ancillary studies (including lab and x-rays).
- **Changing Mental Status or Global Weakness:**
 - Up to three ancillary studies (including lab and x-rays).
- **Types of non-billable procedures that may be seen in Level Three cases:**
 - Ear wick placed for external otitis.
 - Eye examination with use of a slit lamp or stain (corneal, conjunctival or scleral). Using either a Woods lamp or a slit lamp still keeps it a level three or moderate level of severity. (Please note: For FB removals of these areas use Level Three plus the FB removal codes).
 - Removal of a ring or other binding material such as hair or thread from a finger, toe or other type of body piercing that is either restricting blood flow or causing pain.
 - Patients who have a Foley (urethral) catheter placed for a urine sample or for urine output measurement. (Please note: Foley catheter placement for urinary retention is coded at a higher level...refer to 99284).
 - Patients who have digital disimpaction for constipation of Fleets™ or other types of enemas ordered in the ED.
 - Patients who have their cystostomy or gastrostomy tubes changed or replaced.
- **Level Three E/M with Billable Procedures:**
 - Level Three E/M code added to laceration repairs, burn debridement and/or abscess I&Ds as a separately identifiable exam beyond the isolated wound when either a neurological, rectal, pelvic or external genitalia exam is performed or when one to two of the following efforts is performed:
 - o One to three ancillary studies are ordered.
 - o An isolated IM injection is given.

- Oral, eye, ear, nasal or rectal medication is given in the ED.
 - A prescription is written on discharge.
 - A neurological exam is documented following a head or extremity injury.
- **Dispositions:**
 - Generally discharged from the ED.
 - Patients referred to a specialist for follow-up or consultation for additional care (e.g. plastics repair of wound, ophthalmologist for difficult corneal or scleral FB removal, orthopedics for definitive fracture care, etc.) with documented contact and/or conversations on the chart.

Clinical Examples in the AMA/CPT® manual⁷:

Emergency Department visit for:

- A sexually active female complaining of vaginal discharge who is afebrile and denies experiencing abdominal or back pain.
- A well appearing 8-year-old who has a fever, diarrhea and abdominal cramps, is tolerating oral fluids and is not vomiting.
- A patient with an inversion ankle injury, who is unable to bear weight on the injured foot and ankle.
- A patient who has a complaint or acute pain associated with a suspected foreign body in the painful eye.
- A healthy, young adult patient who sustained a blunt head injury with local swelling and bruising without subsequent confusion, loss of consciousness or memory deficit.

Other Clinical Examples that may indicate a Level Three type case (Not all inclusive):

Emergency Department visit for:

- A 40 year-old female complaining of dysuria with associated hematuria. Patient was given a prescription for antibiotic on discharge.
- An 18 year-old female complaining of wheezing. Patient is treated with a single nebulizer dose and is prescribed a bronchodilator inhaler at the time of discharge.
- A 26 year-old female complaining of a productive cough and nasal congestion. An x-ray was ordered and visualized by the clinician and the patient is prescribed antibiotics.
- A 65-year-old male complaining of impacted cerumen whose ear is irrigated and then followed by otic solution for external otitis or the potential thereof. (Please note: If the coverage for the patient is not Medicare, cerumen impaction can be coded and billed separately using CPT code 69210 in addition to the E/M code if a curette, forceps, suction or operating microscope is used.⁸

⁷ AMA/CPT Manual, 2008 Professional Edition, pg. 489.

⁸ CPT Assistant, July 2005, pg. 14.

Level Four (CPT Code 99284)

- **Presenting Problems⁹:**
 - Usually of high severity that requires urgent evaluation but does not have an immediate significant threat to life or physiologic function
- **Key Components¹⁰:**
 - A detailed history
 - A detailed examination
 - Medical decision making of moderate complexity
- **Documentation Requirements¹¹:**
 - History:
 - o HPI – Four elements
 - o ROS – Two to nine systems
 - o PFSH – One item from Past, Family or Social history
 - Exam:
 - o Two to Seven “Body Areas” or “Organ Systems” with detail of the affected area(s) and other symptomatic or related organ system(s)
 - Medical Decision Making - Moderate.¹² (On review of the five bullets in the presenting problem column of the Medicare Table of Risk¹³, the middle and last two bullets can be considered as appropriate subjective definitions for high severity type cases that do not pose a threat to life or physiologic function.)
 - o Undiagnosed new problem with an uncertain prognosis (e.g., lump in breast)
 - o Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis
 - o Acute complicated injury (e.g., head injury with brief loss of consciousness)

Level Four Clinical Considerations

Patients presenting with Level Four clinical conditions require enhanced activity by the provider as compared to Level Three patients. There are many items that a coder should look for when reviewing a chart that indicate an increase in the Medical Decision Making to a “High Moderate” level of risk, or a high severity type case. The list that follows does not include all of the conditions that would qualify as Level Four, but includes conditions, therapeutic interventions and diagnostic tests that are frequently found with high severity patient presentations. Level Four type patients require urgent evaluation, but do not pose an immediate threat to life or physiologic function.

Ancillary Studies and/or Therapeutic Interventions that may indicate a Level Four type case (Not all inclusive) or those that are high severity without an immediate threat to life or physiologic function:

- Multiple (4 or greater) ancillary studies (both lab studies and x-rays) ordered by the clinician
- Urine or blood cultures
- EKGs ordered

⁹ AMA/CPT Manual, 2008 Professional Edition, pg. 17.

¹⁰ Ibid, pg. 17.

¹¹ CMS, HGS Administrator’s Documentation Worksheet, form 8985-1 E 04/00, pg. 1.

¹² Ibid, pg. 2.

¹³ 1995 Documentation Guidelines for Evaluation and Management Services, pg. 11.