

# 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

**H. Richard Winn**



## **Neurosurgery Coding Guidelines For Evaluation And Management:**

**Risk Control and Quality Management in Neurosurgery** H.-J. Steiger, E. Uhl, 2001-10-15 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

**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

**Global Advances in the Diagnosis, Management, and Treatment of Low Back Pain** Eron Grant Manusov, Vincent P. Diego, Plamen Todorov Todorov, 2025-02-19 Low Back Pain LBP is characterized by discomfort or pain emanating from the lumbar sacral and coccyx regions This prevalent condition can profoundly impact individuals quality of life leading to functional limitations mental illness reduced productivity and increased healthcare costs Physical and psychosocial factors not only affect LBP but how pain affects one's life LBP continues

to be a major global cause of disability and is one of the most common reasons for visiting a doctor The years lived with a disability have increased highlighting the need for attention to the diagnosis management and treatment of LBP at various levels of healthcare In this Research Topic we aim to specifically explore a wide range of diagnostic approaches therapeutic interventions and strategies for effectively managing LBP symptoms This Research Topic will focus on the advances and recommendations on LBP and will serve as a forum to decrease morbidity mortality and the global disease burden

**The 5-Minute Neurology Consult** D. Joanne Lynn, Herbert B. Newton, Alexander D. Rae-Grant, 2012 This volume in the 5 Minute Consult series focuses on neurological diseases and disorders as well as key symptoms signs and tests Dozens of noted authorities provide tightly organized practical guidance Using the famous two page layout and outline format of The 5 Minute Consult Series the book provides instant access to clinically oriented must have information on all disorders of the nervous system Each disease is covered in a consistent easy to follow format basics including signs and symptoms diagnosis treatment medications follow up and miscellaneous considerations including diseases with similar characteristics pregnancy synonyms and ICD coding CPT 1996, Standard Edition American Medical Association, 1996-06

**2004 Coding Workbook for the Physician's Office** Alice Covell, 2004 This workbook contains coding exercises referencing 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 learners will expand their medical vocabulary and increase their coding skills for the physician's office Also included 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

**2007 Coding Workbook for the Physician's Office** Alice Covell, 2007-04 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 learners will expand their medical vocabulary and increase their coding skills for the physician's office 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 Learners need current CPT 4 ICD 9 CM and HCPCS coding manuals to complete the exercises

**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      **Computational Neurosurgery** Antonio Di Ieva, Eric Suero Molina, Sidong Liu, Carlo Russo, 2024-11-10 This comprehensive and authoritative reference presents the state of the art computational methods applied to the field of neurosurgery. The book brings together leading neuroscientists, neurosurgeons, mathematicians, computer scientists, engineers, ethicists, and lawyers to open the new frontier of computational neurosurgery to a broad audience interested in the translational field of the application of computational models such as deep learning to the study of the brain and the practical applications of neurosurgery. The focus is primarily clinical and there is a solid foundation of research aspects. With forewords by Michael L J Apuzzo and Enrico Coiera, the book is organized into 2 sections: 1. tenets of computational modeling, artificial intelligence, computational analysis, and analysis software; 2. computational neurosurgery applications including neurodiagnostics, neuro-oncology, vascular neurosurgery, all the neurosurgical disciplines, surgical approaches, intraoperative applications, and ethics and legal aspects.      *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.      **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.      **The 5-Minute ICU Consult** Jose R. Yunen, Gyorgy Frendl, 2012-01-06 This new addition to the 5 Minute Clinical Consult Series covers all aspects of adult critical care. Following the highly successful format of the series, each entry consists of a two-page spread covering basics such as definition and pathophysiology and progressing through diagnosis to medications and synopses of surgical interventions and complications. Over 200 topics are covered. Algorithms for common and complex diagnoses and treatment options are included in a special section.      **"Code of Massachusetts regulations, 1998"**, 1998 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020.      "Code of Massachusetts regulations, 1996", 1996 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020.      *"Code of Massachusetts regulations, 1997"*, 1997 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020.      **"Code of Massachusetts regulations, 1999"**, 1999 Archival snapshot of entire looseleaf Code of

Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      State of North Carolina Administrative Code ,2008      **CPT for Hospital Outpatient Services, 1998** American Medical Association,1998 A special version of CPT 1998 for hospital and ambulatory surgical facilities Has all the current CPT coding information published by the AMA plus information provided by HCFA identifying Ambulatory Surgical Center ASC procedures potential procedures non covered procedures and reportable radiology codes A must have reference to process Medicare outpatient insurance claims      Physician's Office 97 Covell,Alice Covell,1997      *Youmans Neurological Surgery E-Book* H. Richard Winn,2011-11-17 Effectively perform today s most state of the art neurosurgical procedures with Youmans Neurological Surgery 6th Edition edited by H Richard Winn MD Still the cornerstone of unquestioned guidance on surgery of the nervous system the new edition updates you on the most exciting developments in this ever changing field In print and online it provides all the cutting edge details you need to know about functional and restorative neurosurgery FRN deep brain stimulation DBS stem cell biology radiological and nuclear imaging neuro oncology and much more And with nearly 100 intraoperative videos online at [www.expertconsult.com](http://www.expertconsult.com) as well as thousands of full color illustrations this comprehensive multimedia 4 volume set remains the clinical neurosurgery reference you need to manage and avoid complications overcome challenges and maximize patient outcomes Overcome any clinical challenge with this comprehensive and up to date neurosurgical reference and ensure the best outcomes for your patients Rely on this single source for convenient access to the definitive answers you need in your practice Successfully perform functional and restorative neurosurgery FRN with expert guidance on the diagnostic aspects medical therapy and cutting edge approaches shown effective in the treatment of tremor Parkinson s disease dystonia and psychiatric disorders Sharpen your neurosurgical expertise with updated and enhanced coverage of complication avoidance and intracranial pressure monitoring epilepsy neuro oncology pain peripheral nerve surgery radiosurgery radiation therapy and much more Master new techniques with nearly 100 surgical videos online of intraoperative procedures including endoscopic techniques for spine and peripheral nerve surgery the surgical resection for spinal cord hemangiomas the resection of a giant AVM and the radiosurgical and interventional therapy for vascular lesions and tumors Confidently perform surgical techniques with access to full color anatomic and surgical line drawings in this totally revised illustration program Get fresh perspectives from new section editors and authors who are all respected international authorities in their respective neurosurgery specialties Conveniently search the complete text online view all of the videos follow links to PubMed and download all images at [www.expertconsult.com](http://www.expertconsult.com)

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